

First Aid Policy

St Christopher's Preparatory School & Nursery (EYFS & School)

September 2026



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1 Aims

- 1.1 This is the first aid policy for pupils of St Christopher's Prep School & Nursery (**School**).
- 1.2 The aims of this policy are as follows:
 - 1.2.1 to provide a culture of safety, equality and protection;
 - 1.2.2 to ensure that the School has adequate, safe and effective First Aid provision in order for every pupil, member of Staff and visitor to be well looked after in the event of any illness, accident or injury;
 - 1.2.3 to ensure that all Staff and pupils are aware of the procedures in the event of any illness, accident or injury.

2 Scope and application

- 2.1 This policy applies to the whole School including the Early Years Foundation Stage (**EYFS**).
- 2.2 This policy applies at all times when the pupil is in or under the care of the School, that is:
 - 2.2.1 in or at school;
 - 2.2.2 on School-organised trips;
 - 2.2.3 at a School sporting event.
- 2.3 This policy shall also apply to pupils at all times and places in circumstances where failing to apply this policy may:
 - 2.3.1 affect the health, safety or well-being of a member of the School community or a member of the public; or
 - 2.3.2 have repercussions for the orderly running of the School.
- 2.4 **Nothing in this policy should prevent any person from contacting the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services.**

3 Regulatory framework

- 3.1 This policy has been prepared to meet the School's responsibilities under:
 - 3.1.1 Education (Independent School Standards) Regulations 2014; (as amended in 2026)
 - 3.1.2 Statutory framework for the Early Years Foundation Stage (DfE, July 2026);
 - 3.1.3 Education and Skills Act 2008;
 - 3.1.4 Childcare Act 2006;
 - 3.1.5 Equality Act 2010;

- 3.1.6 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- 3.1.7 Data Protection Act 2018 and General Data Protection Regulation (GDPR);
- 3.1.8 Health and Safety at Work etc. Act 1974; and
- 3.1.9 Health and Safety (First-Aid) Regulations 1981.
- 3.2 This policy has regard to the following guidance and advice:
 - 3.2.1 Automated external defibrillators (AEDs): a guide for schools (DfE, June 2017);
 - 3.2.2 Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015);
 - 3.2.3 Guidance on the use of adrenaline auto-injectors in schools (NHS Choices);
 - 3.2.4 Guidance on first aid for schools (DfE, February 2022);
 - 3.2.5 Incident reporting in schools (accidents, diseases and dangerous occurrences): guidance for employers (Health and Safety Executive (HSE) EDIS1 (revision 3), October 2013);
 - 3.2.6 First aid at work: the Health and Safety (First-Aid) Regulations 1981 guidance on Regulations (2013);
 - 3.2.7 Workplace first aid kits. Specification for the contents of workplace first aid kits, BS 8599-1:2011, (2011).
- 3.3 The following School policies, procedures and resource materials are relevant to this policy:
 - 3.3.1 data retention;
 - 3.3.2 procedures for pupils with medical conditions such as asthma, epilepsy, diabetes etc;
 - 3.3.3 procedure in the event of illness;
 - 3.3.4 procedures in the events of an accident or injury;
 - 3.3.5 hygiene and infection control.
 - 3.3.6 this policy should be read alongside the ILG Allergy & Anaphylaxis Policy, which sets out the statutory arrangements for allergy management, Individual Healthcare Plans (IHPs), and the use, storage and maintenance of spare adrenaline auto-injectors (AAls) in accordance with Benedict's Law.

4 Publication and availability

- 4.1 This policy is published on the School website.
- 4.2 This policy is available in hard copy on request.
- 4.3 A copy of the policy is available for inspection from the School Office during the School day.

- 4.4 This policy can be made available in large print or other accessible format if required.

5 Definitions

- 5.1 Where the following words or phrases are used in this policy:
- 5.1.1 References to **Appointed Persons** mean members of staff who are not qualified First Aiders but who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required.
- 5.1.2 References to **EFAW** means Emergency First Aid at Work.
- 5.1.3 References to **First Aid** means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.
- 5.1.4 References to **FAW** means First Aid at Work.
- 5.1.5 References to **First Aiders** mean the members of staff who have completed an approved First Aid course and hold a valid certificate of competence in FAW or EFAW and PFAW or EPFAW or an approved alternative qualification which has been identified in place of FAW or EFAW and PFAW or EPFAW which meets the requirements of the First Aid Guidance.
- 5.1.6 References to **First Aid Guidance** is the guidance identified at paragraph 3.2.
- 5.1.7 References to **First Aid Personnel** means First Aiders or Appointed Persons or both.
- 5.1.8 References to **PFAW** means Paediatric First Aid at Work.
- 5.1.9 References to **EPFAW** means emergency Paediatric First Aid at Work.
- 5.1.10 References to **RIDDOR** are to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471).
- 5.1.11 References to **Staff** means any person employed by the School, volunteers at the School and self-employed people working on School premises.
- 5.1.12
- 5.1.13 References to **School Nurse(s)** mean Mrs Woodbridge who is primarily located in the School's Office
- 5.1.14 The **Medical Room** is used for the provision of medical or dental treatment, including First Aid, when required and contains essential First Aid facilities and equipment. As far as is possible, the School reserves this room exclusively for giving medical or dental treatment. This is located on the Ground floor behind the School office and is clearly signposted and identifiable with a white cross or white writing on a green background. This is used for the provision of medical or dental treatment, including First Aid, when required.

6 Responsibility statement and allocation of tasks

6.1 The Proprietor has overall responsibility for all matters which are the subject of this policy.

6.2 To ensure the efficient discharge of its responsibilities under this policy, the Proprietor has allocated the following tasks:

Task	Allocated to	When / frequency of review
Keeping the policy up to date and compliant with the law and best practice	Head	As required, and at least annually
Monitoring the implementation of the policy, relevant risk assessments and any action taken in response and evaluating effectiveness.	Head	As required, and at least annually
Seeking input from interested groups (such as pupils, staff, parents) to consider improvements to the School's processes under the policy	Head	As required, and at least annually
Maintaining up to date records of all information created in relation to the policy and its implementation as required by the GDPR	Head	As required, and at least termly
Formal review	Proprietor	As required, at least every 2 years

6.3 The Head has formal oversight of the administration of First Aid within the School, including:

6.3.1 ensuring that there is adequate First Aid equipment, facilities and First Aid Personnel available to the School and on site at all times;

6.3.2 ensuring that Staff have the appropriate and necessary First Aid training as required and that they have appropriate understanding, confidence and expertise in relation to First Aid;

6.3.3 ensuring that the medical information and consent forms and up to date medical information for each pupil is collated and that the forms and information are accessible to staff as necessary;

6.3.4 monitoring and carrying out regular reviews of the School's systems and management of First Aid and medical welfare, including any trends in accidents, injuries and illnesses at the School, in order to identify whether a change in welfare practice is needed to ensure that the School's First Aid provision is appropriate.

- 6.4 The Head may delegate duties as appropriate to other members of staff who have received training in accordance with this policy.

7 First Aid provision in the School

- 7.1 There will be at least one First Aider on each school site when children are present.
¹ Also in the Early Years Foundation Stage (EYFS) setting at least one person who has a current paediatric First Aid certificate² must be on the premises at all times when children are present.^{3]} On outings including children from the EYFS there must be at least one person who has a current paediatric First Aid certificate.^{4]}
- 7.2 An up to date list of First Aiders including those who hold paediatric First Aid certificates can be found at the School Office and in postered around the School premises **OR** The following individuals are First Aiders including those who hold paediatric First Aid certificates:

Staff who hold a current PAEDIATRIC FIRST AID certificate:	
Mr J Simon	Mrs L Kaye
Miss J Roberston	Mr H Neves
Mrs B Woodbridge	Miss L Rolland
Miss R Trinidad	Miss H Marriott
Mr E Smith	Mrs P Ansari
Miss N Blackall	Mrs C Roberts
Miss L Barnwell	Mrs D Lim
Miss R Ezekiel	Mrs D Yatiwelle
Staff trained using an EIPEN :	
Mr J Simon	Mrs L Kaye
Miss J Roberston	Mr H Neves
Mrs B Woodbridge	Miss L Rolland
Miss R Trinidad	Miss H Marriott
Mr E Smith	Mrs P Ansari
Miss N Blackall	Mrs C Roberts
Miss L Barnwell	Mrs D Lim
Miss R Ezekiel	Mrs D Yatiwelle

- 7.3 The main duties of First Aiders are to give immediate First Aid to pupils, Staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the School Office.

¹ ISI Handbook suggests this is best practice in respect of all independent schools (see paragraph 148 ISI Handbook)² The certificate must be for a full course consistent with the criteria set out in Annex A of the Statutory Framework for the Early Years Foundation Stage.

³ EYFS requirement only. See para 3.25 of Statutory Framework for the Early Years Foundation Stage.

⁴ EYFS only

- 7.4 First Aiders will undergo updated training at least every three years to maintain their qualification. All current staff who are paediatric trained first aiders are due for renewal in September 2025.
- 7.5 All Staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid. All Staff will use their best endeavours, at all times, to secure the well-being and welfare of the pupils.

8 Risk assessment

- 8.1 The Head has overall responsibility for ensuring that the School's first aid needs are adequately risk assessed and for ensuring that the relevant findings are implemented, monitored and evaluated.
- 8.2 Day to day responsibility to carry out risk assessments will be delegated to the Deputy Head who has been properly trained in, and tasked with, carrying out the particular assessments required.
- 8.3 Factors which may be taken into account in assessments may include:
 - 8.3.1 required First aid provision for Staff, pupils and others;⁵
 - 8.3.2 any specific first aid, medical or health needs that may affect the School community or its members e.g. if those with specific medical conditions or known allergies;
 - 8.3.3 the hazards and risks associated with the School's operations and activities;
 - 8.3.4 any changes to the School's activities or operations;
 - 8.3.5 any relevant history of accidents;
 - 8.3.6 the remoteness of the School site from emergency medical services;
 - 8.3.7 annual leave and other absences of First aiders / Appointed persons.

9 First Aid boxes

- 9.1 First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be appropriate for use with children and will be determined by the School's First Aid needs assessment and will usually be stocked in accordance with Appendix 2 of the First Aid Guidance or in accordance with *Workplace first aid kits. Specification for the contents of workplace first aid kits*, BS 8599-1:2011, June 2011].⁶
- 9.2 First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:
 - 9.2.1 The Medical Room;
 - 9.2.2 Reception;
 - 9.2.3 school kitchen;
 - 9.2.4 Nursery (EYFS Setting);

⁵ Recommended that the School has regard to Regulation 3 of the Health and Safety (First-Aid) Regulations 1981 and Appendix 3 of the First Aid Guidance.

⁶ Recommended but not compulsory.

- 9.3 If First Aid boxes are used, they should be taken to Miss Barnwell who will ensure that the First Aid box is properly re-stocked. Miss Barnwell will examine the First Aid box(es) at this point and otherwise regularly in order to dispose of items safely once they have reached their expiry date.
- 9.4 All requirements for the First Aid kits are supplied by the the Medical Room and are regularly stocked at request of individual departments.
- 9.5 The School also has an emergency anaphylaxis kit which contains spare inhalers, adrenaline auto-injectors (**AAIs**) and which are located at the following locations: Medical cupboard with the First Aid boxes.] ⁷
- 9.6 **School minibuses:** The School's minibuses should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition. The First Aid box should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078) which is set out in Appendix 1.
- 9.7 **Off-site activities:** First Aid boxes for any off-site activities are kept in the Medical cupboard

⁷ Recommended but not compulsory - see section 3 of the Guidance on the use of AAIs in schools.

10 Information on pupils

- 10.1 Parents are requested to provide written consent for the administration of First Aid, medical treatment and medication. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.
- 10.2 The School Office will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the Head, class teachers and First Aiders on a "need-to-know" basis. This information should be kept confidential but may be disclosed on a need-to-know basis where necessary to safeguard or promote the pupil's welfare or to avert a perceived risk of serious harm to pupils or to other persons at the School.

11 Administration of medication at School

- 11.1 Parents should inform the School Office where a pupil will require either prescription or non-prescription medication to be taken at School and of any changes to the medication required.
- 11.2 The School requests that medication is only taken at School if it is essential, that is where it would be detrimental to the pupil's health not to administer the medication during the School day. Where possible, medicines should be taken at home, before and after attending School.
- 11.3 Parents of all pupils at the School are required to complete the a medical information and consent form to agree to the School administering medicine before medication is administered to the relevant pupil.
- 11.4 Staff at the School will not administer any medication to a pupil without obtaining prior written permission from his or her parents. This requirement will not prevent a pupil of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.
- 11.5 Unless in exceptional circumstances, no pupil under the age of 16 will be given prescription or non-prescription medication without parental consent.
- 11.6 Staff will ensure that parents are informed in writing on each and every occasion that any medication was administered and, for any reason, medication has not been administered parents will be informed and will be given an explanation.⁸

12 Procedures for pupils with medical conditions such as asthma, epilepsy, diabetes etc

- 12.1 The information held by the School will include details of pupils who need to have access to asthma inhalers, AAls, injections or similar and this information should be circulated to teachers and First Aiders.
- 12.2 All matters relating to allergy management, anaphylaxis response, and the use of spare adrenaline auto-injectors (AAls) are governed by the ILG Allergy &

⁸ EYFS only

Anaphylaxis Policy. Schools must ensure that the requirements of that policy are followed in full, including staff training, emergency procedures, and AAI stock management.

12.3 The School has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes. Copies of the guidance and protocols are available from the Mrs Woodbridge / on the School's website and can be found in Appendix 5].

12.4 **Asthma:** the School adopts the inhalers guidance in respect of the use of emergency salbutamol inhalers and holds stock salbutamol inhalers which can be used when a pupil is not able to access his or her own inhaler.⁹

12.5 **Anaphylaxis:** the School adopts the *Guidance on the use of adrenaline auto-injectors (AAIs) in schools* and holds spare / back up devices which can be used when a pupil is not able to access his / her own AAI.¹⁰

13 Infectious conditions

13.1 Where a pupil is suffering, or suspected to be suffering, from an infectious condition, the School will follow the *Health protection in schools and other childcare facilities* guidance¹¹, as appropriate, and may require pupils to remain away from School until they are no longer infectious.

14 Procedure in the event of illness

14.1 If a pupil is unwell during lessons then they should consult the member of Staff in charge who will assess the situation and decide on the next course of action, a qualified member of staff will provide the First Aid as required and decide on the next course of action. Where necessary, the pupil will be accompanied to Mrs the Medical room.

14.2 Staff may visit the Medical room as and when necessary, but appropriate cover must be arranged.

14.3 The School will discuss with parents the procedures for children who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses.¹²

15 Procedure in the event of an accident or injury

15.1 If an accident occurs, then the member of Staff in charge should be consulted. That member of Staff will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, the School office should be called as soon as is possible. Appointed Persons or First Aiders can also be called, if necessary, and should be called if the School Office is not available immediately. However minor the injury, the School Office should always be informed, even if not called.

15.2 In the event that a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should

⁹ Recommended but not compulsory see: <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

¹⁰ Recommended but not compulsory see: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

¹¹ See <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

¹² EYFS only.

arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for the School Nurse or for an ambulance or making arrangements to transport the injured person to A & E or access other appropriate medical services.

15.3 **Ambulances:** If an ambulance is called then the First Aider in charge should make arrangements for the ambulance to have access to the accident site. Where necessary GPS co-ordinates should be provided and arrangements should be made for the ambulance to be met. SAT NAV post code - HA9 8HE must be given.

15.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury.

15.5 Examples of medical emergencies may include:

15.5.1 a significant head injury;

15.5.2 fitting, unconsciousness or concussion;

15.5.3 difficulty in breathing and / or chest pains;

15.5.4 exhaustion, collapse and / or other signs of an asthma attack;

15.5.5 a severe allergic reaction;

15.5.6 a severe loss of blood;

15.5.7 severe burns or scalds;

15.5.8 the possibility of a serious fracture.

15.6 Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of Staff if it is not possible to contact the pupil's parent(s) (or legal guardian(s)) in time.

16 **Hygiene and infection control**

16.1 If a spillage of blood or other bodily fluids occurs, Mrs Woodbridge must be informed. Mrs Woodbridge will then arrange for the proper containment, clear up and cleansing of the spillage site.

16.2 All Staff should take precautions to avoid infection and to follow basic hygiene procedures (such as regular hand washing).

16.3 The First Aider should take the following precautions to avoid risk of infection:

16.3.1 cover any cuts and grazes on their own skin with a waterproof dressing;

16.3.2 wear suitable single use disposable gloves when dealing with blood or other bodily fluids;

16.3.3 use suitable eye protection and a disposable apron where splashing may occur;

16.3.4 use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;

16.3.5 wash hands after every procedure.

16.4 If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

16.4.1 wash splashes off skin with soap and running water;

16.4.2 wash splashes out of eyes with tap water or an eye wash bottle;

16.4.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water;

16.4.4 record details of the contamination;

16.4.5 report the incident to Mrs Woodbridge and take medical advice if appropriate.

17 First Aid in the physical education department

17.1 **Location of first aid equipment:** The department is responsible for providing First Aid boxes and bags for the relevant sporting areas within the School. The fixed positions are as follows:

17.1.1 Medical cupboard

17.1.2 Kitchen

17.2 There are 3 bags which can be used by Staff and team managers for home and away fixtures.

17.3 **Away fixtures:** A medical bag should be taken with the travelling team. If an incident occurs medical treatment should be sought from the visiting school First Aid Personnel. If necessary, the pupil should be taken to the nearest casualty by a member of Staff. Any incident of treatment must be reported to the School Office on return to School.

18 Reporting

18.1 In the event of an accident, injury or illness requiring First Aid the relevant First Aider should complete a records of First Aid provision, as set out in Appendix 2.

18.2 All injuries, accidents and illnesses, however minor, must be reported to Mrs Woodbridge and he /she is responsible for ensuring that the accident report forms and books are filled in correctly and that parent(s) or guardian(s) and Health and Safety Executive (**HSE**) are kept informed as necessary.

18.3 Where the accident, injury or illness could give rise to potential safeguarding concerns, the School's safeguarding and child protection policies and procedures will be followed as appropriate. Staff are particularly reminded to be alert to indicators of sexual violence and female genital mutilation where in each case there are specific reporting procedures under the School's safeguarding and child protection policy and procedures.

18.4 **Reporting to Parents:** In the event of serious accident, injury or illness parents or guardian(s) must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head if necessary.

- 18.5 **EYFS pupils:** The School will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably practicable.¹³
- 18.6 The School must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given.¹⁴ The School (as a registered provider) must notify Ofsted of any serious accident, illness or injury to, or death of, any child whilst in their care, and of the action taken in respect of it. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.¹⁵
- 18.7 **Reporting to HSE:** Schools are legally required under RIDDOR to report the following to the HSE:
- 18.7.1 **Accidents involving Staff**
- (a) work related accidents resulting in death or "specified" injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
 - (b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
 - (c) cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
 - (d) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).
- 18.7.2 **Accidents involving pupils or visitors**
- (a) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
 - (i) any School activity (on or off the premises);
 - (ii) the way a School activity has been organised or managed (e.g. the supervision of a field trip);
 - (iii) equipment, machinery or substances; and / or
 - (iv) the design or condition of the premises.
- 18.7.3 More information on how and what to report to the HSE, can be found in *Incident reporting in schools (accidents, diseases and dangerous occurrences)* (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>. It is also possible to report online via the following link:
<http://www.hse.gov.uk/riddor/index.htm>.

¹³ EYFS requirement (3.50).

¹⁴ All EYFS providers(3.51)

¹⁵ Registered EYFS only

18.7.4 Reporting to others

- (a) The School will ensure that it complies with any other reporting obligations triggered by the accident, injury or illness including, but not restricted to, making a report to the School's relevant insurers, and/ or to other relevant statutory agencies and/ or regulators.

19. Automated external defibrillators (AEDs)

- 19.1 The School's nearest AED(s) is / are located at McDonalds – 126 Wembley Park drive. Wembley, HA9 8TS or the Hilton, Lakeside Way, Wembley, HA9 0BU
- 19.2 The AED should only be used where a person is in cardiac arrest. It should not be used where a person is conscious, breathing and / or his or her heart is still beating.
- 19.3 If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR. If possible, a First Aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step by step instructions on the AED.
- 19.4 The person administering the AED should ensure that the area around the casualty is clear before administering the AED. He or she should then stay with the casualty until the emergency services arrive.

20 Training

- 20.1 The School ensures that regular guidance and training is arranged on induction and at regular intervals thereafter so that staff and volunteers understand what is expected of them by this policy and have the necessary knowledge and skills to carry out their roles.
- 20.2 The level and frequency of training depends on role of the individual member of staff.
- 20.3 The School maintains written records of all staff training.
- 20.4 All staff will be informed of what to do in an emergency, which will include reference to who the designated First Aiders / Appointed Persons are and the identity of those who are trained to administer emergency medication, such as AAls.
- 20.5 Where there are specific training programmes in place, these are set out below:
 - 20.6 First aiders will undergo updated training at least every three years to maintain their qualification.
 - 20.7 Newly qualified entrants must have either a PFA or an EPFA certificate in order to be included in the required staff : child ratios at EYFS level 2 or level 3.¹⁶

21. Record keeping

- 21.1 All records created in accordance with this policy are managed in accordance with the School's policies that apply to the retention and destruction of records.

¹⁶ Providers are responsible for identifying and selecting a competent training provider to deliver their PFA training. Providers can make an exception to this requirement where a newly qualified entrant to the workforce is unable to gain a PFA certificate if a disability would prevent them from doing so. Such a newly qualified entrant can still be included in the staff : child ratios if otherwise competent to carry out their childcare duties. Where possible, such staff should attend a relevant PFA training course and obtain written evidence of attendance.

- 21.2 Where there are specific record keeping requirements under this policy, these are set out below:

21.3 School accident book: All injuries, accidents, illnesses and dangerous occurrences (unless very minor in the view of the School Office must be recorded in the School accident and illness book. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness and what First Aid was given. What happened to the injured or ill person immediately afterwards should also be recorded.

21.4 Accident report form: The member of staff on duty with support of a member of SLT if necessary will fill in an accident report form for every serious or significant accident that occurs on or off the School site if in connection with the School's activities. The School will keep a written record of **all** accidents or injuries and First Aid treatment provided.¹⁷ Accident report forms will be kept by the School Office with the School accident book. Records will be retained in accordance with the School's normal practices. Where there is a risk of claim, records will normally be retained for at least three years or if the person injured is a minor (under 18), until they are 21. A template form is set out at Appendix 2.

21.5 Accident to Staff causing personal injury: The School office will fill in an accident report form in respect of any accident causing personal injury to Staff in the form set out in Appendix 3 and provide a copy of this accident report form to the Head. The Head will take reasonable steps to investigate the circumstances of such accidents once (s)he receives notice of it. If it is found that there are discrepancies between the information reported and the Head's findings these should also be recorded on the form. These records will be kept by the School Office for at least three years or if the person injured is a minor (under 18), until they are 21.¹⁸

- 21.6 Any significant accidents or RIDDOR must be reported to the Board level lead for health & safety.
- 21.7 The records created in accordance with this policy may contain personal data. The School has a number of privacy notices which explain how the School will use personal data about pupils and parents. The privacy notices are published on the School's website. In addition, staff must ensure that they follow the School's data protection policies and procedures when handling personal data created in connection with this policy. This includes the School's data protection policy and information security policy.

¹⁷ EYFS requirement paragraph 3.50.

¹⁸ Requirements under Social Security (Claims and Payments) Regulations 1979, see regulations 24 and 25 - a requirement for employers who employ more than 10 members of staff (i.e. most Schools).

**Appendix 1 Part 2 of schedule 7 of the Road Vehicles (Construction and Use)
Regulations 1986 (SI 1986/1078)**

First Aid equipment:

- ten antiseptic wipes, foil packed
- one conforming disposable bandage (not less than 7.5 cm wide)
- two triangular bandages
- one packet of 24 assorted adhesive dressings
- three large sterile un-medicated ambulance dressings
(not less than 15.0 cm × 20.0 cm)
- two sterile eye pads, with attachments
- twelve assorted safety pins
- one pair of rustless blunt-ended scissors.

Appendix 2 Record of First Aid (optional) ¹⁹

It is good practice for a book to be kept to record incidents. Where there are a number of First Aiders it is advisable that there is one central book, if possible. The book should be kept in accordance with the requirements of the Data Protection Act 1998.

Record of First Aid	
Date and time	
Name of pupil who required First Aid	
Location of administration of First Aid and location of incident (if applicable)	
Details of the injury / illness / event and what First Aid was administered	
What happened to the person immediately afterwards (did they go home / to hospital etc)?	
Were the pupil's parents informed?	
Was the HSE informed? (if so, please provide details of the date and method of reporting)	
Name of First Aider / Appointed Person	
Signature	
Date of signature	

¹⁹ In EYFS settings it is mandatory for a written record to be kept see 3.50.

Appendix 3 Record of accident causing personal injury to Staff

Record of accident causing personal injury to Staff	
Date and time of report	
Date and time of accident	
Full name (Staff member)	
Address (Staff member)	
Occupation (Staff member)	
Location of administration of First Aid (if applicable) and location of accident	
Details of the injury / illness / event and what First Aid was administered (if applicable)	
Cause of injury	
What happened to the person immediately afterwards (did they go home / to hospital etc)?	
Was the HSE informed? (if so, please provide details of the date and method of reporting)	
Name of First Aider / Appointed Person (if applicable)	
Name of person making the report	
Occupation of person making the report	
Signature	
Date of signature	

The [• name] should retain a copy of this form with the School accident book and provide a copy to the [• name] for the purposes of any investigation.

Appendix 4 Medical consent

First Aid: I / We consent to appropriately trained and qualified members of the School staff to administer First Aid to my / our child where appropriate.

Medical treatment: I / We hereby give my consent for the School to act on my / our as necessary for my child's welfare if [• he /she] requires a medical examination, medical testing or minor medical treatment such as attendance at a local GP, doctor or optician.

Emergency medical treatment: I / We give my / our consent for the Head to act on our behalf to authorise emergency medical treatment as necessary for my child's welfare in the event I / we cannot be contacted in time.

The administration of medicines: I / We hereby give my consent for appropriately qualified members of the School staff to administer prescription medication as listed in the medication section of the medication and treatment section of the medical information form or as subsequently notified to the School and / or non-prescription medication such as paracetamol, ibuprofen, simple cough linctus, indigestion remedies and other over-the-counter remedies under protocols from the School Doctor for treating minor ailments.

If there is any medication or remedies you would prefer your child not to receive please indicate these in the box below.

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	First signatory	Second signatory
Signature		
Title (e.g. Mr, Mrs, Ms)		
Name in full (please include all names)		
Relationship to child		
Date		

Appendix 5 Guidance and protocols for specific medical conditions

a) Anaphylaxis

Adrenaline auto-injectors²⁰

The School follows the ILG Allergy & Anaphylaxis Policy, which sets out the statutory arrangements for allergy management in accordance with Benedict's Law. This includes requirements for Individual Healthcare Plans (IHPs), staff training, emergency procedures, and the storage, checking and use of spare adrenaline auto-injectors (AAIs). All staff must ensure they are familiar with the emergency anaphylaxis protocol contained in that policy and follow it in full during any suspected allergic reaction.

The School adopts the Department of Health guidance on the use of AAIs in schools and holds spare / back-up devices which may be used when a pupil is unable to access their own prescribed AAI or when an additional dose is required. Staff must administer AAIs without delay in line with the pupil's IHP and the emergency procedures set out in the ILG Allergy & Anaphylaxis Policy.

Delays in administering AAIs have been associated with fatal outcomes. **AAIs MUST be administered without delay** to pupils if there are **ANY signs of anaphylaxis present** to those pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAIs have been provided.

School staff must always call 999 and request an ambulance if an AAI is used and keep a detailed record including, where the reaction took place and how much medication was given. Relevant parents [• or guardian(s)] should be informed as soon as practicable.

The [• School nurse] and the [• Head²¹] are responsible for ensuring that the *Guidance on the use of adrenaline auto-injectors in schools* (the **AAI Guidance**) is properly implemented and followed.

AAIs are to be stored, cared and disposed of in accordance with Part 3 of the AAI Guidance and the other requirements of this policy apply to AAIs, including but not limited to appropriate training, use and record keeping.

The [• School nurse] will have overall responsibility for restocking at least [• number²²] AAI (which may be bought without prescription). The [• School nurse] and [• insert] will check the stock on a monthly basis to ensure that the AAIs are present and in date and that replacement AAIs are obtained in good time.²³

Spare AAIs should only be used on pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAIs have been provided.

The [• School nurse] will maintain an up to date register of pupils at risk of anaphylaxis this includes pupils who have been prescribed a AAI and those who have been provided with a medical plan confirming this, but who have not been prescribed AAI and in respect of whom parental consent to the use of the spare AAI has been obtained. The register should be reviewed regularly [• (at least annually)²⁴] to take into account pupils' changing needs. A copy of the register is to be stored with the spare AAIs.

²⁰ See <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

²¹ The Inhalers Guidance requires at least two people to be responsible for ensuring the Guidance is followed

²² There is no prescribed amount will depend on practice and size of the School.

²³ The guidance recommends that at least two named volunteers are responsible for checking the stock.

²⁴ Best practice but not a requirement.

Parents are to notify the School as soon as practicable that a particular pupil is at risk of anaphylaxis and in that case provide their consent to use the spare AAls. Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.

Further guidance and general information on how to recognise and respond to an anaphylaxis can be found at: <http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx>

b) Asthma

Asthma register and emergency inhalers²⁵

The other requirements of this policy apply to emergency inhalers, including but not limited to appropriate training, use, supply, storage, care, disposal and record keeping.

The School nurse and the Head²⁶ are responsible for ensuring that *Guidance on the use of emergency salbutamol inhalers in schools (Inhalers Guidance)* is properly implemented and followed.

The School nurse will hold and be responsible for restocking at least 1 emergency inhaler (which may be bought without prescription). An emergency inhaler may be used if a pupil's prescribed inhaler is not available (for example, because it is broken, or empty) or in the event of an asthma attack.

Only pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler. The School nurse will maintain an up to date register of pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly (at least annually to take into account pupils' changing asthma care needs. A copy of the register is to be stored with the emergency inhalers.

Parents are to notify the School as soon as practicable that a particular pupil has been diagnosed with asthma and / or has been prescribed a reliever inhaler. Notification should be accompanied by a completed consent form signed by the parents in the form set out at Annex B of the Inhalers Guidance (a copy of which is available from the School nurse] on request. Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.

If an emergency inhaler is used by a pupil the School nurse will notify the relevant parents or guardian(s) as soon as practicable.

Emergency inhalers are also to be stored, cared and disposed of in accordance with Part 3 of the Inhalers Guidance.

Further guidance and general information on how to recognise and respond to an asthma attack can be found at: <http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx>

²⁵ See Inhalers Guidance: keeping an emergency inhaler (and adopting the procedures in the Inhalers Guidance) is optional but recommended.

²⁶ The Inhalers Guidance requires at least two people to be responsible for ensuring the Guidance is followed.

c) Diabetes

Signs and symptoms of low blood sugar level (hypoglycaemia)

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:

- Pale
- glazed eyes
- blurred vision
- confusion/incoherent
- shaking
- headache
- change in normal behaviour-weepy/aggressive/quiet
- agitated/drowsy/anxious
- tingling lips
- sweating
- hunger
- dizzy
- leading to unconsciousness

Action

- The pupil should be administered with fast acting glucose (lucozade drink or glucose tablets) - the pupil should have their own emergency supply in School Office. This will raise the blood sugar level quickly.
- After 5 - 10 minutes the pupil should be given further snacks as advised by the Parents. Do not leave the pupil unaccompanied at any time.
- The pupil should be allowed access to regular snacks and check blood sugar level again and as necessary.
- The pupil's Parents should be informed about the incident as soon as possible.

Action to be taken if the pupil becomes unconscious

The pupil must be placed in the recovery position. Glucose must not be administered by mouth as this may cause choking.

- Telephone 999
- Inform Parents as soon as possible
- Accompany the pupil to hospital and await arrival of Parent

Signs and symptoms of high blood sugar level (hyperglycaemia)

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:

- feeling tired and weak
- feeling thirsty
- passing urine more often
- nausea and vomiting
- drowsy
- breath smelling of acetone
- blurred vision
- unconsciousness

Action

The School Secretary must be informed. Arrangements will be made for blood glucose testing, if possible. The pupil's Parents should be informed about the incident as soon as possible. 999 should be called and the pupil must be accompanied to casualty, where they will await the arrival of the pupil's Parents.

For further information and guidance: <http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx>

d) Epilepsy etc

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- the pupil may appear confused and fall to the ground
- slow noisy breathing
- possible blue colouring around the mouth, returning to normal as breathing returns to normal
- rigid muscle spasms
- twitching of one or more limbs and/or face
- possible incontinence

Action

The following actions should be taken to assist the pupil:

- try to help the pupil to the floor if possible but do not put yourself at risk of injury
- move furniture etc. away from the pupil in order to prevent further injury
- place a cushion or something soft under the pupil's head

- clear the area of pupils
- call School Secretary
- cover the pupil with a blanket as soon as possible in order to hide any incontinence
- stay with the pupil throughout duration of the seizure
- as the seizure subsides place the pupil into recovery position
- inform Parents as soon as possible
- send for ambulance if this is the pupil's first seizure or, if a pupil, known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. The pupil must be accompanied until their Parents arrive
- allow the pupil to rest for as long as necessary
- reassure the other pupils and staff

For further information and guidance:

<http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx>.]