ACHIEVE BEYOND SCHOOLS

"We R.A.I.S.E. each other"

First Aid Policy

Independent School Standards: paragraphs 13 and 34

Latest review and update	September 2026
Next external review and update	September 2027

AIM

Achieve Beyond Schools are committed to providing emergency first aid provision to deal effectively and efficiently with accidents and incidents affecting pupils, colleagues and visitors.

ROLES

First aiders are identified on schools' information posters.

RESPONSIBILITIES

Procedure in the event of an accident, illness or injury on-site
The Head of School is responsible for:

- ensuring a qualified first aider assesses when someone is injured or becomes ill
- ensuring a qualified first aider provides immediate and appropriate treatment dealing with, as far as practicably possible, first aid or illness in the designated medical room. There maybe occasions where other school colleagues administer care for **minor injuries** if a designated first aider is not immediately accessible
- ensuring that an ambulance or other professional medical help is summoned when appropriate. All adults know that when in doubt, calling 999 is the most appropriate and safe course of action.

Only the Executive Head or Head of School has the authorisation to send pupils or adults home to recover if they are deemed too unwell or seriously injured to be in school.

The Head of School will also ensure:

- there are appropriate numbers of qualified first aiders in schools
- first aiders have an appropriate qualification
- keep first aid training overviews up to date
- all colleagues are made aware of the schools' first aid procedures during their induction
- ensuring the medical room is kept clutter free and readily available for administering first aid or attending to the medical needs of pupils
- an adequate supply of medical materials in first aid boxes (including travel first aid kits), and replenish the contents of these kits on a regular basis, including checking for expiry dates
- first aid forms and reporting to parents/carers, are completed on the same day
- all first aid or medication administered is logged on the schools' MIS
- suitably detailed and current risk assessments for all pupils (or adults) in school and for specific trips and activities
- specified incidents are reported to the HSE (see appendix B).

Off-site procedures
When taking pupils off the school premises, adults will always ensure the following:

- a mobile phone is taken for emergency contact

- travel first aid kits are taken. These are kept in the office and are taken on all visits, including local breaks to the park with pupils
- a qualified first aider is present
- a qualified first aider can provide immediate and appropriate treatment
- that an ambulance or other professional medical help is summoned when appropriate
- key information about the specific medical needs of pupils is shared and that any medication taken off-site, is signed-out for, and carried by an adult
- both adults and pupils are signed-in and out of school in the event of a fire evacuation at school.

On-going risk assessments are completed for all on-site and off-site continuous activities and two weeks prior to any off-site educational visits. There will always be at least one first aider present for off-site activities and on school trips.

FIRST AID EQUIPMENT AND MEDICAL ROOMS

First aid kits in our schools are stored in the medical room and include the following equipment:

- regular and large bandages
- eye pad bandages
- triangular bandages
- adhesive tape
- disposable gloves
- antiseptic wipes
- plasters of assorted sizes (anti-allergenic)
- scissors
- cold compresses
- burns dressings
- womit/spill kit
- hand sanitiser.

No medication is kept in first aid kits. This is stored and locked in the medication box along with care plans in the medical room. Travel first aid bags are stored in the office.

Medical rooms include:

- general first aid advice posters
- bed
- blanket
- washing facilities
- lockable storage for first equipment, medical refrigerator, and medication/care plans
- appropriate bins.

RECORDING FIRST AID

A first aid form on the schools' MIS will be completed by the first aider on the same day or as soon as possible after an incident resulting in the administration of first aid/injury. As much detail as possible should be recorded when reporting the incident and administration of first aid/injury. The first aid form is added to the pupil's MIS and a copy also sent home to parents/carers. This is then followed up with phone call after school explaining what happened.

CONFIDENTIALITY

All medical information is treated confidentially and access to this information will be provided on a 'need-to-know' basis in consultation with the parent/carer and their child, without compromising the pupil's health, dignity and wellbeing.

TRAINING

School colleagues will undertake first aid training and must hold a valid certificate of competence to show this. Every colleague providing support to a pupil with additional medical needs will receive suitable training, including whole adult awareness training where necessary. Training needs are identified by the relevant healthcare professional with the Head of School (DSL) during the development of the Individual Healthcare Plan. They will identify which colleagues require training, and the type of training needed. This may be provided by an external training provider, depending on the medical condition.

AMBULANCES AND HOSPITALS

The first aider is to always call an ambulance in the following situations:

- in the event of a serious injury and/or any significant head injury
- in the event of a period of unconsciousness
- whenever there is the possibility of a fracture or where this is suspected
- whenever the first aider is unsure of the severity of the injuries
- whenever the first aider is unsure of the correct treatment
- where there are open wounds requiring further medical attention.

If an ambulance is called, then the first aider in charge should make arrangements for the ambulance to have access to the injured person. Arrangements should be made to ensure that any pupil is accompanied in an ambulance to the hospital by an adult until one of the parents or carers is present.

Hospital:
Stafford County Hospital, 151 Weston Road, Stafford ST16 3SA.
Phone:
01782 715444

MEDICATION

Families are encouraged to discuss medication schedules with their child's healthcare professional and encourage administration outside of school hours.

Administration

- Where it is not possible for parents or carers to administer medication themselves, the school will work with families to support the safe administration of medication during the school day, following discussion with the Head of School and consideration of the individual needs of the pupil
- As a specialist SEND setting, we recognise that many pupils have complex medical needs and may require medication to access learning successfully. While there is no legal or contractual requirement for colleagues to administer medication, the school adopts a flexible and practical approach to supporting pupils' health and wellbeing
- Any colleague who agrees to administer medication does so on a voluntary basis and will receive appropriate training and guidance before undertaking this responsibility.
- Certain medical procedures or treatments that are intimate, invasive, or require specialist clinical intervention may require additional arrangements and risk assessments.

All medication administered in school must:

- Be prescribed by a registered healthcare professional
- Be supplied in its original pharmacy dispensed packaging
- Clearly display the pupil's name, date of birth, dosage, and administration instructions
- Written consent from a parent or carer must be obtained before any medication is administered before the pupil is admitted
- The Head of School must provide the overall agreement for any requests for medication to be administered to a pupil during the school day before any medication is administered.

- Colleagues who administer medication to pupils will be recorded on the pupils' MIS, including any refusal to take medication and a notification will be sent to families.
- Any adverse effects experienced by the pupil following the administration must be reported to the parent and Headteacher (either immediately or at the end of the school day, depending on severity).
- If the pupil refuses to take his/her medication, then they will not be forced to do so. Parents/carers must be informed. If a pupil refuses medication in an emergency (for example: asthma inhaler during an asthma attack), then professional medical help must be requested, and the parents/carers informed immediately.
- We always encourage pupils to take their prescribed medication; a phone call home may be made to confirm if a pupil has taken their medication, with reasons being explored and the impact on the pupil/class will be explained. The family may be encouraged to come into school to administer the medication themselves. On a case-by-case, a pupil may be collected by their family if the pupil is struggling to manage and/or their behaviour is having a detrimental impact on others' learning.

Storage of medication

- Wherever possible, parents/carers are asked to provide the school with the amount of medication required for the school day only, rather than bringing in a full bottle of medicine or a full bottle/package of tablets. We will not accept any medication which is not in its original container.
- All medication must be clearly marked with the pupil's name and date of birth.
- All medication is kept in a locked cabinet/container including controlled drugs, except for asthma inhalers; medication which needs to be kept refrigerated; and medication which may be needed urgently in an emergency. The latter is stored with the pupil's care plan in the medical room.
- Any medication which requires refrigeration is stored in a medical refrigerator in the medical room. The medication must be kept in an airtight container which is clearly marked with the pupil's name and date of birth.
- Pupils considered mature enough to take responsibility for their asthma inhaler are allowed to carry them on their person, if there has been an agreement between the Head of School and the parent/carer. All adults will be made aware.
- Colleagues should never transfer medication from its original container to another container except in the event of the original container being damaged. In such cases, the alternative container must be clearly labelled with all the information held on the label of the original container. The parent/carer must be notified in the event of any damaged containers.
- Adults in school must not dispose of any unused medication. This is the responsibility of the parent/carer. Any unused medication must be collected by the parent/carer on request. If the parent/carer refuses or fails to do so within five school days, or in the case of a pupil having left the school, colleagues must hand any unused medication to a pharmacist (it must never be disposed of)
- If a pupil's medication runs out or expires, it is the responsibility of the parents/carers to replenish it. Expired medication must not be used or retained on school premises; The Head of School must ensure that any medication used or retained is in-date. Termly health and safety audits will also check medication stores.
- The Head of School record when and how much new medication is sent into school, so that always there is a record of the exact amount of medication held in school.
- Pupils' individual care plans are stored in the medical room and are available on the pupils' MIS.

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

The Head of School (DSL) are the named people with overall responsibility for ensuring that effective support is provided for pupils in school who have a medical condition. This includes ensuring that: all relevant colleagues are aware of a pupil's medical condition or new diagnoses; sufficient adults are suitably trained; risk assessments reflect the pupil's medical needs; and Individual Healthcare Plans (IHPs) are suitable and regularly reviewed. We work in partnership with pupils, families, external agencies, healthcare professionals and local authorities to ensure that we provide effective support to all pupils with medical conditions. It is the responsibility of the parent/carer to provide the schools with any relevant (at the pupil induction

meeting) or new medical information, and to notify the school of any changes to their child's health.

INDIVIDUAL HEALTHCARE PLANS

Individual Healthcare Plans (IHPs) will be put in place if the schools, healthcare professionals and parents agree that it is necessary. IHPs are developed in consultation with the family and are reviewed annually, or earlier if there is evidence that the pupil's needs have changed. IHPs capture key information about a pupil's medical condition, the healthcare professionals supporting them, and anything that needs to be put in place to support them during the school day. Where a pupil has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what should be done, including ensuring that all adults are aware of emergency symptoms and procedures. Other pupils should also be told what to do in general terms, such as informing a teacher if they think help is needed.

APPENDICES

Appendix A – list of common illnesses, medical conditions, and advice

If a pupil is ill, it is likely to be due to a minor, common health condition.

Coughs and colds and other minor illnesses

Pupils with minor coughs or colds may attend school if they are well enough to participate in their usual activities. However, if symptoms are accompanied by a high temperature, shivering, lethargy, or significant discomfort, the pupil should remain at home and medical advice should be sought. Pupils should return to school once they are well enough to engage safely and comfortably in learning.

Vomiting and diarrhea

Following a case of vomiting or diarrhea, pupils must remain off of school for the recommended time of **48 hours** after the last episode of diarrhea or vomiting has occurred.

Head lice

Parents/carers are to be contacted and encouraged to treat their child as soon as the head lice are noticed. The school would also notify other parents.

Rashes

Pupils with rashes should be considered infectious and assessed by a healthcare professional. If a rash is noticed in school, parents/carers will be contacted immediately.

- **Chicken Pox** - should be **assessed by GP** and the pupil **should not return to school until all vesicles have crusted over**
- **Hand Foot and Mouth** - a pupil may attend school; however, the local authority should be contacted if many HFM cases are reported
- **Measles** - a pupil may return to school after **four days** from the onset of the rash
- **Ring Worm** - a healthcare provider will prescribe antibiotic medication, and the pupil should stay home for **24 hours** after starting treatment. Ringworm is

contagious if the rash is there, but pupils with this condition may return to school if the area can be **covered**.

For other less common illnesses please see **Public Health England's guidance** on infection control in schools.

Anaphylaxis

- Anaphylaxis is an acute, life threatening, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.
- An allergy pen (EpiPen) is a pre-loaded pen device which contains a single measured dose of adrenalin (also known as epinephrine) for administration in cases of severe allergic reaction.
- An allergy pen can only be administered by colleagues who have been professionally trained and designated by a relevant leader to use it.
- Colleagues are trained to administer an EpiPen and have completed a food hygiene course.

Asthma inhalers

- We ensure that all pupils with asthma feel secure and are encouraged to participate in all activities, notwithstanding any restrictions imposed by their condition.
- Pupils with asthma can carry their inhalers with them if required (clearly labelled with their names) including their spacer for optimum delivery of the medication, if needed.
- They should be able to administer their own inhalers, however if a pupil is considered too young or immature to take personal responsibility, adults will make sure that it is stored in a safe but readily accessible place, that the pupil is aware of its location, the medication is clearly marked and labelled with the pupil's name.
- Where agreed with parents/carers, a spare asthma pump can be kept on the premises in a labelled container in the school office, which is made known to the pupil and all adults.

Diabetes, epilepsy and allergies

- Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood levels. For most pupils, the condition is controlled by insulin injections and diet. Insulin injections can only be administered by adults who have been professionally trained in the procedure.
- Pupils with epilepsy and specific allergies have tailored care plans, agreed with families and health professionals in advance. These are shared through whole people training to ensure colleagues working with the specific pupil knows what to do in the case of, for example, an epileptic seizure.

Paracetamol, aspirin and other over-the counter medicines

- Colleagues will not administer non-prescribed or over-the-counter medicines, including paracetamol-based medicines such as Calpol, unless this has been agreed as part of an individual healthcare plan or
  specific medical arrangement supported by appropriate documentation and parental consent.

Appendix B – Reporting to the Health and Safety Executive (HSE)

The Health & Safety Officer (Executive Head) will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence, as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6, and 7) and will report these to the HSE as soon as is reasonably practicable and in any event within ten days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
    - 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.
- Injuries where an employee is away from work or unable to perform their normal work duties for more than seven consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital.
- 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:
    - accidental release or escape of any substance that may cause a serious injury or damage to health
    - electrical short circuit or overload causing a fire or explosion.

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