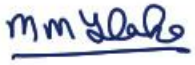
Shires Multi Academy Trust
1366 Evesham Rd, Astwood Bank, Redditch, B96 6BD
hello@shiresmat.org.uk | www.shiresmat.org.uk

First Aid Policy

Policy Name: First Aid Policy	**Policy Reference: MAT-SP15**
Owner/Reviewer: COO, CEO	**Review Date: 8th September 2026**
Approved by: COO, CEO	**Approval Date: 16th September 2026**
Chair of Trust Board 	**Review Frequency: Annually**
	Date of Next Review: Autumn Term 2027
Point 5 Location of First Aid kits, Appendix 1 and Appendix 3 to be completed by Individual Schools - Headteacher to approve local details.	

ABSTRACT

This policy sets out Shires MAT's arrangements for effective first aid provision across its academies. It defines roles, responsibilities, equipment, training, recording and reporting procedures, and ensures staff respond promptly and consistently to accidents, illness and medical emergencies involving pupils, staff and visitors.

Shires Multi Academy Trust
1366 Evesham Rd, Astwood Bank, Redditch, B96 6BD
hello@shiresmat.org.uk | www.shiresmat.org.uk

Contents

1. Aims 2
2. Legislation and guidance 2
2.1 Academies with Early Years Foundation Stage 2
Academies without Early Years Foundation Stage 2
2.2 Legislation 2
3. Roles and responsibilities 3
3.1 Appointed person(s) and first aiders 3
3.2 The Trust Board 4
3.3 The Headteacher 4
3.4 Staff 4
3.5 First Aid Needs Assessment 5
4. First aid procedures 5
4.1 Updated practise procedures 5
1. Immediate Action Steps (D, R, C) 5
2. Airway & Resuscitation Steps (A, B) 5
3. Continued Evaluation (C, D, E) 6
4.2 In-academy procedures 6
4.2.1 Post-Incident Emotional Support & Mental Health First Aid (MHFA) 7
4.3 Off-site procedures 7
Academies with Early Years Foundation Stage provision will ensure: 7
Academies without Early Years Foundation Stage provision will ensure: 7
5. First aid equipment 7
5.1 First Aid Kits 8
5.2 First Aid Kit Locations 9
5.3 Automated External Defibrillators (AEDS) 9
5.4 Specialised Bleed Control Provision 9
5.5 Control of Substances Hazardous to Health (COSHH) & Biohazard Disposal 10
6. Record-keeping and reporting 10
6.1 First aid and accident record on Arbor 10
6.2 Reporting to the HSE 10
6.3 Notifying parents 11
6.4 Reporting to Ofsted and child protection agencies 11
7. Training 11
8. Anaphylaxis and Allergy Response 12
9. Monitoring arrangements 12
10. Links with other policies 12
Appendix 1: list of appointed persons(s) for first aid and/or trained first aiders] 13
Appendix 2: accident report form (on Arbor) 14
Appendix 3: first aid training log 15

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

2.1 Academies with Early Years Foundation Stage

This policy is based on;

- Department for Education "First Aid in Schools, Early Years and Further Education";
- Statutory Framework for the Early Years Foundation Stage (EYFS);
- Health and Safety (First Aid) Regulations 1981;
- Health and Safety at Work etc. Act 1974;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

and the following legislation set out in 2.2:

Academies without Early Years Foundation Stage

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation set out in 2.2:

2.2 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

- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

In Academies with Early Years Foundation Stage provision:

- In EYFS settings, at least one person holding a current full Paediatric First Aid (PFA) certificate will be present and available at all times when children are present.
- A PFA-qualified member of staff must accompany EYFS children on all outings.
- The academy will ensure sufficient numbers of PFA-qualified staff are available to cover staff absences, educational visits and emergency situations.
- Paediatric First Aid qualifications must be renewed every three years.

Beyond this, in all settings and dependent upon an assessment of first aid needs employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work.

However, the minimum legal requirement is to have an ‘appointed person’ to take charge of first aid arrangements, provided your assessment of need has considered the nature of employees' work, the number of staff, and the location of the academy.

The appointed person does not need to be a trained first aider. All academies should adapt this section to reflect their circumstances, in line with their assessment of first aid needs.

3.1 Appointed person(s) and first aiders

All academies will appoint a person(s) who are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring 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, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Appointed First Aiders are listed in appendix 1. Their names will also be displayed prominently around the appropriate academy.

3.2 The Trust Board

The Shires MAT Trust Board has ultimate responsibility for health and safety matters in its Academies, but delegates responsibility for the strategic management of such matters to the academy's governing committee. The governing committee delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The Headteacher/Head of School

The Headteacher/Head of School is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring 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:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider/appointed person is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

3.5 First Aid Needs Assessment

Each academy will undertake a documented First Aid Needs Assessment which will be reviewed annually or following any significant change.

The assessment will consider:

- Number of pupils, staff and visitors
- Age range and specific medical needs of pupils
- Layout of the premises and split-site arrangement
- Educational visits and off-site activities
- Practical subjects and higher-risk activities
- Out-of-hours activities and lettings
- Availability of emergency services
- Numbers of trained first aid personnel required

The findings will determine the level of first aid provision required within each academy.

4. First aid procedures

4.1 Updated practise procedures

If a casualty is found injured, unwell, or collapsed, first responders must strictly follow the updated **DR C ABCDE**:

1. Immediate Action Steps (D, R, C)

- D – Danger: Ensure the area is entirely safe. Turn off machinery or clear chemicals before approaching.
- R – Response: Gently shake the casualty's shoulders and loudlyspeak. If they are unresponsive, immediately call 999 (on loudspeaker) and send a colleague for the AED. Do not delay this call.
- C – Catastrophic Bleeding: Spot check for life-threatening, pouring, or spurting wounds immediately. Apply direct, heavy pressure or a tourniquet if available before moving to the airway.

2. Airway & Resuscitation Steps (A, B)

- A – Airway: Gently tilt the head back and lift the chin to open the airway.
- B – Breathing: Look, listen, and feel for normal breathing for no more than 10 seconds. If they are not breathing normally, commence age specific CPR:

- Children/Pupils: Give 5 initial rescue breaths, then perform continuous cycles of 15 compressions to 2 breaths.
- Adults (Staff/Visitors): Begin with 30 chest compressions, then perform cycles of 30 compressions to 2 breaths.
- AED Use: Turn on the AED as soon as it arrives. Follow its voice prompts as directed, ensuring no one touches the casualty during analysis or shocks.

3. Continued Evaluation (C, D, E)

If the casualty is breathing or once resuscitation allows, evaluate the remaining factors:

- C – Circulation: Check for signs of shock (pale, cold, or clammy skin). Keep the casualty warm and elevate legs if safe.
- D – Disability: Assess neurological responsiveness and look for medical alert jewellery (e.g., diabetic tags).
- E – Exposure: Visually inspect the casualty from head to toe for hidden secondary injuries while protecting their dignity and preventing hypothermia

4.2 In-academy 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
- 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 scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the Academy will contact parents immediately
- The first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- Any pupil sustaining a head injury will be monitored and parents/carers informed on the day of the incident.
- Where concussion is suspected, parents/carers will be advised to seek appropriate medical assessment and follow NHS guidance regarding rest and return to normal activities.

For pupils identified with high-risk medical conditions that may require sudden emergency intervention (including, but not limited to, anaphylaxis, epilepsy, and haemophilia), first

responders must immediately cross-reference the pupil's IHP. Emergency medication and specialised treatment protocols detailed within the IHP must take immediate precedence alongside standard emergency services protocols.

4.2.1 Post-Incident Emotional Support & Mental Health First Aid (MHFA)

The Trust recognizes that physical accidents and medical emergencies can induce severe psychological distress.

Crisis Response: Where a pupil or staff member experiences a sudden mental health crisis, panic attack, or severe emotional trauma, a trained Mental Health First Aider (MHFA) will be summoned to provide immediate psychological first aid.

Post-Incident Care: Following any serious physical injury or distressing medical event, the attending first aider or manager must coordinate a mandatory post-incident emotional check-in for the casualty. If appropriate, a referral or warm handover will be made to the academy's MHFA team or counselling services to support long-term recovery and debriefing.

4.3 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils, including direct access to copies of Individual Healthcare Plans (IHPs) and associated emergency medication.
- Parents' contact details

Risk assessments will be completed by the Academy's nominated person prior to any educational visit that necessitates taking pupils off school premises.

Academies with Early Years Foundation Stage provision will ensure:

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.

Academies without Early Years Foundation Stage provision will ensure:

There will always be at least one first aider on academy trips and visits.

5. First aid equipment

First aid facilities and equipment

Minor first Aid needed during the school day is generally administered at the school central first aid area which is situated in the school's main entrance outside of the Headteacher's office. The area has two green chairs and a clear 'Poorly Point' sign. The central first aid equipment station is situated here. If first aid is

required while outside at break time and/or lunchtime, this is done outside by first aiders, unless there is a significant need to bring the pupil into school for further treatment.
There is a defibrillator in school and it is located in the school office. The First Aid Co-ordinator should ensure the defibrillator is checked and maintained regularly and the defibrillator maintenance check sheet completed.
First aid kits are stored in:

Central first aid area 'Poorly Point' In the main school lobby

First aid equipment

First Aid boxes must be marked with a white cross on a green background.
No other items may be kept in a first aid box that is available for general use.

Disposable gloves and masks are stored adjacent to the First Aid box in the central First Aid equipment station.

Disposable gloves must be worn by all staff having to deal with bleeding or spillages of body fluids, no matter how small.

Gloves, paper towels and contaminated dressings or other materials should be sealed in a plastic bag and disposed of in the normal school waste. A first aid waste bin is situated next to the central first aid station.
First aid bags/boxes and equipment are checked regularly to ensure there is sufficient supply in school.

5.1 First Aid Kits

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

- A leaflet with general first aid advice
- Resuscitation Face Shield
- Foil Blanket
- Sterile Saline Eye Wash
- Finger Dressings
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Nitrile gloves
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

5.2 First Aid Kit Locations

First aid kits are stored in:

- Every classroom
- First Aid area outside the AHT's office

Off-site Activities

-
- A small first aid bag/box should always be carried on any educational journeys or visits.
- Staff planning educational visits or journeys should consider the level of first aid cover that will be required. If necessary, they should arrange for a trained First Aider to be one of the accompanying staff.
- Staff supervising sports, Forest School and lunchtime supervisors should keep a small first aid kit, appropriate to their level of first aid training, adjacent to the playing area.
- Staff attending off-site residentials or trips should ensure they have access to a mobile phone and are aware of any medical needs of pupils, IHCP plans and relevant emergency procedures. Inhalers and EpiPen's must be taken for any pupils with Asthma and Allergy requirements.
- Pupils requiring travel sickness medication for school trips should take the medication before coming into school in the morning. If medication is required for the journey home then a medication form should be completed and the medication must be provided in the original packaging and clearly labelled with name and dosage.
- Any medicine required for residential trips must be clearly labelled as for prescribed medicines and an appropriate form completed and signed by parents/carers.

5.3 Automated External Defibrillators (AEDS)

Where an AED is provided, its location will be clearly identified and communicated to staff.

- AEDs will be checked in accordance with manufacturer guidance.
- Emergency services should always be called immediately in the event of a suspected cardiac arrest.
- First aid and CPR training will include awareness of AED use.
- The location of any AED will be included in the Academy Emergency Plan and communicated to visitors where appropriate.

All AED's within the Trust must be registered on The Circuit (the national defibrillator network)

5.4 Specialised Bleed Control Provision

In strict alignment with updated HSE guidance on managing life-threatening injuries, dedicated Catastrophic Bleed Control Kits are permanently stationed in high-risk environments.

These include all Design & Technology workshops, art/technician preparation rooms, and commercial school kitchens.This provision extends full safeguarding coverage to both pupils and staff members particularly technicians and catering personnel operating heavy machinery or sharp implements.

Staff working in these areas receive specific briefing on the deployment of trauma dressings and tourniquets.

5.5 Control of Substances Hazardous to Health (COSHH) & Biohazard Disposal

- To maintain strict hygiene standards and prevent cross-contamination, all bodily fluids, soiled dressings, and used protective gloves must be treated as clinical waste.
- Disposal: Soiled items must be sealed in yellow biohazard bags and disposed of via the academy's designated clinical waste bins (located in the medical room), never via standard refuse bins.
- Sanitisation: Any affected environmental surfaces must be immediately cordoned off and disinfected using approved biohazard spill kits by trained site staff.

6. Record-keeping and reporting

6.1 First aid and accident record on Arbor

- An accident form will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- The accident report form will also be added to the pupil's educational record through Arbor.
- Accident records relating to pupils will be retained in accordance with the Trust's Records Retention Schedule.
- Records relating to staff accidents will be retained in line with legal requirements and RIDDOR guidance.

6.2 Reporting to the HSE

The school business manager/administrator or delegated person 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).

The school business manager/administrator or delegated person will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 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 scalding 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 7 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:
  - 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

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

Academies with Early Years Foundation Stage provision

6.3 Notifying parents

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

6.4 Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil 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 Headteacher or DSL will also notify the relevant local child protection agencies 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 academy will monitor qualification expiry dates and ensure first aid training is renewed before certificates lapse.

Suitable numbers of staff will hold:

- First Aid at Work (FAW)
- Emergency First Aid at Work (EFAW)
- Paediatric First Aid (PFA), where required
- Condition-specific training where identified through individual healthcare plans

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

8. Anaphylaxis and Allergy Response

The academy will maintain emergency procedures for pupils at risk of anaphylaxis.

Relevant staff will receive training in recognising and responding to severe allergic reactions, including the administration of adrenaline auto-injectors where required. Please read the Shires MAT Trust Allergy Policy.

9. Monitoring arrangements

This policy will be reviewed annually and approved by the Trust Board

10. Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Policy on supporting pupils with medical conditions
- Children with healthcare needs who cannot attend school
- Shires MAT Trust Allergy Policy
- Trust Mental Health and Wellbeing Policy / MHFA Provision

Appendix 1: list of appointed persons(s) for first aid and/or trained first aiders

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
Mrs Ishaq	Teaching assistant / first aider	
Mrs Burling	Teaching assistant / first aider	
Mrs Griffiths	Teaching assistant / first aider	
Miss Grubb	Teaching assistant / first aider	
Miss Jones	Teaching assistant / first aider	
Miss Powell	Teaching assistant / first aider	
Mrs Fleeman	Teaching assistant / first aider	
Miss Cooper	Support staff / emergency first aid at work	

Appendix 2: accident report form (on Arbor)

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
Describe in detail what happened, how it happened and what injuries the person incurred			
ACTION TAKEN			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
FOLLOW-UP ACTION REQUIRED			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

Appendix 3: first aid training log – this is kept centrally and is a working document

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE UPDATED (WHERE APPLICABLE)
Emergency First Aid			
Paediatric First Aid			
E.g. anaphylaxis	All staff	1st September 2026	

Appendix 4: St Luke's Procedures & Letters

Accident and Emergency Procedure

Following any accident or injury, the following steps should be taken to ensure that the correct help is given as quickly as possible. The nearest member of staff should assess the situation and if the pupil or adult is clearly well enough to do so they can be taken to the nearest available First Aider or to the central first aid station 'Poorly Point' to receive minor first aid.

First Aiders must wear disposable gloves to administer first aid. Disposable gloves and aprons must be worn when dealing with bodily fluids.

If a pupil has a medical action plan or IHCP the First Aider must follow the appropriate procedure as identified in the IHCP.

For any first aid administered, the first aid record book should be fully completed.

A copy of any pupil's action plans will be kept in the first aid record folder in the central first aid station. They will also be saved to Scholarpack/Arbor.

In the event of a head injury (any injury upwards of the neck can be defined as a head injury – therefore covering all areas of the face including the back and sides of the head), the pupil must be assessed by a qualified First Aider. If they are well and the bump is minor they can return to the class. If the head bump is significant enough to cause a mark/lump, but the child is well enough to stay in school, a courtesy telephone call should be made to advise parent/carers, along with issuing the head bump wrist band and letter and liaising with parent/carer collecting at the end of the day.

In all instances of a head bump the pupil must be issued with a head bump alert wrist band and a head bump red letter.
The pupil will be informed that they need to keep the wrist band on until their parent/carer collects them and has seen it. The teacher or teaching Assistant who the pupil returns to must be made aware of the accident and the head bump and the red head bump letter must be given to that member of staff who will ensure it is passed on at the end of the day to the parent/carer collecting the child. Parents are requested to return the slip to confirm receipt of the letter and will be retained by the First Aid Co-ordinator.
A copy of the head bump letter is in the appendix of this policy.

If the person has sustained an injury which is minor but may require further attention after the end of the school day, such as a graze or cut to the hand which requires a soak and further clean to remove any traces of dirt or grit, then a minor injury slip should be completed and given to the teacher or teaching assistant so that parent/carer can be made aware and further action taken. This must be recorded in the record book.

If a pupil, staff member or visitor feels sick, the nearest first aider should assess the symptoms and issue a vomit bowl or bucket and a drink of water and sit them near ventilation where possible. They can be moved to

the First Aid area if necessary. If a pupil vomits during the school day, parent/carers will be called to collect and the child must remain at home for 48 hours from the last episode of vomit.

An injured person or pupil should not be moved if there is any suspicion that doing so could exacerbate their injuries. In cold or wet weather, it may be necessary to keep them warm and dry. A First Aider should be alerted to the location immediately.
The First Aider should examine the injured person and give such treatment as is appropriate or possible.

***If hospital treatment is necessary, an ambulance should be called*.** Staff should not use their own cars to take injured persons to hospital unless there is an exceptional reason for doing so.

In the case of pupils:

- The parent or guardian must be contacted as quickly as possible and asked to join their child as soon as possible at the school or hospital, as appropriate. School should not wait for parents to arrive to take pupils to hospital unless it is certain that treatment is not urgently required.
- There must be no delay to treatment or despatch of the injured pupil to hospital while waiting for parents or guardians to arrive.
- A member of the school staff (teaching or support staff) must accompany the pupil to hospital if their parents have not arrived in time to do so, unless (exceptionally) the ambulance crew specifically request otherwise.
- The member of staff accompanying the pupil should normally wait at the hospital until the pupil's parent or guardian arrives unless the nursing staff advise them not to do so.
- Staff accompanying a pupil to hospital should not normally give their consent to medical treatment unless it is specifically requested by a doctor, who should be asked to assume the responsibility for this decision.
- In an emergency situation, however, consent should be given on the advice of a senior hospital doctor, provided that reasonable steps have been made to contact the parent or guardian, even if it is known that their consent might not have been given.
- Staff accompanying pupils to hospital from an educational visit should hold the written consent of parents to emergency treatment on the parental consent form, which should be shown to the doctor on arrival.

Administering Medicines in School and supporting pupils with a medical condition

- There is no legal duty that requires schools and staff to administer medication. Medicines will only be administered by members of staff who are trained First Aiders.
- Parents/carers should wherever possible administer medication at home, medicines requiring three doses can be given before school, after school and at bedtime.
- School will only administer medicines during the school day if the medicine is required to be taken ***four*** times a day or in exceptional circumstances and where it would be detrimental to the child's health if it were not administered during the school day.
- Only medicines prescribed by a Doctor, Dentist or Pharmacist prescriber will be accepted.
- Parents/carers must complete a signed agreement for school to administer prescribed medication. The form (appendix 3) is available from the school office.
- This must be fully completed, signed and returned to the office with the medicines which must be clearly marked with the name and class of the pupil, together with the dose and the time(s) of day at which it should be taken. Each time a tablet or medication is given, it must be recorded and signed for by two members of staff.
-

- Medicines are only accepted if they are brought by the parent or guardian in the original container dispensed in.

- Medicines will be kept in the school safe or in a locked container if requiring refrigeration. No medicines except medicines provided for emergency treatment such as reliever inhalers for asthmatic pupils, EpiPen's for anaphylaxis or glucose tablets for diabetics (which should be kept close to the pupil(s) concerned for immediate use) will be kept in classrooms.
-
- Medicines will only be accepted in relatively small quantities (2 or at most 3 days' supply) and a note should be taken of any requirements for special storage conditions.
-
- Any unused medication will be returned to the parent/carer and must be collected from the school office.

Medical Conditions

- The Headteacher and Assistant Headteacher (SENDCO) are responsible for ensuring that any pupil with a medical condition will be properly supported in school so that they can have full access to education including school trips and physical education.

- It is essential that parents/carers make school aware of any long-term medical needs and that school have sufficient information regarding the medical condition of any pupil with medical needs. The school will then draw up an individual health care plan (IHCP) along with the parents/carers and will consult with any relevant health and social care professionals to ensure that the needs of the children with medical conditions are properly understood and effectively supported. More information is available on the DfE guidance Supporting pupils at school with medical conditions (publishing.service.gov.uk)

- The Headteacher and Assistant Headteacher (SENDCO) will be responsible for ensuring any IHCP is monitored regularly and reviewed at least annually. The IHCP will be made available to all staff who support the child whilst maintaining confidentiality. Staff supporting the child will be suitably trained.

Acute Allergic Reactions – Anaphylaxis

- Parents of children with acute allergic reactions must inform school before a child is admitted or as soon as they are aware of the condition. A written individual health care plan IHCP should be drawn up in consultation with parents and the doctor who has prescribed treatment.

- All staff must be made aware of the possibility of anaphylactic reactions in specific pupils and should be made aware of which staff have been trained to give treatment and how they can be summoned. Supply staff must be made aware of this if they are likely to be teaching any class containing a pupil known to be likely to suffer an anaphylactic reaction.

Asthma

- Parents of children with asthma must inform school before a child is admitted or as soon as they are aware of the condition. A written individual health care plan IHCP should be drawn up in consultation with parents and the doctor who has prescribed treatment.
- School holds details of asthmatic pupils which will include details of the medication that they need and any known substances or situations which can cause an attack and which they should avoid, this is kept in the main school office with the First Aid Co-Ordinator with the school emergency inhaler to access if a child presents with asthmatic symptoms in school.

- Asthmatic children should have access to their medication at all times and should be able to use them before activities if required.

- School holds a spare reliever inhaler in the event of an emergency.

- Staff should not use a centrally held inhaler for pupils who have not been medically diagnosed as asthmatic, however similar their symptoms might be. In such cases an ambulance should be called if the attack is severe.

Analgesics

- School will not administer any unprescribed medication.

- Pain killers (e.g. aspirin or paracetamol, including "junior" forms such as Calpol) will not be administered to pupils, even at the request of parents. They can mask symptoms in the event of injury, and it is possible to inadvertently administer too large a dose if a pupil had already taken some without the knowledge of the school. The only exceptions to this are:

- Pupils for whom pain killers have been prescribed, especially those with long-term medical conditions.

- Pupils on a residential trip, where the amount given must be very carefully monitored by the member of staff administering, taking the same degree of care as a sensible parent would be expected to take and will carefully follow the dosage requirements as specified. Consent forms must be signed and taken on the trip and should only be administered by the staff member who is trained in First Aid.

Shires Multi Academy Trust
1366 Evesham Rd, Astwood Bank, Redditch, B96 6BD
hello@shiresmat.org.uk | www.shiresmat.org.uk

ST LUKE'S C.E. FIRST SCHOOL

HEAD BUMP NOTIFICATION



Date .....

Dear Parent/Carer of .....

Today at school at approximately ..... , your child received a bump to the ..... of his/her head. This was as a result of .....
.....

One of our First Aiders looked after your child and at the time it was not thought necessary to refer them for further attention.

However, in rare circumstances symptoms can develop up to 24 hours after the injury. Should any of the following symptoms occur, please refer your child to a Doctor, preferably at the local Casualty Department:

- Severe Headache, excessive sleepiness
- Vomiting and/or fever
- Has an apparent alteration in consciousness level
- Becomes disorientated or confused, cannot remember the recent past
- Fitting or convulsions
- Does not like bright light (rarely)
- Dizzy, double or blurred vision, weakness of any limbs

Yours sincerely

Mrs S Baker
Headteacher

✂----------✂

HEAD BUMP REPLY SLIP

Child's Name: ..... Class: .....

I acknowledge receipt of notification of my child's head bump on .....

Signed: ..... Date: .....

Please complete and return to the school office as soon as possible

St. Luke's C of E First School



Date: .....

Dear Parent/Carers,

This note is to inform you that your child: ..... sustained a minor injury today at school. He/she was assessed and treated by a member of staff who felt you should be made aware of the following in order for you to monitor and provide further action if required after school:

First Aid Provider: ..... (Name)

worcestershire countycouncil

Agreement for school to administer prescribed medication

School Name	
Head Teacher	

Pupil details:

Name of pupil	
Date of birth	
Class/group/form	
Medical condition	

Medication details:

Name of medicine (as described on container)	
Date dispensed	
Expiry date	
Agreed review date (initiated by identified staff member	Staff Name Review Date

Administration:

Dosage and method	
Timing	
Special precautions	
Side effects that school needs to know about	
Self administration; please tick.	Yes No
Procedures in an emergency	

Contact details:

Name	
Relationship to pupil	
Daytime phone number/s	
Address	

Agreement for school to administer prescribed medication

- I understand that I must deliver the prescribed medicine personally to (agreed member of staff) and that the medicine should be in the same container as dispensed by the pharmacy.
- The above information is to the best of my knowledge accurate at time of writing and I understand that I must notify the school of any changes in writing.
- I the undersigned consent to the administration of the prescribed medicine as detailed above:

Parent/legal guardian's name	
Parent/legal guardian's signature	
Date:	

I consent to staff administering the above to me:

Signature of pupil (where ever possible):

Individual Healthcare Plan

Name of school/setting	St. Luke's CE First School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to
