



FIRST AID POLICY

Version	1.6
Name of policy writer	Euan Burton-Smith
Last updated	September 2024
Review Date	September 2025

Record of Alterations

Version 1.0	Original
Version 1.1	Alterations
Version 1.2	None
Version 1.3	Alterations
Version 1.4	Alterations
Version 1.5	None
Version 1.6	None

Approved by Chris Sellers
September 2024





1. General statement	3
2. Purpose	3
3. Role of First Aiders	3
4. Role of the Senior Leadership Team	3
5. Role of the teaching staff	4
6. Role of office staff	4
7. Administration of Medication	5-7
8. Allergies and Allergic Reactions	7-9



1. General Statement

This First Aid Policy is in operation to ensure that every student, member of staff and visitors will be well looked after in the event of an accident, no matter how minor or major. The team consists of qualified First Aiders and not trained doctors or nurses. All staff have received basic first aid training which is updated regularly. First Aid equipment is stored in the conservatory, in the hall sideboard, in the medical room and in the Cedar Annexe. The contents are approved for use in school and are date checked. In the event of an accident all members of the school community should be aware of the support available and the procedures.

2. Purpose

The purpose of the policy is therefore to:

- provide effective, safe First Aid cover for students, staff and visitors.
- ensure that all staff are aware of the system in place.
- provide awareness of Health and Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

NB The term FIRST AIDER refers to those members of the school community who are in possession of a valid First Aid at work certificate or Paediatric First Aid certificate.

PFA TRAINED STAFF

In line with EYFS requirements, at least one person holding a current paediatric first aid (PFA) certificate will be present on the premises at all times when children are in attendance, and will accompany children on outings.

All staff who obtained a Level 2 or Level 3 qualification on or after 30 June 2016 must obtain either a full PFA or an emergency PFA certificate within three months of beginning their role, in order to be included in the required staff-to-child ratios for early years settings. Paediatric first aid training must be renewed every three years, and the content must be relevant for those caring for young children and, where necessary, babies.

The Nursery Manager, in coordination with the Headteacher, is responsible for ensuring that appropriate training is provided and maintained.

3. The role of First Aiders

The role of First Aiders includes:

- 1) Ensure that their qualifications are up to date.



- 2) Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible.
- 3) Wear gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.
- 4) Help fellow First Aiders at an incident and provide support during the aftermath.
- 5) Act as a person who can be relied upon to help when the need arises.
- 6) Ensure that first aid kits are adequately stocked and always to hand.
- 7) Insist that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of **all** head injuries promptly.
- 8) Ensure that a child who is sent to hospital by ambulance is either:
 - a) Accompanied in the ambulance at the request of paramedics.
 - b) Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
 - c) Met at hospital by a relative.
- 9) The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.
- 10) Liaison must occur to ensure that lessons are covered in the event of an absent teacher.
- 11) In the event of an accident, the Accident Book must be completed by the appropriate person.
- 12) Ensure that everything is cleared away, using gloves, and every dressing etc. to be put in a bag for contaminated/used items and sealed tightly before disposing of the bag in a bin. Any bloodstains or bodily fluids on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.
- 13) The Lead First Aider is [Natasha Slawson](#). The Lead First Aider is in charge of IHCPs.

Record Keeping and Reporting

A record will be kept of accidents, injuries, and any first aid treatment provided using a blue accident form which will be shared with parents and the information logged on pupil asset in school. Parents or carers will be informed of any incident and treatment involving their child on the same day or as soon as is reasonably practical, using Family in nursery and, if necessary, by telephone if it is a head injury or the incident is deemed serious.

4. Role of the Senior Leadership Team

The Senior Leadership Team will:

- 1) Ensure that first aid cover is available throughout the working hours of the school week.
- 2) Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981.
- 3) Ensure there are sufficient paediatric First Aiders on site.
- 4) Monitor and respond to all matters relating to the health and safety of all persons on school premises.
- 5) Ensure all new staff are made aware of First Aid procedures in school.



- 6) Ensure all new staff know the location of the first aid boxes.
- 7) Review the First Aid incident log every half term and take actions where appropriate.

5. Role of teaching staff

Teaching staff will:

- 1) Ensure that they always obtain the history relating to a child not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the child to feel unwell.
- 2) Ensure that in the event that an injury has caused a problem, the child **must** be referred to a First Aider for examination.
- 3) At the start of each academic year, provide a list of children who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness.
- 4) Familiarise themselves with the first aid procedures in operation and ensure that they know who the current paediatric First Aiders are.
- 5) Ensure where appropriate that their children are aware of the procedures in operation – eg location of personal inhalers
- 6) Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- 7) Send for help to The School Office or Staff Room as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
- 8) Reassure, but never treat, a casualty unless staff are in possession of a valid paediatric First Aid Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
- 9) Send a child who has minor injuries to a First Aider or staff room if they are able to walk where a First Aider will see them; this child should be accompanied.
- 10) Ensure that they have a current medical consent form for every child that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.
- 11) Ensure a travel selection of First Aid supplies are taken on school trips/outings.
- 12) Have regard to personal safety.

6. The role of office staff

Office staff will:

- 1) Call for a qualified First Aider, unless they are one themselves, to treat any injured child giving the specific location of the casualty.
- 2) Support the First Aiders in calling for an ambulance or contacting relatives in an emergency.
- 3) Log all Aid incidents on the school's MIS system.

7. Administration of Medication



The Mount School and EYFS take a uniformed view on the administration of medicine to pupils within the School.

Procedure

In order for medication to be administered the following procedure must be adhered to by parents and staff for the health and wellbeing of all children in the School and Nursery.

- All medication for children must be clearly labelled with the child's name on the original container and kept in a lockable cupboard or a lockable drawer in the, out of children's reach. Emergency medication, such as inhalers and EpiPens, will be stored in an accessible location for staff, while remaining out of children's reach. Antibiotics requiring refrigeration will be stored in a fridge inaccessible to children, in a designated spot with the child's name clearly marked on the original container. All medications must remain in their original containers, with legible labels intact, and prescription medication must include dosage details and the prescription date. Medication stored on-site will be checked every two months to ensure it remains necessary and details remain up-to-date. Staff will be aware of the location of all medication and ensure it is carried on walks or extended activities outside the main buildings.
- The School and nursery requires written and signed consent in advance from parents which clearly shows the date, dosage and expiry date of any medication to be given. A Request for School to Administer Medication Form (see Appendix 1) must be completed giving details of the prescribed medicine/cream including inhalers and/or auto-injectors should the need arise.
- On all residential trips (Forms 4 – 6), a member of staff accompanying the group is given responsibility for administering medicines and parents must complete the relevant form giving details of all medication (see Appendix 2). They must also sign an 'in loco parentis' form, (see Appendix 3) including GP details and any relevant medical information, prior to their child joining the trip; every teacher on the trip has a copy of this information. If a child feels unwell on a residential trip, whilst every effort will be made to contact parents in advance, pain relief will be administered if necessary.
- Upon the day of departure, all medicines should be handed to the designated member of staff. All medicines must be clearly labelled and in either a sensibly sized container or clear plastic bag. On the return journey, travel sickness tablets can be administered as directed by parental consent on the 'in loco parentis' form.
- All medicines administered on a trip will be recorded on the Administration Record and will be discussed at the 'post trip' debrief with a senior colleague.
- Any medication for administration must be brought into school by the parent or guardian, not the child, and should be in the original container, bearing its original label. The label must be legible and have the name of the child on it. It is the responsibility of parents to deliver and collect medicines from the School on a daily basis.



- Prescription medicines must not be administered unless they have been prescribed for your child by a doctor, dentist, nurse or pharmacist. Please note medicines containing aspirin will only be administered if prescribed by a doctor. If the medicine has not been prescribed for the child, staff must not under any circumstances administer it. For prescription medications, a pharmacist's label must include the child's name, date of birth, the prescription date, medication name, and dosage. If there are any doubts, the medication will not be administered until clarification is obtained. If a child rejects a dose, no "top-up" dose will be administered.
- Medicine (both prescription and non-prescription) will only be administered to your child with your written permission. The School must have written and signed consent in advance from parents and, to this end, a Request for School to Administer Medication Form (Appendix 1) must be completed. Medication will only be administered by a paediatric first aider and witnessed by a permanent staff member. We reserve the right to refuse to administer non-prescription medication if we feel it is unnecessary. Before administering any medication, written or verbal consent from parents is required. Non-prescription medication will only be administered if parents have consulted with a pharmacist and completed a medication form, providing all necessary details. Medication must be brought in its original packaging with clear manufacturer instructions, in English. Parents will provide written instructions on dosage and timing, and the medication label instructions will take precedence. Parents in the nursery will be required to acknowledge each dosage given on the Family app.
- All medication remains the property of the child to whom it is prescribed. Any surplus or unused medication should be returned to the parents.
- The School believes that if a child is only at school with the aid of medication, then they are really too ill for school, not only from their point of view (they should be resting), but also taking others into account, as the child concerned is most probably infectious. In such cases, parents are urged E09 Administration of Medicines Page 3 of 7 September 2021 to keep their child off school in order to rest and recover. The School also wishes to avoid situations whereby non-prescriptive medicines might mask signs of more alarming illnesses. If a child suffers regularly from frequent or acute illness, parents are encouraged to refer the matter to their child's GP.

When administering medication staff should:

- Wash their hands
- Refer to the Request for School to Administer Medication Form and to the administration record and carefully check details
- Be certain of the identity of the child to whom the medication is given
- Check the name of the child on the label matches the Request for School to Administer Medication Form
- Check the name of the medication matches the Request for School to Administer Medication Form
- Check that the prescription on the label of the medication is clear and unambiguous
- Check the dose and method of administration
- Check the expiry date
- Keep clear and accurate, signed records of all medication: administered, withheld or refused.



Controlled Drug Administration

The School follows DfE guidance in relation to the administration of controlled drugs. This type of medication must be securely stored in a non-portable container, and is accessed by named staff only. Controlled drugs, however, should be easily accessible in an emergency.

Named staff

All Paediatric First Aiders have had sufficient training to administer medicine. The same procedure outlined above will be adopted when administering controlled drugs, however, as noted, two members of staff must be present. Staff administering medicines must do so in accordance with the prescriber's instructions. The School keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom in a separate controlled drugs file.

Monitoring of children taking medication

All drugs have the potential to cause unwanted side effects or adverse reactions; therefore, children taking medication should be closely monitored. This is particularly important with any controlled drugs and all staff should be aware of the medication being taken and of the potential side effects. If a child develops adverse reactions or side effects to any medication, or if contra-indications (medical conditions which may be exacerbated or worsened by certain medications) are discovered, then the parent should be contacted without delay together the Emergency Services. Children starting new medications should return to nursery no sooner than 12 hours after the first dose, to monitor for adverse reactions.

Long Term Medication

For children requiring long-term medication, such as inhalers, insulin, or EpiPens, parents will complete a health care plan detailing when and why medication is needed. A risk assessment may be conducted and shared with relevant staff. Parents must ensure medication is provided, stored properly, and updated as needed. Long-term medication and care plans will be reviewed every six months to ensure details remain current. Parents are responsible for notifying the school and nursery if medication is no longer required.

Staff Medication

Staff must take extra precautions when bringing their own medication onto nursery premises. Medications must be stored securely in the locked medical cupboard or in a lockable drawer. Emergency medications, such as inhalers or EpiPens, may be kept in the nursery room but must be stored out of children's reach. Any medication that could affect a staff member's ability to perform their duties must be disclosed to the line manager, who will conduct a risk assessment if needed.



Emergency Medication

We stock Calpol and Cetirizine, and follow manufacturer guidelines on age and dosage. Calpol will be administered to lower high temperatures, with parental consent sought during registration and immediate contact made with parents after administration. If the child's temperature rises again, parents will be asked to collect the child, and if the condition worsens, emergency services may be called.

Cetirizine will be administered for allergic reactions. In mild cases, we will monitor and inform parents through Famly and at collection for children in Nursery and via a telephone call in school. For more serious symptoms such as swelling, wheezing, or lethargy, Cetirizine will be given immediately, and parents will be notified. If the child's condition deteriorates, 999 will be called. Parents who have a child in nursery will be asked to acknowledge that Calpol or Cetirizine has been administered via the Famly app.

Training

Where administration of medication requires specialised knowledge, appropriate training will be provided. A risk assessment may be conducted for children needing medication prior to entry and school, and training will be arranged as necessary.

Execution of this policy

The execution of this policy will be monitored by both the team of First Aiders and Senior Leadership Team.

8. Allergies and Allergic Reactions

Our Procedures

All staff are made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny or swollen eyes, shortness of breath, chest pain, swelling of the mouth and/or tongue, swelling of the airways to the lungs, wheezing, and anaphylaxis.

We ask parents to share all information about allergic reactions and allergies.

Information regarding known allergies and medication is completed on Famly for nursery, and via the Individual Health Care Plan and pupil asset for school. Parents are asked to inform staff of any allergies and medication discovered after registration. Information held in Nursery and school can be amended at any time.

In nursery, any medication specific to the child will be labelled with their name and kept in the room where they are based in the medical box. The medication form, individual health care plan and steps of action will also be in the child's room in the fire safety folder. There will also be a copy of this in the school office. If required, we ensure that the medication is moved with the child throughout the day, such as for sleep or on walks.



In school, medication will be kept in the locked cupboard.

We share all information with staff requiring diet and allergies.

The nursery and school holds Cetirizine, which can be administered if signs of an allergic reaction are observed. We seek parental permission to administer this during on-boarding. We also hold a spare EpiPen, which could be administered if instructed to do so by the emergency services.

All food prepared for a child with a specific food allergy is prepared in an area where there is no chance of contamination and is served using equipment that has not been in contact with the specific food type (e.g., nuts, gluten).

At The Mount we follow a coloured plate system for special diets:

- Children who are eating meat will have a yellow tray
- Children who are eating the vegetarian option will have a green tray
- Children with allergies or special dietary requirements will have a red tray.

The management team and parents work together to ensure a child with specific food allergies receives no food that may harm them. This may include designing an appropriate menu or substituting specific meals on the current menu.

Seating is monitored for children with allergies at the age appropriate level. Where appropriate, staff will sit with children who have food allergies. Smaller children may be seated in a low chair with a tray, and staff will discuss food allergies and the potential risks with the children where appropriate.

Sensitive baby wipes are used for smaller children to clean their hands and faces of any food and allergens after meals, while older children should wash their hands in the bathroom.

Any clothing with food on it should be changed to reduce cross-contamination.

Drinks bottles that remain in the room should be cleaned to ensure no food debris is on them that could cause cross-contamination. Where possible, open cups should be used at mealtimes, as these are washed after each meal.

After every meal, tables and chairs should be cleaned with antibacterial cleaner to remove any food debris and allergens.

The floor will be swept and cleaned to remove any food and allergens.

If an allergic reaction occurs

If a child has an allergic reaction to food, a bee or wasp sting, plant, etc., a paediatric first aid trained member of staff will act quickly and administer the appropriate treatment, where necessary. We will inform parents and record the information on Family. If an allergic reaction requires specialist treatment (e.g., an EpiPen), at least



two members of staff working directly with the child and the manager will receive specific medical training to administer the treatment.

In the event of a serious allergic reaction and a child needing transport to hospital

Staff member will:

- Call for an ambulance immediately if the allergic reaction is severe. Staff will not attempt to transport the sick child in their own vehicle.
- Ensure someone contacts the parents while waiting for the ambulance and arranges to meet them at the hospital.
- Arrange for the most appropriate member of staff to accompany the child, taking with them any relevant information such as registration forms, relevant medication sheets, medication, and the child's comforter.
- Redeploy staff if necessary to ensure there is adequate coverage to care for the remaining children. This may involve temporarily grouping the children together.
- Inform a member of the management team immediately.
- Remain calm at all times and continue to comfort and reassure the child experiencing the allergic reaction. Children who witness the incident may also be affected and may need reassurance. Staff may also require additional support following the incident.
- Where a serious incident occurs and a child requires hospital treatment, Ofsted will be informed.



Appendix 1 -



Request Form for Parents to Complete For The School to Administer Medication

The school will not give your child medicine unless you complete and sign this form and the Head Teacher has agreed that school staff can administer the medication. The medication must be in its original container with the child's name and dosage printed on it as dispensed by the pharmacist. Please note that antibiotics etc. prescribed for 3 X day will not be given in school.

Pupils Details

Surname:..... Forename:.....

Form:..... Date of Birth:.....

Condition or illness

.....

Medication

Name/Type of Medication.....

For How Long Will Your Child Take the Medication?.....

Date Dispensed:.....

Dosage and Method:.....

Timing:..... Special Precautions:.....

Contact Details

Name:..... Relationship to Child:.....

Daytime Tel:..... Mobile Tel:.....

I understand I must deliver the medication to the Head Teacher and accept that this is a service which the school is not obliged to undertake

Date:..... Relationship to Child:.....

Signature:.....

Head Teacher Agreement to Administer Medication

I agree that the child named above will receive the stated dose at the prescribed time. The child named above will be supervised whilst he/she takes the medicine by This arrangement will continue until either the course of medicine ends or until instructed by parents

Date:..... Signature:.....

Appendix 2 –



Information for Additional Medicines to Accompany Pupils on School Residential Trips

DETAILS OF PUPIL

Surname: Forename:

Date of Birth: Form:

Condition or illness potentially requiring medication

.....
.....

MEDICATION

Name/Type of Medication (as described on the container)

.....

Circumstances under which medication should be given:

.....
.....

Dosage Required:

.....

Frequency or Timing of medication:

.....

Special Precautions or Side Effects:

.....
.....

*Please note in line with our policy, prescription medicines will only be administered if they have been prescribed for your child by a doctor, dentist, nurse or pharmacist. Whilst your child is on a residential trip, The Mount School Staff act in loco parentis and, with your consent, will administer piriteze/cetirizine if required. *All medicines must be labelled with your child's name and presented to staff in the original packaging

to show the instructions for administering the medication, and it must be handed to the designated member of staff together with this form.

I understand that it is my responsibility to personally collect this medicine from the School at the end of my child's trip.

Name..... (Please print)

Signature:.....

Date:.....

Appendix 3 – Parental Consent for Medical Treatment



My Child's Name:

.....

Whilst my child is on a residential trip, I understand members of staff will be in loco parentis. I give permission for my child to be given emergency medical treatment by a qualified practitioner.

*If your child is feeling unwell the School will contact you before any medication, i.e. paracetamol, is administered by members of staff. This will be recorded on the appropriate form.

Name of G.P.:

Tel. No.:

My contact numbers are: (Home)

..... (Work)

..... (Other)

Allergy/Dietary information

.....
.....

My child is allergic to:

.....

Please give any other information you feel may be relevant.

.....
.....
.....
.....

Name..... (Please print)

Signature:.....

Date:.....

Appendix 4 – Family Medication Form



Prescribed medication



Fields marked with an asterisk (*) are required.

*Select a child

*Medication

Frequency

Unscheduled

"As needed" medication, e.g. EpiPen

Scheduled

This medication should be given every day at:

+ Add time

*Dose (amount)

*Dose (unit)

*Reason for medication

Final day of administration



Medication expiration date

Once opened, do not use after this date

*Known side effects

Other notes

Cancel

Save