First Aid & Medication Policy

St. Peter's Catholic Primary School

Approved by:	SPC Full Governing Body	Date: March 2026
Next review due by:	March 2027	

Our Mission

We put Jesus at the heart of everything that we do.
special kind unique inventive
generous awesome gentleness
purity helpful good positive
expressive enjoyable caring
adventurous bouncy zingy
fun truth colourful superb
confident polite compassion
friendly enthusiastic marvellous
comforting nice remarkable
happy magnificent great
meaningful forgiveness
exceptional joy wonderful
interesting creative hopeful
incredible spectacular
original brilliant peace
lovely service outstanding
dynamic amazing
dignity fabulous impressive
beautiful sacrifice
glorious fantastic tolerance
exciting terrific delicious
integrity cool considerate
phenomenal laughing funny
sharing humility loving
energetic smiling captivating
justice encouraging mercy
gracious faithful important
supporting delightful thankful
hard-working tremendous
St. Peter's
Catholic Primary School

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For the purposes of this policy, references to "parents/carers" shall be taken to include all individuals who hold parental responsibility for a child, as well as those who have been formally delegated authority to make day-to-day decisions in respect of the child (including, but not limited to, kinship carers and foster carers).

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- 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

2. Legislation and guidance

This policy is based on the statutory framework for the Early Years Foundation Stage, advice from the Department for Education (DfE) on first aid in schools (February 2022) and health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- The Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils
- The current UK Concussion Guidelines for Grassroots Sport 2023

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed persons are the Principal and the Office Manager. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Making sure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Making sure that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- 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 (see the template in appendix 2)
- Keeping their contact details up to date

Our school has at least 4 staff trained in emergency first aid at work and at least 3 staff trained in paediatric first aid. There will usually more staff trained in each category at any one time. Their names are displayed prominently around the school site.

3.2 The governing body

The governing body has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Principal and staff members.

3.3 The Principal

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

- Making sure that an appropriate number of trained first aid personnel 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
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Making sure they follow first aid procedures
- Making sure they know who the first aiders are in school
- Completing accident reports for all incidents they attend to where a first aider is not called
- Informing the Principal or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

In the event of an 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
- Any pupil who sustains a significant blow or jolt to the head, or who displays signs or symptoms that could indicate concussion, must be assessed promptly by an appropriate member of staff
- 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
- If the injured person (or their parents/carers, in the case of pupils) has not provided their consent to the school to receive first aid, the first aider will act in accordance with the alternative arrangements (for example, contacting a medical professional to deliver the treatment)
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- For **head injuries and concussion**, the school follows the principle *"If in doubt, sit them out."* Where concussion is suspected during PE, sport, play or any other activity, the pupil must be removed from the activity and must not return to play or physical activity that day
- Staff must not attempt to make a medical diagnosis of concussion. If necessary the first aider will determine whether an urgent medical assessment is required in a hospital Accident and Emergency Department using ambulance transfer if necessary by calling 999
- Parents/carers will be informed of a suspected concussion or significant head injury and asked to collect the child immediately. Whilst waiting for a parent/ carer to collect the pupil, a qualified first aider will monitor the pupil at all times
- Parents will be advised to seek appropriate medical advice. The school will follow the current UK Concussion Guidelines for Grassroots Sport (2023), including advice regarding contacting NHS 111 within 24 hours where concussion is suspected and the appropriate graduated return to education and, subsequently, sport
- A graduated return to activity risk assessment will be carried out by the Principal for all pupils who have suffered a concussion injury upon their return to school.

- For all other injuries, if the first aider judges that a pupil is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. On the parents/carers' arrival, the first aider will recommend next steps to them
- If emergency services are called, the Office Manager will contact parents/carers immediately
- For all injuries, including head injuries and concussions, 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. This will involve a record of the injury, assessment, action taken and communication with parents/carers in accordance with the school's first-aid recording procedures

As St. Peter's has an Early Years Foundation Stage provision, there will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times when EYFS children are on site.

4.2 Off-site procedures

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 including, at minimum:
- Information about the specific medical needs of pupils
- Parents/carers' contact details

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

The procedure in 4.1 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 with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage (EYFS).

5. First aid equipment

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
- Plasters of assorted sizes
- Scissors
- Cold compresses

No medication is kept in first aid kits.

First aid kits are stored in:

- The school office
- Every classroom
- In main hallway to be taken outside during lunchtime

See section 4.2 for first aid equipment off the school site.

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider, using the first aid book in the school office, on 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, including all of the information included in the accident form at appendix 2
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed.

6.2 Reporting to the HSE

The Principal 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 Principal 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.

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
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia

- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Principal will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g. from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm
    - Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment
    - The accidental release of a biological agent 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

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

6.3 Notifying parents/carers

Staff will inform parents/carers 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. This is done via the first aid slip sent home with a child or by a phone call to parents for head bumps/injury. Parents/carers will also be informed if emergency services are called.

6.4 Reporting to Ofsted and child protection agencies

The Principal will notify Ofsted of any serious accident, illness or injury to, or death of, a child while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Principal will also notify Warwickshire Safeguarding Team of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

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

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

The school will arrange for first aiders to retrain before their first aid certificates expire, if appropriate for the staff member's current role in school. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate that meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

8. Medication

Medication must only be given if written consent has been given by a parent or carer. A form is available for parents/carers to complete. This consent form should be checked before administering any medication.

The medication record form (see Appendix 4) must be completed when any medication is administered. Details to be recorded are:

- In the original container;
- In date;
- prescription medicines: Labelled inc. the doctor's name and the name of the child it is to be administered to;
- Include the instructions for administration, dosage and storage.

The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or pump.

The First Aider should ensure that any medication brought to school is clearly labelled with:

- The child's name
- The name of the preparation
- The dosage

Children must not administer their own medication without adult supervision eg inhalers, antibiotics. Two adults, one of which must be a first aider, must be present to administer medication. The first aider will keep a record of any medication administered (see Appendix 5) and both witnesses will sign.

The exception to requiring two adults to be present and to sign the paper record is insulin, where an electronic system records any doses given and the child's healthcare plan (as agreed with parents) confirms that it is acceptable for one suitably trained staff member to administer insulin. If insulin is administered by injection, two suitably trained staff members must be present and must keep records.

All medication should be stored out of the reach of children, in the secure school office.

Spare inhalers are kept in the office for emergency use by children and staff. The emergency salbutamol inhaler should only be used by children for whom written parental consent has been given, and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty). The emergency inhaler is kept in the emergency grab bag inside the office.

Spare adrenaline auto-injectors (AAIs) are kept in the office for emergency use by children and staff. As per Department of Health guidance, there is a 300 mcg AAI for children aged 6–12 years and adults, and a 150 mcg AAI for children under 6 years. These are clearly labelled. The emergency AAI should only be used for children for whom written parental consent has been given and where there is a known, documented risk of anaphylaxis. Pupils should also have medical authorisation for the use of an AAI within their Allergy Action Plan. In an anaphylactic emergency, the student's own medication should be used first. If it is not available or fails, the school's spare AAI can be used. The emergency AAI is kept in the emergency grab bag inside the office.

9. Monitoring arrangements

This policy will be monitored by Principal and reviewed annually. At every review, the policy will be approved by the full governing board.

10. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions
- First Aid Needs Risk Assessment

Appendix 1: list of trained first aiders

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS

Appendix 2: accident report form

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
ACTION TAKEN			
FOLLOW-UP ACTION REQUIRED			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

Appendix 3: first aid training log

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE RENEWED (WHERE APPLICABLE)
E.g. first aid			
E.g. paediatric first aid			
E.g. anaphylaxis			

Appendix 4: Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by		Name of pupil:	
Group/class/form		Date of birth:	
Medical condition or illness			

Name & strength of medicine	
Expiry date (must be in date)	
If prescription medicine, is it labelled including the doctor's name and child's name? (must be 'yes' to administer)	
Dosage and method	
Timing / frequency	
Special precautions and instructions	
Side effects	
Pupil self-administration	**Yes / No**
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name & relationship to pupil	
Do you have parental responsibility for the child? (please circle)	**Yes / No** If no, please state in what capacity you have authority to sign this consent form:
Telephone number	
I will personally deliver the medicine to the child	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature_____ Date _____

Appendix 5: Record of Medicine Administered to an Individual Pupil

Name of pupil		
Year and class		
Name and strength of medicine		
Quantity received from parents		Date received:
Quantity returned to parents		Date returned:
Dose and frequency of medicine		

Date	Time given	Dose given	Name of staff member (first aider)	Staff signature	Name of 2nd staff member	Staff signature