



SAFE START SCHOOL

WILLPOWER-INITIATIVE-SUCCESS-EMPATHY-RESPECT

First Aid Policy

(Including Administering Medicines to Children and Young People)

Policy Created: November 2026

Reviewed by: Grace Speakman

Review due: November 2027

Ratified by: Kate Collins

Purpose and responsibilities

The school will provide timely and competent first aid for pupils, staff and visitors on site and during school activities off site, and support pupils with medical needs to participate safely. First aid is immediate help for illness or injury until recovery, professional treatment or an appropriate handover.

The proprietor ensures adequate resources, suitable facilities and insurance. The Headteacher implements this policy, approves the first aid needs assessment and ensures cover, training and follow-up. Staff must summon help promptly, follow relevant healthcare plans and report incidents. Families must provide current medical information, emergency contacts and suitable in-date medicines.

A trained first aider provides treatment within their competence. An appointed person coordinates arrangements, maintains equipment and calls emergency services; this role alone does not qualify someone to provide first aid. The Headteacher must clearly allocate these responsibilities and deputies.

First aid cover equipment and facilities

A recorded first aid needs assessment determines the number, location and level of trained staff, equipment and facilities. It must reflect the 11–19 age range, SEND and individual medical needs, site layout, activities, absence, breaks, after-school provision and off-site visits. Review at least annually and after significant changes or incidents.

Provide sufficient competent cover whenever school activities take place. Plan replacements for absence and training expiry; if safe cover cannot be secured, adjust or postpone the affected activity. Training must cover the ages and needs of those supported, including child resuscitation where relevant. Keep a training register, monitor certificate expiry and arrange refresher training.

Keep an up-to-date list of first aiders, how to contact them, kit locations and emergency arrangements accessible to staff and visiting staff. Brief new and temporary staff. Named staff must check kits regularly and after use, replace expired or used supplies and keep medicines separate from first aid kits. Provide portable kits for visits.

Provide suitable accommodation for medical examination, treatment and short-term care, with washing facilities and access to a nearby toilet, and additional provision where complex needs require it. Supervise sick or injured pupils appropriately. Where a defibrillator is available, record its location, ensure access and maintain it to the manufacturer's instructions.

Staff must clean their hands before and after providing first aid and wear disposable gloves and an apron where contact with blood or bodily fluids is likely. Cover existing cuts with waterproof dressings. Clean contaminated surfaces and dispose of used materials safely in accordance with the Infection Prevention and Control Policy.

Inform the school office or senior leader and contact parents or carers promptly for pupils under 18.

Inform the school office or senior leader and normally contact parents or carers promptly for pupils under 18. Respect legally recognised confidential treatment arrangements, seeking advice where necessary. Share information without consent where justified to protect the pupil or others from serious harm.

Responding to illness or injury

Check the scene is safe, summon a first aider and give assistance within training. Any member of staff may call 999 immediately; do not wait for management approval or parental contact. Give the school address, exact location, symptoms and access instructions, send someone to meet the ambulance and follow dispatcher advice.

Call 999 for suspected life-threatening illness or injury, including abnormal or absent breathing, unresponsiveness, severe bleeding or suspected anaphylaxis. Begin CPR and obtain a defibrillator where indicated, following training and emergency instructions. Follow individual emergency plans and

administer prescribed emergency medicine promptly by appropriately trained staff; do not delay emergency assistance while seeking signatures.

Inform the school office or senior leader and contact parents or carers promptly for pupils under 18. For adult students, respect their wishes and capacity when contacting others, sharing necessary information where justified in an emergency. Maintain supervision, provide emergency services with relevant medical details and arrange an appropriate staff escort if needed without leaving other pupils unsafe.

Head injuries and ongoing care

Assess and monitor all head injuries, record them and inform parents or carers of under-18s on the same day, even where apparently minor. Provide clear written advice and communicate directly for significant concerns. For adult students, agree an appropriate support contact. Do not send an unwell pupil home alone.

After a head injury, call 999 for loss of consciousness without recovery, inability to stay awake, a seizure, new weakness or problems with speech or balance, or other serious signs. Seek urgent advice through NHS 111 for vomiting, dizziness or other worrying symptoms. Follow current NHS advice and clinical instructions; pain relief must not delay assessment. Suspected concussion requires withdrawal from sport and a safe return plan. Give families the current NHS head injury advice, including adult supervision for the first 24 hours where appropriate.

Individual healthcare plans and staff competence

Agree an individual healthcare plan where needed for safe support; not every diagnosis requires a separate plan. Involve the pupil, family and relevant healthcare professionals. Record symptoms, triggers, daily support, medicines, emergency actions, trained staff and arrangements for lessons, trips and transport. Review at least annually and when needs or treatment change. Appendix 1 provides a template.

Ensure designated staff receive condition-specific training where required, for example for rescue medicines, diabetes or severe allergies. First aid training alone does not authorise specialist medical procedures. Plan cover and access to essential treatment; attendance must not depend on a parent coming in to provide routine support that the school should arrange.

Consent and accepting medicines

Administer medicines only through an agreed arrangement, with written authorisation recorded using Appendix 2 and the pupil's involvement. Obtain parental consent for pupils under 16 except where legally recognised confidential treatment applies. For 16- and 17-year-olds, obtain their consent where they have capacity and involve families appropriately; school arrangements must respect their consent rights. Adults normally consent for themselves. Apply the Mental Capacity Act from age 16 where relevant and seek advice where capacity or authority is uncertain.

Accept prescribed medicines in their original pharmacy-labelled containers, in date, with clear instructions and the pupil's name; insulin may be supplied in its original pen or pump. Non-prescription medicines may be accepted under an agreed plan in original packaging with clear instructions. Never administer medicine prescribed for another person. Check allergies, medicine, strength, dose, route, timing, expiry and any dose already taken before administration.

If instructions, consent or competence are missing or unclear, seek clarification promptly and arrange safe interim support with the family and healthcare professionals. Do not use a blanket right to refuse necessary medication. Do not change prescribed doses on informal instructions; obtain appropriate updated instructions from the prescriber or pharmacist.

Paracetamol and other non-prescription medicines

Paracetamol may be given for short-term minor pain only where the school has agreed to provide it and valid written consent is recorded. Check the specific product instructions, age, allergies, contraindications and all doses taken at home or school, including combination medicines containing paracetamol. Follow the product or prescribed dose, minimum interval and maximum total in 24 hours; a four-hour gap alone does not establish a safe dose.

Do not give a dose if previous doses or safe totals cannot be established; seek advice. Record administration and notify the family or adult student as appropriate. Repeated or persistent symptoms require review and medical advice rather than automatic repeat dosing. Do not give aspirin to under-16s unless prescribed. There is no blanket rule requiring a prescription after 24–48 hours; follow product instructions and clinical advice.

Storage administration and disposal

An authorised adult should hand medicines to designated staff, or use an individually agreed safe transfer arrangement. Record receipt, quantity, expiry and storage requirements. Store securely at the required temperature, with refrigerated medicines in a secure labelled container and appropriate temperature monitoring. Keep emergency medicines readily accessible to the pupil and trained staff, including on trips, without delay from locked storage.

Assess and record whether a pupil can safely carry or self-administer medication. Arrange appropriate supervision and recording. Store controlled drugs securely with access restricted to authorised staff and maintain a running balance. Where a competent pupil carries their own prescribed controlled medicine, document the safeguards. Never share medicines.

Only designated competent staff may administer medicine. Record the date, time, medicine, dose, route, administrator, reason where needed and outcome immediately after giving it. Record refusals, omissions and errors; do not force administration. Follow the healthcare plan, inform a senior leader and relevant family or adult student, and obtain prompt clinical advice where a missed or incorrect dose may cause harm. Call 999 for an emergency.

Named staff must monitor expiry dates and request replacements in good time. If essential medicine is unavailable, agree a safe plan urgently rather than continue an activity without required protection. Return unused or expired medicines to the family or adult student with a record; arrange pharmacy disposal if return is not possible. Use suitable sharps containers. Do not put medicines in ordinary waste.

Recording reporting and learning

Record all first aid incidents and treatment using Appendix 4 or the school's approved system, including what happened, symptoms or injury, actions, staff involved, contacts and handover. Notify parents or carers promptly of significant illness or injury and all head injuries for under-18s. Escalate safeguarding concerns to the DSL through the school's safeguarding procedures.

The Headteacher or nominated competent person assesses RIDDOR duties. For employees, work-related deaths, specified injuries and over-seven-day incapacity may be reportable, alongside other reportable categories. For pupils and other people not at work, report a work-related accident causing death, or injury resulting in direct transfer from the scene to hospital for treatment. Precautionary checks alone are not treatment. Most ordinary sports injuries are not reportable unless connected to failings such as equipment or supervision.

Apply the correct reporting deadlines: notify deaths and specified serious incidents without delay, with the report within ten days; report over-seven-day worker incapacity within fifteen days. Apply other statutory deadlines as relevant. Keep required RIDDOR records for at least three years, and record over-three-day worker incapacity even where not reportable. Review incidents and near misses to improve arrangements.

Keep health and incident information securely with access limited to those who need it. Apply appropriate UK GDPR and Data Protection Act safeguards and the school retention schedule; consider longer retention for pupil injury records and potential claims rather than deleting every record after three years.

Framework and related policies

This policy supports the Health and Safety at Work etc. Act 1974, Health and Safety (First-Aid) Regulations 1981, Management Regulations 1999, RIDDOR 2013, Equality Act 2010 and Independent School Standards 2014, particularly paragraphs 13 and 24. DfE first aid guidance applies across school types. DfE Supporting pupils with medical conditions is used as good practice; its section 100 statutory duty does not apply to this independent school in the same way as maintained schools, academies and PRUs.

Read alongside Safeguarding, Health and Safety, Educational Visits, Transporting Students, Allergy, Infection Prevention and Control and Data Protection policies. The Headteacher reviews this policy annually or sooner if needed. References: GOV.UK first aid in schools guidance; HSE incident reporting in schools; NHS head injury advice at www.nhs.uk/conditions/head-injury-and-concussion/.

Appendix 1 Individual Healthcare Plan

Confidential | Complete with the pupil family and relevant healthcare professionals. Attach clinical protocols where needed.

Pupil name _____ Date of birth _____

Plan date _____ Review date _____

Condition allergies and relevant needs

Emergency contacts and telephone numbers

Healthcare professional and contact details

Usual presentation triggers and warning signs

Daily support medication dose route timing and storage

Emergency action including when to call 999 and rescue medicine protocol

Lessons PE visits transport and access adjustments

Self-management arrangements and support with communication

Designated staff deputies and training or competency requirements

Plan shared with _____ Medicine location _____
Pupil consent or involvement _____
Parent carer involvement or authority _____
Clinical advice or protocol supplied by _____ Date _____
School agreement _____ Signature _____ Date _____

Appendix 2 Medication Authorisation

Complete one form per medicine, including paracetamol. Obtain appropriate consent for the pupil's age and capacity. Do not use this form as a substitute for a clinical emergency protocol.

Pupil name _____ Date of birth _____

Medicine name strength and formulation _____

Reason for use _____

Prescribed or non-prescription _____ Prescriber if relevant _____

Dose _____ Route _____ Times _____

For as required doses state symptoms minimum interval and maximum in 24 hours

Start date _____ End or review date _____ Expiry _____

Relevant allergies side effects and precautions

Storage instructions and emergency access _____

Last dose before school and arrangements for sharing dose information

Self-administration or supervision arrangements _____

I authorise the school to administer or supervise this medicine as agreed above. I will provide accurate information, report changes promptly, ensure replacement supplies and collect unused medicine. I understand that the school will clarify unsafe or incomplete instructions before administration.

Consenting person _____ Relationship or authority _____

Signature _____ Date _____

Pupil consent or involvement and any capacity considerations

Contact number _____

School acceptance and staff competence confirmed by _____

Signature _____ Date _____

Receipt date _____ Quantity _____ Received by _____

Returned or pharmacy disposal date _____ Quantity _____

Handed to or disposal arranged by _____

Appendix 3 Medication Record

Pupil _____ Date of birth _____

Allergies _____

Record each administration immediately. Use separate records if needed for clarity. Record omissions and refusals with reasons. For as required medicine, record symptoms and response. Maintain a running balance for controlled medicines.

Medicine received or returned

Date	Medicine strength and form	Quantity and expiry	Received or returned by

Administration record

Date and time	Medicine dose and route	Given by	Reason outcome or omission	Balance if required

Relevant family or student notification and clinical advice

Appendix 4 First Aid Incident Record

Confidential | Complete promptly. Use additional pages where needed. Escalate safeguarding concerns through the safeguarding system.

Person name _____ Date of birth if pupil _____

Date and time _____ Location _____

Incident and circumstances including witnesses

Injury symptoms or illness observed

First aid treatment and time given

First aider name _____

Emergency services or clinical advice contact time and instructions

Parent carer or adult student contact person time and method

Head injury advice provided if relevant _____

Handover collection or hospital transfer arrangements

Completed by _____ Signature _____ Date _____

Senior leader review actions and responsible person

RIDDOR assessment decision reason and report reference if applicable

Review completed by _____ Date _____