



MERRYLANDS
PRIMARY SCHOOL AND NURSERY

FIRST AID POLICY

Policy updated:	January 2026
Approved by Governors:	February 2026
Review date:	February 2027

Aims

The aims of the First Aid Policy are to ensure:

- the health and safety of all staff, pupils and visitors
- that staff and governors are aware of their responsibilities with regards to health and safety
- the provision of a framework for responding to an incident and recording and reporting the outcomes

Admissions

When the school is notified of the admission of a pupil with medical needs an assessment for the support required will be undertaken. This might include the development of an Individual Health Plan (IHP) and additional staff training. The school will endeavour to put arrangements in place to support the pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient information has been obtained and arrangements can be put in place.

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent/carer as to who else should have access to records and other information regarding the pupil's medical needs and should be recorded where necessary. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- 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
- Management of Health and Safety at Work Regulations 1992, which require employers to assess the risks to the health and safety of their employees
- Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, decide to implement necessary measures, and arrange for appropriate information and training
- 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
- 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.

Roles and Responsibilities

Appointed person(s) and first aiders

The school's appointed Medical Officer and Office Manager 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
- ensuring contact details are kept up to date

First Aiders are trained and qualified to carry out the role 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)

The school's appointed person(s) are displayed prominently in the school.

The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but delegate operational matters and day-to-day tasks to the Head of School and staff members.

The Head of School

The Head of School is responsible for the implementation of this Policy, and ensuring:

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

Staff

School staff are responsible for ensuring they:

- follow first aid procedures
- know who the first aiders in school are
- complete an accident report (see Appendix 2) for all incidents they attend to where a first aider/appointed person is not called
- inform the Head of School or their Line Manager of any specific health conditions or first aid needs

Consent to administer medication

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this may mean giving medicines or medical care.

Prescribed and non-prescribed medication – each request to administer medication must be accompanied by a 'Request for Administering of Medicines' form (Appendix 1)

Prescription Medicines

Medicine should only be brought into school when it is essential to administer it during the school day. In most cases, doses of medicine can be arranged around the school day thus avoiding the

need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, arriving home from school and then at bedtime. Occasionally a GP may prescribe a medicine to be taken during the school day. Parent/carer (or an individual on behalf of the parent/carer) may call into the school to administer medicine if it is to be administered four times a day. Only medicines to be taken four times a day and which are for a long term or re-occurring illness will be administered by school staff. The medicine must be supplied in the original pharmacist's packaging clearly labelled with the child's name, including details for administration and possible side effects, and given to the School Office. Parent/carer must complete a **'Request for Administering of Medicines' form (Appendix 1)**. On no account should a child come to school with medicine if he/she is unwell.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a doctor or as part of a wider treatment protocol. Paracetamol may be used as pain relief for children under the age of 10 if a medical professional has recommended its use and parent/carer consent is gained. Circumstances that might warrant the use of pain relief in the under 10's include fracture, and post-operative general surgery. Details of the pupil's condition and the requirement for on demand pain relief must be documented. In addition to the protocol for the administration of paracetamol detailed above the school will with parent/carer consent administer one dose if a dose of pain relief has not been administered in the past four hours. The parent/carer will supply daily a single dose of paracetamol to be administered. This can be in the form of a liquid sachet. The school will inform the parent/carer if pain relief has been administered and the time of administration. Paracetamol may not be administered to the under 10's for ad-hoc unknown pain/fever etc.

The school will also administer non-prescription travel sickness medication and antihistamine (Piriton) for mild allergic reactions. All other non-prescription medication will not be administered at school and pupils should not bring them to school for self-administration. Most of the medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. A parent/carer may attend school at break or lunch time to administer additional doses if necessary.

Controlled Drugs

Controlled drugs will be stored securely in a locked container and only named staff will have access. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses of controlled drug used.

Storage of Medicines

All medicines apart from emergency medicines (inhalers, epi-pens etc) are kept in a locked cupboard. Medicines are always stored in the original pharmacist's container. If a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency. Emergency medicines such as inhalers and epi-pens are kept in the classroom in a clearly identified container. Staff must ensure that emergency medication is readily available at all times ie during outside PE lessons and educational visits. Medication that requires refrigeration is kept in the fridge in the staffroom clearly labelled.

Waste Medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (above the required dose) should be returned to the bottle before administration. If only half a tablet is administered the remainder should be returned to the bottle or packaging for future administration.

Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the school's procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary, parent/carer will be asked to provide additional medication. The school has additional procedures in place for the management of bodily fluids. If the school holds any cytotoxic drugs their management will be separately risk assessed.

Pupils with long term or complex medical needs

Parent/carer should provide the school with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made to ensure that the pupil's medical needs are managed well during their time in school.

Impaired mobility

Providing the approval of a medical professional has been given there is no reason why children wearing plaster casts or using crutches or wheelchairs should not attend school. Safeguards and restrictions will be necessary on PE, practical work or playtimes to protect the child and others. When a child first returns to school following an injury, the parent/carer must complete a Pupil with Injury information sheet (Appendix 4) and discuss this with the school office. A risk assessment will then be completed and this will be shared with the class teacher, school office and the parent/carer.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. Parent/carer must ensure their child is able to use an asthma pump (with spacer) as they must administer their own medication (guidance will be offered). Parent/carer are responsible for this medication being in date and replaced when necessary. The school will communicate with the parent/carer if new medication is required. Inhalers are kept in the classroom in separate boxes. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First Aider. The inhaler must be supplied and kept in the original pharmacist's packaging clearly labelled with the child's name, including details for administration and given to the School Office in the first instance.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school. The school will ask parent/carer to provide two auto-injectors for school use. Parent/carer are responsible for this medication being in date and the school will communicate with parent/carer if new medication is required. Antihistamine (ie Piriton) to be provided if medical advice is that this is offered in the first instance.

Each child should have two Epi-pens which are kept in the classroom in a clearly labelled container. Epi-pens are stored in boxes with a photo of the child on the outside. Staff in school have received training as part of their paediatric first aid training enabling them to administer the epi-pen in an emergency.

Mild Allergic Reaction

Non-prescription antihistamine will with parent/carer consent be administered for symptoms of mild allergic reaction (ie itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil will be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non prescribed medication.

Severe Allergic Reaction

Where a medical professional has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the form completed and signed by the parent/carer. The school will administer one standard dose of antihistamine and symptoms will be monitored for signs of further allergic reaction. During this time, a pupil should never be left alone and should always be observed.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay, an ambulance called and the parent/carer informed.

Hayfever

Parent/carer will be expected to administer a dose of antihistamine to their child before school for the treatment of hayfever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Medical Emergencies

In a medical emergency, First Aid is given, an ambulance is called and parent/carer is notified. Should an emergency occur to a pupil who has an IHP or EHCP, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHCP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupil's medication is not available staff will administer the school's emergency medication with prior parent consent. Instructions for calling an ambulance are displayed prominently by the telephone in the School Office.

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 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 deems a pupil is too unwell to remain in school, parent/carer will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parent/carer
- if emergency services are called, the Medical Officer/Office Manager will contact parent/carer immediately
- the Medical Officer/Office Manager/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

Off-site procedures

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

- a mobile phone
- a portable first aid kit
- information about the specific medical needs of pupils
- parent/carer/carer contact details

Risk assessments must be completed prior to any educational visit that necessitates taking pupils off school premises. There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits.

Medicines on Educational Visits

Staff will administer prescription medicines to pupils with long term conditions when required during educational visits. Parent/carers should ensure they have completed a consent form and supply a sufficient supply of medication in the pharmacist's container. Non-prescription medicines (apart from travel sickness medication and antihistamine for a mild allergic reaction) cannot be administered by staff and pupils must not carry them for self administration.

Pupils with long term medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parent/carers and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit. All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

First Aid Equipment

First Aid equipment and First Aid travel kits are kept in the Medical Room.

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

- a leaflet with general first aid advice
- regular and large bandages
- eye pad bandages
- triangular bandages
- adhesive tape
- disposable gloves
- plasters of assorted sizes
- scissors
- cold compresses
- burns dressings
- ice pack

Medication is not kept in First Aid kits. First Aid kits are stored in the Medical Room.

Record keeping and reporting

First Aid and Accident Record Book

- an 'Accident/Incident/Illness Report' slip will be completed by the Medical Officer/Office Manager 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 the information included in the accident form at Appendix 2.

- records held in the First Aid and Accident Book 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 the HSE

The Medical Officer/Office Manager 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 Medical Officer/Office Manager 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 scalping requiring hospital treatment
 - any loss of consciousness caused by head injury or asphyxia
 - any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- injuries where an employee is away from work or unable to perform their normal work duties for more than 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) <http://www.hse.gov.uk/riddor/report.htm>

Notifying parent/carers

The Medical Officer/Office Manager will inform parent/carers 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.

Reporting to Ofsted and child protection agencies

The Head of School 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 Head of School will also notify the Local Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

Staff Training

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. Staff are encouraged to renew their first aid training when it is no longer valid. The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epi-pens), Diabetes (insulin), Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the School Nurse.

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See 'Record of Medication Administered in School' (Appendix 3).

Monitoring Arrangements

This Policy will be reviewed by the Head of School annually. At every review, the Policy will be approved by the full governing board.

Links with other policies

This First Aid Policy is linked to the

- Health and Safety Policy
- Risk Assessment Policy
- Supporting Pupils with Medical Conditions Policy

Appendix 1

**MERRYLANDS PRIMARY SCHOOL
REQUEST FOR ADMINISTERING OF MEDICINES**

Name of Child		
Date of Birth		Class
Medical condition or illness		
MEDICINE		
Name/type of medicine (as described on the container)		
Date dispensed		
Expiry date		
Dosage and method		
Timing		
Special precautions		
Are there any side effects that the school needs to know about		
Self-administration	Yes/No	
Procedure to take in an emergency		
CONTACT DETAILS		
Name		
Daytime telephone no.		
Relationship to child		
Address		

I understand that I must deliver the medicine personally to the School Office.
I accept that this is a service that the school/setting is not obliged to undertake.
I understand that I must notify the school of any changes in writing.

I understand that school staff cannot be held responsible for any misadventure resulting from the administering, or non-administering, of the above medication.

Signed Parent/carer/Carer Date

MEDICINES CANNOT BE ADMINISTERED WITHOUT THIS WRITTEN CONSENT

Appendix 2

ACCIDENT/INCIDENT/ ILLNESS REPORT SLIP	Pupil's Name		Date	
			Time	
			Class	
Location and details of accident/incident/illness				
Head injury		Sprains/Twists		Parent/carer/Carer Contacted
Asthma		Nosebleed		Unable to contact Parent/carer
Bump/Bruise		Stomach Pains/Upset Tummy		Well enough to remain in school after First Aid
Cut/Graze		Mouth Injury/Tooth Ache/ Loose or Missing Tooth		IMPORTANT Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home
Headache/High Temperature		TLC Applied		
Vomiting/Nausea		Collected from school		Authorised Signature
Details of Treatment				

Appendix 3



RECORD OF MEDICATION ADMINISTERED IN SCHOOL

Date	Pupil's Name	Time	Medication	Dose given	Administered	Signature of Staff	Print Name
			<input type="checkbox"/> Penicillin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Floxacillin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Calpol <input type="checkbox"/> Piriton	<input type="checkbox"/> 5 ml <input type="checkbox"/> 10 ml	<input type="checkbox"/> First Aider <input type="checkbox"/> Child		
			<input type="checkbox"/> Penicillin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Floxacillin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Calpol <input type="checkbox"/> Piriton	<input type="checkbox"/> 5 ml <input type="checkbox"/> 10 ml	<input type="checkbox"/> First Aider <input type="checkbox"/> Child		
			<input type="checkbox"/> Penicillin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Floxacillin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Calpol <input type="checkbox"/> Piriton	<input type="checkbox"/> 5 ml <input type="checkbox"/> 10 ml	<input type="checkbox"/> First Aider <input type="checkbox"/> Child		



Pupil with Injury Information Sheet

In order for us to put a risk assessment in place for your child, please complete the table below with information regarding your child's injury.

Child's name:	
Name of parent /carer completing this form:	
What is your child's injury? e.g. broken arm	
What treatment has your child received? e.g. arm in cast	
What medical advice have you received regarding your child's injury? e.g. cast to remain on for ... weeks, arm to be kept in sling, restrict movement of limb	
Does your child require any medication for their injury?	
During breaktime / lunchtime would you prefer for your child to remain inside or are you happy for them to go outside and sit on a bench?	
Is there any further information regarding your child's injury that we need to be aware of?	
Parent / Carer signature:	
Date:	

--	--