



# First Aid & Administering Medicines Policy

2026-2027

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See separate Appendix I: includes location of first aid boxes, accident book and member of staff responsible, etc.

See separate Appendix II: parental request form

# FIRST AID POLICY

This policy is one of a number of policies concerned with health and safety. Please also see Health & Safety Policy, Risk Assessment Policy and Educational Visits Policy. It aligns with the requirements of Keeping Children Safe in Education (KCSIE) 2026.

This policy applies to all staff and pupils, including pupils in the EYFS. It reflects the requirements in Section 3 – The Safeguarding and Welfare Requirements – of the Statutory Framework for the Early Years Foundation Stage 2026 (effective 1 September 2026).

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

It also reflects the guidance in ‘Guidance on First Aid for Schools’, 2022  
<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

It provides basic information on first aid and medical procedures to be adopted within the school.

## 1 THE ACCIDENT BOOKLET

### Accidents

- 1.1 All accidents to staff and/or pupils must be recorded in the school accident book.
- 1.2 The accident booklet must be filled in carefully and concisely to describe the injury, the treatment administered, the circumstances of the accident and any communication with parents.

## 2 WHEN TO REPORT AN ACCIDENT – RIDDOR REPORTING

- 2.1 In specific instances the school may need to make a report for the purposes of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). All RIDDOR reports must be made within ten days of the accident occurring.
- 2.2** The RIDDOR report will be completed by one of the office staff only after consultation with the head or deputy head. It is easiest to report reportable incidents on the web at <http://www.riddor.gov.uk/reportanincident.html>. Any report made online must also be printed out and filed.
- 2.3 The Health and Safety Executive has useful advice on when a report must be made; <http://www.hse.gov.uk/pubns/edis1.pdf> see this HSE guidance or telephone the HSE guidance line on 0845 300 9923.
- 2.4 If there is doubt as to whether to make a RIDDOR report the managing governor should be consulted. In such instances of doubt, the school will usually report via RIDDOR, unless upon enquiry to the HSE it is advised it need not do so.

### 3 First Aid Training

- 3.1 All permanent staff (and in some instances temporary staff) are required to undergo first aid training within the first year of their employment. All staff have regular refresher training to keep their qualifications up to date. Staff need to be aware that this training and further updates may take place at weekends or in the school holidays. The following staff are required to have the three day 'First Aid at Work' certification.

Heads and deputy heads

PE staff

School secretaries

- 3.2 Many other staff will also have this full qualification. All other teachers, at the direction of the school's head, will undergo two or one day training sessions leading at the very least to the recognised paediatric certificate.
- 3.3 At least one person with full first aid qualification is required in school at all times when children are present and on trips when children are offsite.
- 3.4** Staff working in the EYFS of the school must hold a recognised current paediatric first aid certificate.. At least one person who has a current paediatric first aid certificate must be on the premises, or on an outing, at all times when EYFS children are present.
- 3.5 A list of staff and their training is held in the office under the title "First Aid Record". All staff therefore have access to the list for the school on request.
- 3.6 If the school enrolls a child with a specific medical condition e.g. diabetes or epilepsy, additional specialist training will be given to staff.

### 4 First Aid Boxes

- 4.1 First Aid boxes are located as shown in Appendix 1.
- 4.2 The member of staff responsible for the maintenance and replenishment of First Aid boxes is also named in the Appendix 1. Members of staff must inform that staff member if items need replacing. There are also checklists attached to the First Aid boxes, which must be completed if items are used.
- 4.3 The member of staff responsible for the First Aid Boxes will check the boxes every two weeks.

## 5 Minor Accidents to Children

- 5.1 Any child with a minor injury, which requires further treatment in school, should be sent to the school office accompanied by another child. A minor injury is one that may safely and with confidence be treated and resolved within the school, in a timely and competent manner using basic and minimal first aid.
- 5.2 Details of the injury and the treatment given will be recorded in the Accident Book. A copy of the accident form must be sent home to the parents of the child.
- 5.3 Plasters are not applied routinely but these may be applied to replace an existing plaster or with the parent's permission or if the child is known to have no allergic reaction.
- 5.4 Staff must wear disposable gloves if bleeding is taking place.
- 5.5 A form teacher must be notified if a child in his or her class has had an accident during the day. This will normally be done by the member of the office staff who has treated the child. It is unacceptable for a child to go home with an injury without any explanation being given to the parent. Form teachers must ensure that minor injuries are mentioned to the adult collecting the child at the end of the day.
- 5.6 Children requiring further treatment after a minor accident may be sent home as soon as a parent or other responsible adult (nominated by the parent) is available.
- 5.7 With some minor accidents it may still be advisable to telephone parents to advise them of the accident even if the child does not need to be sent home.

## 6 More serious accidents

- 6.1 In the case of accidents to pupils the following procedure should be followed:
  - Keep other pupils away and send a message to the office immediately.
  - If unqualified in First Aid, a member of staff who is so qualified must be called to assess the situation before the child is moved.
  - Never attempt to move anyone who may be seriously hurt.
  - If the accident is of a very serious nature an ambulance must be called, and when calling the emergency service a paediatric ambulance should be requested. Any member of staff may call an ambulance to the school, if it is considered to be necessary. If possible, the head, or a senior member of staff, should be notified when the summons of any ambulance is required.

- Parents must be notified as soon as possible, preferably by a senior member of staff, of any accidents or injuries sustained by a child whilst in the school's care, and of any first aid given.
- A careful note of the time of the accident should be made and the attending member of staff should be prepared to comment on the child's condition during the minutes before the paramedics arrive. A member of staff should accompany the child in the ambulance if the parents have not been able to get to the relevant school in time.
- If there has been any form of accident an accident form must be completed as soon as practicable after the accident.

## 7 Accidents to staff

- 7.1 The same procedure should be followed with accidents to members of staff as for accidents to children.
- 7.2 Any accident to a member of staff involving personal injury must be reported to the office and must be recorded in the accident booklet.
- 7.3 Staff should ensure that the office has the emergency details of someone who may be contacted in the event of an emergency.

## Head injuries

- 7.4 Head injuries are serious and especially so in children. If there is a head injury of any kind a member of staff, usually the member of staff who witnessed the injury, must, in addition to completing an accident form, promptly ask the school office to make contact with the child's parents. This is to ensure parents are informed of a bump to the head or an injury to the face in order to allow them the opportunity to take their child to their own doctor should they wish so to do and so that they may be vigilant for any signs of concussion in the hours following the incident. The Accident form will also be sent home with the child.
- 7.5 Injuries to the head or face should also be reported to the head or a senior member of staff.

## 8 Soiling

- 8.1 When soiling accidents occur, it is upsetting for the child and should therefore be dealt with sensitively by members of staff. Preferably, the child should be attended to by staff with whom he or she is familiar. If intimate areas of the child need to be washed there should be more than one member of staff present and permission should be sought from the child to help him or her be cleaned. The child should be encouraged to do as much as possible without staff help.
- 8.2 The child should be given items of spare clothing. When practicable, the child's garments can be washed in the school machine, and sent home in a bag with a request for the school garments to be returned to school, washed and ironed, as soon as possible.

## Spillage of body fluids

- 8.3 Single use disposable gloves must be worn when dealing with blood or other body fluids. Basic hygiene procedures must be followed and care must be taken when disposing of equipment/materials contaminated by body fluids. These must be disposed of in sealed bags and placed in an appropriate refuse container.

## 9 MEDICAL MATTERS

### 9.1 Medical Forms

- 9.1.1 The parents of every new child are required to complete a medical form, giving medical information. They are also advised to let the school know of any new medical matters.
- 9.1.2 Within the first week of term medical forms will be checked by the school's office, a note made of any potential problems and information will be given to all relevant staff to keep on file, regardless of whether they teach that child. Medical information will

be updated when necessary and new information will be given to the staff, including kitchen staff.

9.1.3 Staff must be aware of all children within the school at which they teach who suffer from allergies, not only the children that they teach regularly.

9.1.4 Medical forms are kept in the child's file in the office.

## 9.2 Illness

9.2.1 When a pupil becomes ill at the school, the following procedure should be followed:

- a) The sick pupil should go to the medical room accompanied by another child or a member of staff.
- b) The secretary or teacher in charge of First Aid will deal with minor complaints and make a judgment as to whether to contact the pupil's parents.
- c) Parents must be contacted as soon as it is judged that a pupil is too ill to stay at school. If it is impossible to contact parents (or the emergency contacts whom the parents have nominated) immediately, regular efforts to contact them must be continued. The child can lie down on the medical bed, if necessary, until he or she can be taken home.
- d) Any member of staff may call an ambulance but if possible the head or a senior member of staff should be consulted.

### 9.2.2 Pupils using crutches or having limited mobility

Parents must inform the school of the nature of injury and the anticipated duration of immobility. The form teacher will arrange for a 'buddy' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable all teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

### 9.2.3 Allergies, emergency care plans and orange bags

The school office will ensure that staff are made aware of any pupil with allergies and/or an emergency care plan. These care plans are displayed in the office and available to all staff. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents.

Emergency equipment including epipens and inhalers will be kept in a clearly named orange bag in the classroom and must accompany the pupil everywhere, including on school trips and off site.

### 9.3 Medicines and administration of these

9.3.1 The usual advice from doctors is that children who are unwell should not be in school. However, children may need medicine while they are at school to cope with an allergy or chronic illness (such as diabetes or asthma) or because they are recovering from a condition which requires the completion of a course of treatment involving antibiotics. No medicine must be administered at school without a signed and dated consent form from the child's parents or guardian. These forms are kept in the school's office and can also be downloaded, typically by a parent, from the school's website. (See Appendix II)

9.3.2 If medicines are to be administered at the school, the following procedures must be adopted:

1. No staff should ever give medication of any kind (including Optrex eye lotion, throat lozenges, creams, Calpol or similar) to a child without the prior consent of the parent. In almost all instances, the office staff will be responsible for administering medicines.
2. The medicine, in its original packaging, should be brought into the school by the parent, with clear written instructions for administration as also recorded on the Administering Medicine form (see Appendix II). This must be lodged with the secretary or the appointed First Aider. The medicine will then be kept in the school office or segregated in a refrigerator to which children do not have access.
3. The medicine will be self-administered by the child whenever possible, under the close supervision of one of the school secretaries or First Aiders.
4. Whenever medicines are administered, the time and the dosage must be recorded forthwith on the administering medicines form and the entry countersigned by another member of staff. The administration of the dose must be advised in writing by handing over a copy medicine administration form to the parent or carer collecting the child.
5. In the event of a child feeling unwell, the child's teacher can request the school office (or a school secretary may in these circumstances decide) to telephone the parent to discuss the matter and to obtain permission to administer a paediatric analgesic such as Calpol. Another adult must be present to overhear and witness the conversation. The Administering

Medicines form should be completed to await the parent collecting the child and must be signed by the parent when he or she collects the child.

6. Certain children (very few numbers) suffer from Diabetes Type 1 and therefore require the administration of the hormone insulin during the school day. Where this is necessary, the school's secretarial staff and the child's form teacher will be trained to administer this medication. The Administering Medicines form is still required.

## 9.4 Anaphylaxis Policy

- 9.4.1 All medical forms are checked on an annual basis at the start of the September term (or on admission if a child joins the school part way through an academic year). A record of all children who are known to suffer from anaphylactic shock is kept by the school and displayed in appropriate locations. It is the responsibility of all teaching, lunch, office and peripatetic staff to make themselves aware of any child who is at risk of suffering anaphylactic shock and to be aware of the procedure to follow in the event of a child showing symptoms.
- 9.4.2 Epipens and other medication of known anaphylaxis sufferers must be readily available, at all times, in case of emergencies. For most children there should be two pens kept in the orange bag. They must be clearly labelled with the name of the child. For children with severe allergies their epipen and/or inhaler or any other emergency medication will be kept in a clearly named orange bag which the child must take everywhere with them, paying particular attention to lessons that take place off site. Staff must ensure that on occasions when children leave the school premises, e.g. sport, field trips, visits etc, the appropriate medication is taken.

## 9.5 Prevention of anaphylactic shock

- 9.5.1 In order to minimise exposure to triggers of anaphylactic shock(e.g. nuts / egg / wasp or bee stings), staff must be vigilant when:
  - Allowing birthday cake/biscuits in class
  - Cooking
  - Supervising lunch
  - Taking children on outings
  - End of term parties are taking place
  - Washing hands: it can take only a trace on a sufferer's lips to produce an allergic reaction.

- 9.5.2 Any child known to have allergies to food products should have his or her own 'safe' bag of treats in school. These can be used to give the child a treat should birthday cake or other foodstuffs be brought into the classroom. Class teachers should ask parents to provide these.
- 9.5.3 The school has a strict 'no nuts' policy – however staff should still be vigilant, as parents can forget and may include items such as peanut butter in packed lunches.
- 9.5.4 In the event of anaphylactic shock the following protocol should be observed:
- 9.5.5 For known cases of children who are allergic to nuts/eggs/wasp/bee stings:
- At first signs which may include itchy skin/swelling to tongue/runny nose/ eyes, the member of staff must take the child to the office
  - Office staff will notify the head, or a member of the SLT, immediately.
  - If the child's face or lips begin to swell or there is any sign of breathing difficulty DO NOT DELAY – ADMINISTER THE EPIPEN according to training given. This is in the upper quadrant of the thigh or buttock. The pen must be depressed into the skin for at least 10 seconds.
  - Call 999, telling the ambulance service that you have a child in anaphylactic shock. This is the responsibility of a) office, or b) staff in attendance – either way, ensure the call has been made
  - After calling 999, then contact parents/emergency numbers and let them know what has happened and to which hospital the child has been taken (if known).
  - A member of staff must accompany the child to hospital if the parent has not arrived.
  - If the ambulance is delayed in arriving and there has been no improvement after 10 minutes, then administer a second EpiPen.
- 9.5.6 All incidents of anaphylactic shock must be recorded in the Accident Book.

## 9.6 Asthma Policy

- 9.6.1 The check of the medical forms should also reveal those children prone to asthma attacks.
- 9.6.2 Inhalers belonging to known asthmatics must be supplied to the child's school by his or her parents. Such an inhaler must be readily available, at all times, in case of emergency. Inhalers are kept in the

school's office and a second inhaler for each child will be kept in the child's orange bag. All inhalers must be clearly labelled with the child's name and dosage and upon receipt of an inhaler from a parent, the office staff should check the inhaler is marked prominently with the child's name and that a completed and signed Administration of Medicines form is on file. Inhalers must be taken to games (in the first aid box) and also on school outings. On residential trips two inhalers should be taken, one to be kept in the child's orange bag and one to be carried by the child's teacher or group leader.

- 9.6.3 In the event of a minor attack, the child should be accompanied to the office by a member of staff or the office staff asked to collect the child. In this event the following symptoms will occur:

The child:

- Will be able to continue with the task in hand
- Can still concentrate
- Does not disturb school activities
- Recognises that he/she is having an attack and may start own treatment, i.e. blue reliever inhaler
- Gets better quickly

- 9.6.4 In the event of a severe attack, the following symptoms will be evident:

- Treatment for minor attack does not work
- Child distressed, unable to talk
- Breathing fast > 40/min
- Coughing and wheezing
- Fast heart rate > 120/min
- Blue lips

Do not delay: Dial 999 and say that it is an emergency – child with severe asthma attack

- Call the child's parents
- At the same time, stay calm and re-assure the child
- Keep child in upright position (do not allow the child to lie down, as this restricts breathing further). The child may feel more comfortable sitting with arms resting over the back of a chair
- Stay with the child until the ambulance arrives
- If the parent has not arrived, a member of staff must accompany child in ambulance to A&E

9.6.5 NB Such an attack is a frightening experience for the child, so try to stay calm to prevent panic in the child increasing and thus making the situation worse.

9.6.6 All incidents should be recorded in the Accident Book.

## 9.7 Infectious Diseases

9.7.1 The school follows advice from its health authority. If a member of staff is concerned that a child is suffering from an infectious disease or has returned to school too soon after suffering from such a disease, he or she must notify the head immediately.

9.7.2 Staff should notify the head of any infectious disease that comes to their attention, as there may well be members of the school community who may be adversely affected. Similarly, any member of staff who believes herself to be pregnant should inform her head at the earliest opportunity so that, should the school become aware of any infectious disease, this can immediately be brought to the expectant mother's attention and the situation assessed for risk.

9.7.3 As basic good hygiene practice and also to prevent the spread of disease, staff should be vigilant about washing their hands and should ensure that children also frequently wash their hands, especially before consuming food.

9.7.4 Tissues should be available in classrooms at all times; children should be encouraged to use them and to dispose of these appropriately.

## 9.8 Nits/Headlice

9.8.1 If it is suspected that a child has nits or head lice, this should be treated with sensitivity so as to minimise embarrassment to the child. The child should be sent to the office and a member of the office staff will contact the parent.

9.8.2 If the child has live lice, then he or she will usually be sent home and a notification will be sent to the parents of the rest of the children in the class requiring all parents to treat all the children in the class, together with siblings. After any such infestation, the head may decide to mount a whole school inspection.

## 10. First aid for sports fixtures offsite and school trips

10.1 The sports department or trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance.

A First Aid kit for school trips must be collected from the school office. This must be returned to the school office for replenishing on return. Any accidents/injuries must be reported to the appointed person and to parents and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

## **APPENDIX 1**

### Location of First Aid boxes

- in the school office
- in each classroom
- in the kitchens
- in the staff rooms
- in the Innovation Hub
- at St Michael and All Angels church hall

The members of staff responsible for First Aid boxes are Mrs Pippa Woodroffe, Mrs Mercedes Remuinan, Mrs Amy Lynch and Miss Stephanie Furneaux.

The Accident Books are white with the OHS logo on the cover and are kept in the school office at 16NG, in the office at PH, in the office at 2RR and in the Gabriel room at the church hall.

Each green First Aid box contains a sheet listing the contents of the box. Items should be replaced if they have been used and the contents of the box should be checked regularly.

Every child with a medical requirement has an orange bag in which any medication such as epipens or inhalers are kept. This bag should be taken with the class to all lessons, especially those which take place off site, including sports fixtures and school trips, whether residential or daily.

Epipens: Two epipens for each child are kept in the orange bag.

Inhalers: One inhaler is kept in the orange bag and one is kept in the school office at 16NG and in the office on the first floor at 2RR. Generic inhalers are also kept in the school office at 16NG (one inhaler), in the office at PH, in the first floor office at 2RR (one inhaler) and in the sports shed (three inhalers).

Whenever possible, the top copy of the accident book report slip should be given to the parent.

In the event of a head injury, the parents should be contacted to inform them of the injury. The accident book should be completed, describing the incident and noting the time.



## APPENDIX II

### ADMINISTERING MEDICINES – PARENTAL REQUEST FORM

In order for a child to receive prescribed medicines (eg antibiotics), the form below must be completed and signed by the child's parent. Staff cannot administer prescribed medicines without written permission. All medicines must be clearly marked with the child's full name and the prescribed dosage.

To be completed by parent/guardian:

Full name of child  
(in capitals)

Name of parent/  
guardian

Full name of prescribed  
medicine/lotion

First dose due in school/day care

Date:

Time:

Amount:

Second dose due (if applicable)

Date:

Time:

Amount:

Subsequent dates on which medicine is to  
be administered (if applicable)

Date for last dose(s)

I request the school to give the doses  
of medicines as shown above

Signature

Date

# ADMINISTERING THE MEDICINE(S)

NAME OF CHILD: \_\_\_\_\_

## FIRST WEEK

|                                       |  |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| Date                                  |  |  |  |  |  |  |  |  |  |
| Time                                  |  |  |  |  |  |  |  |  |  |
| 1 <sup>st</sup> dose (staff initials) |  |  |  |  |  |  |  |  |  |
|                                       |  |  |  |  |  |  |  |  |  |
| Time                                  |  |  |  |  |  |  |  |  |  |
| 2 <sup>nd</sup> dose (staff initials) |  |  |  |  |  |  |  |  |  |

## SECOND WEEK

|                                       |  |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| Date                                  |  |  |  |  |  |  |  |  |  |
| Time                                  |  |  |  |  |  |  |  |  |  |
| 1 <sup>st</sup> dose (staff initials) |  |  |  |  |  |  |  |  |  |
|                                       |  |  |  |  |  |  |  |  |  |
| Time                                  |  |  |  |  |  |  |  |  |  |
| 2 <sup>nd</sup> dose (staff initials) |  |  |  |  |  |  |  |  |  |

1. Enter time of dose in box
2. Initial clearly in either the 1<sup>st</sup> of 2<sup>nd</sup> box as appropriate, each time a dose is administered
3. Obtain counter-initial
4. At end of course, photocopy this page & place photocopy in medicines book. File original in child's file

Note: A new form must be completed if a course of medicine endures beyond a calendar fortnight