



Brackley Church of England Junior School

*'We are a Caring, Celebratory, Courageous, Christ-inspired
Community rooted in love.'*

First Aid and the Administering of Medication Policy

Policy Ownership	CURRICULUM
Statutory Requirement	No
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Brackley Church of England Junior School



First Aid & the Administering of Medication Policy

School Values

'We are a Caring, Celebratory, Courageous, Christ-Inspired Community rooted in love.'

Part One - First Aid

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

Legislation & Guidance

This policy is based on advice from the Department for Education (DfE) on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [The Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

Roles and Responsibilities

Appointed person(s) and first aiders

The school's appointed person(s) and first aiders are responsible for:

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

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- 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 (First Aid carbon pad) on the same day as, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

Our school's appointed person(s) and/or first aiders are listed in appendix 1. Their names will also be displayed prominently around the school site.

The local authority and governing board

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

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

The headteacher

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

- Making sure that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times
- Making sure that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Making sure all staff are aware of first aid procedures
- Making sure appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or making sure that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Making sure that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

Staff

School staff are responsible for:

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

First aid procedures

In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives.
- If the injured person (or their parents/carers, in the case of pupils) has not provided their consent to the school to receive first aid, the first aider will act in accordance with the alternative arrangements (for example, contacting a medical professional to deliver the treatment).
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that a pupil is too unwell to remain in school, the School Office Administrator will contact parents/carers and ask them to collect their child. On the parents/carers' arrival, the first aider may recommend next steps to them.
- If emergency services are called, the School Office Administrator will contact parents/carers immediately.

- The first aider who administered the first aid will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury.

First aid equipment

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

(The following are based on St. John's Ambulance's recommendation for a first aid kit)

- A leaflet giving general advice on first aid
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- Adhesive tape
- 2 triangular bandages – individually wrapped and preferably sterile
- 2 safety pins
- Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves
- A plastic face shield/ pocket mask
- Scissors

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room – First Aid kit for the playground
- Each classroom

Each classroom also has its own green First Aid bag in which medication for individual children is kept. This bag is kept in a medical cupboard which can be easily identified by the green and white first aid sticker.



Off-site procedures

When taking pupils off the school premises, staff will make sure that they always have the following:

- A mobile phone
- The classroom first aid kit
- The classroom green first aid bag
- Information about the specific medical needs of pupils

Risk assessments will be completed by the class teachers of the year group, prior to any educational visit that necessitates taking pupils off school premises.

The school first aid procedures above will be followed as closely as possible for any off-site accidents (though whether the parents/carers can collect their child will depend on the location and duration of the trip).

There will always be at least 1 first aider on school trips and visits off site.

Record-keeping and reporting

In addition to the below, we also have a responsibility to report accidents (and resulting first aid) to the local authority (LA) which occurs to both staff and visiting adults.

First aid and accident reporting

- An accident form will be completed by the first aider who administered the first aid on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible will be supplied when reporting an accident, including all of the information included in the carbon paper accident form.

- Records held on the accident reporting forms will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Reporting to West Northamptonshire Council (WNC)

The School Bursar will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). The School Bursar will report these to WNC as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days. WNC will file any RIDDOR report with Health & Safety Executive (HSE)

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any 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 hospital admittance for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the School Bursar will report these to WNC as soon as reasonably practicable and in any event within 15 days of the accident.
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury/ damage to health
 - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*

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- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

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 1).

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

Part Two – Supporting Children with Medical Conditions

The governing board will implement part two of this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils’ conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Beth Akers, Headteacher.

Legislation and statutory responsibilities

Part Two of this policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education (DfE)’s statutory guidance on [supporting pupils with medical conditions at school](#).

Roles and responsibilities

The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child’s condition
- Take overall responsibility for the development of IHPs

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- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff who is first aid trained may be asked to provide support to pupils with medical conditions, although they will not be *required* to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 3.

Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCO.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / role of the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

Administering medication

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers' written consent
- When it has been prescribed to be taken four times a day by a medical professional

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled

- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely and in an appropriate place. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. Some medicines will need to be stored in a fridge which will be in the First Aid room.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office or First Aid room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever practical such as when walking to church and the medicine is within the class green first aid bag. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.

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Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher / SENCO/ role of individual. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Explain your school's approach here. Enter the details of your school's insurance arrangements, which cover staff providing support to pupils with medical conditions. Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher / SENCO in the first instance. If the headteacher / SENCO cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

Monitoring arrangements

This policy will be monitored by the Headteacher and reviewed by the Headteacher every two years.

At every review, the policy will be approved by the headteacher and Full Governing Board.

The first aid provision will be reviewed by the headteacher at least annually.

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

STAFF MEMBER'S NAME	ROLE	TYPE
Amiee Bloxham	Teaching Assistant	
Hayley Bodily	Teaching Assistant	
Kate Broadaway	SENCO	
Gemma Buckingham	HLTA	
Ellie Frampton	Teaching Assistant	
Tracey French	Teaching Assistant	
Sharon Grist	Teaching Assistant	
Lucy Hale	Teaching Assistant	
Amber Mitchell	Teaching Assistant	
Jayne Murphy	Class Teacher/ HLTA	
Sam Nyali	School Bursar	
Emma Thomas	HLTA	