First Aid Policy
Including EYFS
Abbotsford Preparatory School

1. Introduction

Our policy reflects the DfE guidance, in particular 'Keeping Children Safe in Education' (DfE, 2025) and Guidance on First Aid for Schools (DfE, 2022).

This policy should be read in conjunction with the policies listed below:

- Safeguarding and Child Protection
- Health and Safety
- Risk Assessments

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short-term situation or a long term medical condition which, if not properly managed, could limit their access to education. The staff at our school wishes to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support.

2. Roles and Responsibility

The ultimate responsibility for the management of this policy lies with the Headteacher.

The Secretary will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained. The Secretary will ensure accurate and up to date records are kept for children with medical needs.

Staff 'Duty of Care'
Anyone caring for children, including teachers, other school staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency. Staff who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and noting medical information. Our policy relating to staff training means that there is always someone qualified in first aid on site to administer first aid.

Parents have prime responsibility for their child's health and should provide school with up-to-date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent's responsibility to make sure that their child is well enough to attend school. Parents should note expiry dates of medicines and ensure the school have in date medication.

3. Identification

Upon entry to school, parents will be asked to complete admission forms requesting medical information. Parents need to keep us up to date with any changes in medical information.

4. Practical Arrangements at Point of Need

All staff involved in the care of children are trained 'first-aiders' (with their training updated atleast every three years) and in the event of illness or accident will provide assessment and appropriate first aid. The school will also have at least one higher-level pediatric first-aider. In the event of a more serious accident, an assessment will be made (preferably by a higher-level first aider) and an ambulance will be called if required. In the case of a more serious injury, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, a member of staff will take the child to hospital and stay with the child until the parent/carer arrives.

Details of accidents/incidents are recorded in the Accident File/Book together with any treatment provided. Where an accident is more serious, parents will be notified verbally especially in the case of an accident involving the head, and a head letter is sent home.

5. Calling an ambulance

If a child has an accident which requires urgent hospital treatment, either the first aider attending will call for an ambulance or they will instruct the School Office to call an ambulance - whichever is quicker. Time should not be wasted if it is deemed necessary for an ambulance to be called. All appropriate medical information will be compiled in anticipation of the arrival of the ambulance at the school.

When an ambulance has been arranged, parents will then be informed and advised where they should meet their child. A member of staff will accompany the pupil and stay with them until the parents arrive.

6. School Visits and Sports Activities

When preparing risk assessments, staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits and during sports activities.

Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child.

Arrangements for taking any medicines will need to be planned and are part of the risk assessment and visit planning process. The necessary medication and contact numbers are always taken on class trips alongside a first aid bag and mobile phone.

7. Residential Visits

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Information about administration of medicine needs to be completed in writing prior to the day of departure and all medication, which needs to be administered during the visit should be handed directly to the group leader before leaving the school/centre at the start of the visit. The medicine will be stored securely by the teacher.

8. Administration of Medicines

As a general rule, prescribed medicines will not be administered by school staff. Prescribed medicine provided in its original pharmacy labelled container can only be administered to students where

parents/carers provide such medication to the school and request that the school administers it, with written consent. Reasonable care to ensure that the instructions for administration of the medicine are followed will be expected of the supervising office staff who are first aiders.

It is not envisaged that courses of continuing treatment will be required to be administered during normal school hours. It is expected that where a special administration technique is crucial for administration of the medicine, such as asthma inhalers, the patient will be conversant with the method. The advice of a 'First Aider' can be sought in specific cases.

If a student has a more complex medical condition, parents should work with the health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent responsibility to make sure that their student is well enough to attend school. Parents should note expiry dates of medicines and ensure the school have in date medication.

Whilst every care will be taken to identify students with allergies, it is the responsibility of the parent to inform the school of any known allergies and make all the necessary arrangements with respect to medication.

All medicines prescribed for named students will be stored in school with reasonable care with reference to appropriateness of conditions and security to avoid accidental dispensing to the wrong patient. Medicines needing refrigeration will be stored in the staffroom fridge.

The school will maintain a record of all students with a substantive medical condition together with details of that condition and its treatment as they affect staff members.

In the special case of asthma, students may administer their own medication with supervision. Older pupils, may be permitted to administer their own medication, assessed on a case-by-case basis with a full risk assessment in place. The risk assessment will include plans for where the medication will be stored, as well as the plan if the medication goes missing.

The Headteacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy.

The Headteacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a child's needs the Headteacher should seek advice from the child's GP or other medical adviser.

9. Staff Training and Staff Medications

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies to update staff training on a regular basis.

Some staff are trained to a higher level of pediatric first aid. Certification of these additional qualifications are kept in the staff files.

Staff trained to a higher level and identified as the 'School First Aiders' are displayed on posters and in all the ofiices. Their information is also found on display around the school.

Staff should avoid, if possible, bringing their own personal medication onto the school site. However, where necessary, staff medication should be kept safe and secure. It is a staff member's responsibility to keep their medication safe and that children are unable to access it: further advice on this can be given by the Headteacher if required.

10. Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

11. Other Agencies

The school nurse, Pediatrician, counsellor or other specialist bodies may be able to provide additional background information for school/centre staff. Any requests or referral to these services will only be made with parental consent.

12. First Aid Boxes

First Aid boxes are marked with a white cross on a green background and are located in all classroom. Staff take first aid kits out during break and lunchtime. First Aid boxes are also taken on school trips, to off-site activities and to sports activities.

If First Aid boxes are used and stock depleted, they should be taken to the office who will ensure that the First Aid box is properly re-stocked.

The Travel First Aid box(es) is/are kept in the School Office and available upon request and should always be taken for any off-site activities.

School vehicles: All School vehicles should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition.

13. Specific Arrangements (asthma, epilepsy and diabetes etc)

Inhalers, EpiPens or any other treatment will be kept either by the class teacher or in the School Office as appropriate, suitably labelled. Parents/carers should ensure that they are not out of date and replace when necessary. When used, an EpiPen should be safely put into a box with a lid and handed to the ambulance service. Appropriate training will be organised on a need's basis for specific arrangements.

14. Hygiene Procedures

Gloves should be always worn if in contact with body fluids and any spillages cleaned up immediately. Vomit should, wherever possible, be covered with absorbent deodorizing powder (kept in the caretaker's office and then swept up using the supplied dustpan and brush.

If vomit is located outside, the area should be cordoned off and the caretaker should be informed so that the sand can be safely disposed of.

All items that encounter body fluids, including medi-wipes, cleaning cloths, tissues, gloves, etc. are to be disposed of in a plastic bag and tied up and placed in the bin which is emptied regularly.

15. RIDDOR and Record Keeping

Injuries, diseases or dangerous occurrences must be reported on the Health and Safety Executive **Form 2508** Report of Injury or Dangerous Occurrence or **2508A** Report of a Case of Disease. The Headteacher as 'responsible person', is required by RIDDOR to notify and report to the relevant

enforcing authority the following specific events occurring to employees, contractors, sub-contractors, pupils and others in areas under their control:

- Accidents causing injuries, fatal and non-fatal including
- Death and Major Injuries.
- Over-three-day injury
- Acts of non-consensual physical violence
- Occupational Diseases
- Dangerous Occurrences

The Headteacher shall ensure that all accidents and incidents are reviewed, investigated and that remedial/preventative measures, if required, are put in place. The Headteacher shall also ensure records are maintained.

Records are kept of medicines administered, first aid provided and accidents.

Governors will review First Aid-related records termly to ensure that patterns are identified and any action required can be taken.

16. Names of Paediatric First Aiders Trained to a Higher Level

1st Aiders are required to complete First Aid training every three years. All school staff complete this training. In addition, the school appoint specific individuals for Paediatric 1st Aiders in the Workplace. Their names are: Catherine Howard, Danielle Betts, Gill Odling, Sally Clyne and Michelle Williams

Date of review	Position	Name of reviewer	Date of next review
August 2025	Headteacher	C Howard	August 2026
August 2025	Proprietor	Mr A Khan	August 2026