



Annemount School First Aid Policy

This policy applies to the whole school including EYFS

Introduction

This policy outlines the School's responsibility to provide adequate and appropriate First Aid to pupils, staff, parents, visitors and the procedures in place to meet that responsibility. This policy is written with due regard to DfE documents: *Health and Safety; responsibilities and duties for schools*, *Managing medicines in schools and early-years settings* (DfE/Department of Health, 2005), *Supporting Pupils with Medical Conditions*.

The School has taken into account the requirements of the EYFS legislation which states that at least one person on the premises must have a Paediatric First Aid Certificate when EYFS pupils are on site and at least one person on EYFS outings. This is also the case for KS1 pupils.

Aims

- To provide adequate First Aid provision and medical care for pupils, visitors and staff
- To appoint the appropriate number of suitably trained people as appointed persons and First Aiders to meet the needs of the School
- To provide sufficient and appropriate First Aid resources and facilities
- To inform staff of the school's First Aid arrangements
- To provide information on the correct procedure to follow should First Aid be required
- To provide information on the correct reporting procedures.

Teachers and other staff in charge of pupils are expected to use their best efforts at all times, particularly in emergencies, to secure the welfare of the pupils at the School in the same way that parents might be expected to act towards their children.

Key Personnel

The Head Teacher

The Head Teacher is responsible for putting the policy into practice and for developing detailed procedures. The Head Teacher ensures that parents are aware of the School's Health and Safety Policy, including arrangements for First Aid (DfE First Aid in Schools 2014). The Head Teacher ensures the First Aid policy is updated regularly and that the needs of individual children with specific medical needs are met. The Head Teacher ensures that staff are adequately trained to deal with these.

Appointed Person

The school has appointed Aiden Griffin to work in conjunction with the Head Teacher to manage First Aid in the school. The appointed person is responsible for the ordering of First Aid resources and ensuring that First Aid kits are correctly stocked, assisting colleagues in the administering of First Aid, ensuring an ambulance or other professional medical help is summoned when appropriate and keeping staff aware of changes in the First Aid Policy as and when is necessary.

First Aid Procedure at Point of Need

1. Follow the First Aid Treatment recommendations from most recent training session, notes also available in First Aid boxes:

- Keep calm;
- Assess the situation and either send or call for help;
- Ensure that nobody else is going to be hurt and that the casualty is in no further danger;
- Give First Aid but only as far as knowledge and skill permit. The patient should be given all possible reassurances and if necessary removed from danger;
- Never give the casualty anything to eat or drink;
- Be prepared to give succinct and accurate information about the accident to a first aider or other health professional.

DR C ABC

Danger:

- Assess the scene for any immediate hazards that could endanger the first aider or the casualty, such as traffic, fire, or unstable structures.

Response:

- Check if the casualty is conscious and alert by speaking to them and lightly touching their shoulder.

Catastrophic Haemorrhage:

- Immediately control any major, life-threatening external bleeding with direct pressure or a tourniquet before securing the airway.

Airway:

- Ensure the casualty's airway is clear and open, preventing any obstruction like the tongue or foreign objects.

Breathing:

- Look for signs of breathing, listen for breath sounds, and feel for airflow on the first aider's cheek.

Circulation:

- Check for signs of circulation, such as a pulse and blood flow, and assess for any bleeding or other serious injuries.

2. Any injury should be dealt with promptly by either the teacher in charge at the time of the accident or by the nearest First Aider. Surgical gloves should be worn where appropriate.

3. All staff should know the location of the First Aid kits. These are maintained by the appointed person. New staff members should familiarize themselves with members of staff who are trained in First Aid, Anaphylaxis and Paediatric First Aid. The Head Teacher should always be consulted should an incident require more than basic First Aid.

Further Care

Should a child need to lie down they should be taken to the Sick Bay/Office (as defined by the Education (School Premises) Regulations 1996) and parents will be asked to collect the child. The office serves as the First Aid room at Annemount School. The First Aid Room contains:

- Mattress
- Sink with hot and cold water
- First Aid kit
- Paper towels
- Refuse bin
- Telephone
- Record keeping facilities
- A chair
- The nearest WC is next door.
- The child should not be left unattended in the First Aid room.

First Aiders

First Aiders hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by a governing body and the training will include resuscitation of children. Staff receive updated training at least every three years.

The Head Teacher assesses the number of personnel who need First Aid training and takes into account that there should be at least one person on the premises or on a school trip with appropriate First Aid qualifications, and for the Early Years at least one person on the premises and one person on an outing with Paediatric First Aid training. A list of school First Aiders will be found in school office. (See Appendix A).

Reporting Accidents

All accidents must be recorded as follows:

Children

- The accident form must be completed by the adults supervising at the time.

Minor Accidents

- Parents are to be informed of minor accidents at the end of the school day or, where appropriate, by the class teacher.

Serious Accident

- In the event of a serious accident, the Head Teacher is to be informed immediately.
- Parents will be contacted by the Head Teacher, or if she is not available, the class teacher.

Bump to the Head

- In the event of a child suffering a bump to the head, a completed Bumped Head Sticker (Appendix B) must be affixed to the child, and the parent must be called to explain the situation. The time of the bump must be indicated on the sticker. The

child will be observed throughout the remaining school day for any signs that they are becoming unwell.

Staff

- Staff who injure themselves at school are required to fill in a Staff Accident Form.
- The Head Teacher is to be informed of the injury and retains a copy of the accident form.
- The Accident Form identifies which incidents are reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995).

Visitors

- Visitors must sign in when they arrive at the school. Visitors with specific requirements would be advised to notify the school and an assessment can be made as to assigning them a responsible person.
- Visitors who injure themselves at school are required to fill in the Accident Book.
- The Head Teacher is to be informed of the injury.

Informing Parents

- Parents are immediately informed of serious accidents injuries and given advice accordingly.
- A parent is always telephoned if their child has had a bump to the head. The child is then given a sticker to wear and monitored.
- Parents should be informed of minor injuries, including scrapes and bumps, at the end of the School Day.
- Parents of children who are taken ill during the school day should be contacted and asked to collect their child from the Sick Bay.

Access to First Aid Kits

- The Appointed Person ensures that the appropriate number of First Aid containers is available according to the risk assessment of the site.
- First Aid containers are kept in the EYFS area (ground floor) and are easily accessible for all staff.
- First Aid bags/containers and individual medications must be taken:
 - To off-site lessons including Gym and Swimming
 - On all school trips
- Individual medications (e.g. Ventolin inhalers and EpiPens) must be taken with the child when off site.
- First Aid Kits comply with the Health and Safety (First Aid) Regulations and are kept in the cloakroom at Annemount. Our first aid kits are regularly checked by a appointed member of staff and re-stocked as necessary.

Arrangements for Pupils with Specific Medical Needs

- The school has an **Allergy Policy** which should be read in conjunction with this policy.
- Should a child have a specific medical condition, e.g. asthma, diabetes, severe allergy, the Appointed Person will compile a Care Plan with the cooperation of the child's parent and medical practitioner.

- If necessary, staff working closely with the child should have specific training so that they can meet the special needs.

Communicable Diseases

Parents are asked to inform the School by email as soon as possible if their child has a communicable disease, e.g. chickenpox. The School Office will then alert the relevant parents via email. Care is taken to preserve the confidentiality of the child with the communicable disease. If necessary the school will contact RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995).

Presenting with symptoms during the school day

The school has a fully equipped Sick Bay and will be used for suspected illness.

Head Lice

If parents notify the school that a pupil has head lice or nits an email is sent to all those in the same year group. If staff suspect or are told that a pupil has head lice or nits – continuous scratching of the head is the most obvious sign – they should arrange for a First Aider to inspect the pupil's hair. Kindness and discretion must be exercised to both the child and the parent.

Sickness

- Annemount 's policy for the exclusion of ill or infectious children is shared with parents. This includes procedures for contacting parents (or other authorised adults) if a child becomes ill while in the setting.
- Children who are unwell, have a temperature (38c or above), or sickness and diarrhoea, or who has an infectious disease should not come to school whilst they are unwell. Children with diarrhoea or vomiting should stay away from school for 48 hours after their symptoms have gone.
- If a child is found to have any symptoms of infection they will be sent home. This includes a child with infected mucous, i.e. yellow or green with a constantly running nose requiring continual assistance.
- If a child presents with symptoms of a high temperature during school time, the child's temperature will be taken, to do so;
 - Place the protective cover on the tip of the thermometer.
 - Gently insert the thermometer probe into the outer ear canal.
 - Hold the thermometer in place until it beeps, then remove it from the ear.
 - Read the temperature
 - Repeat in the other ear for an accurate reading
 - Repeat in both ears a few moments later for further accuracy
- If a child becomes unwell in school hours, the parent is to be contacted so that collection can be arranged.
- Any child who is waiting to be collected but feels too ill to remain with their class can stay in the Sick Bay (Office). The Sick Bay room bed and bedding are portable and can be moved if required. Staff, who have the required First Aid qualifications, will look after the child.

Hygiene Procedures

- Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids. Care

should be taken when disposing of dressings or equipment. Staff are issued with anti-bacterial hand gel, and should also ensure that normal hand washing routines are followed.

Hygiene Procedures for Spillage of Bodily Fluids

- No child should be allowed to remain in the vicinity of a spillage of bodily fluids.
- If possible all adults and children should be removed from the area; however, if a child is injured and it may be unsafe to move him/her then an adult will need to be with them.
- The adult should ensure that both s/he and the child are protected from the body fluids. The Appointed Person should be called for and he will deal with the spillage appropriately.

When to Call an Ambulance

The number to dial for an ambulance is 999.

The nearest hospital to the School is The Royal Free Hospital, Pond Street, London, NW3 2QG; Tel: 020 7794 0500

Call an ambulance;

- If you are in doubt as to the condition of the casualty
- After administering First Aid and you feel there is a need for a hospital check up
- After placing in the recovery position if the casualty is breathing, but unconscious
- After an epipen has been administered for anaphylactic shock, after a severe asthmatic attack, after a diabetic coma, for an epileptic fit where the seizure lasts more than five minutes or if the victim is harmed in the seizure
- If the casualty is not breathing

Administering Medication during School Hours (Whole School including EYFS)

- Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.
- Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.
- Although there is no legal duty that requires school staff to administer medicines, the school has a clear duty of care to the children and follows good practice by supporting children with health needs as part of their accessibility planning duties.
- All details are recorded on a Medication Consent Form.
- Parents are informed on the same day of any medication given and of its timings (in order to prevent overdosing).
- Requests to administer medication are noted by the class teacher and the Appointed Person, to note any trends.

a) Parental responsibilities in respect of their child's medical needs

- Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents are asked to declare any medical needs when their children join the school on the Pupil Personal Record form. This information is updated on an annual basis with the Current Pupil Details Update Form.
- They must also complete and sign a Medication Consent Form in the event that any medication needs to be administered during school hours. This states the name of the child, name/s of parent/s, the date, the name of the medication, the dose and times, or how and when the medication is to be administered. (see Appendix C). Parents sign this again at the end of the day as part of a handover informing them of the times the medication was given during the school day to prevent giving the next dose too early.
- Children taking medication must be well enough to attend school.

b) Children with specific medical conditions

- Children with specific medical conditions including allergies, who either regularly take medicine in order to keep themselves well (e.g. epileptics), or who may need to take medicine as a matter of urgency (e.g. asthmatics and those with allergies) have a Care Plan. This care plan is written up by the Appointed Person in consultation with the parent. Details of the medication are on the Care Plan. The Care Plan should include:
 - details of a child's condition
 - backgrounds
 - trigger and warning signs
 - management strategy
 - important information
 - emergency details
 - contact details

(See Appendix D).

- For children with food allergies or other dietary needs, special attention should be paid when treats by parents are brought to School. Parents of children who are unable to eat cake or sweets are asked to send in appropriate snacks that can be given to their child in these instances.
- Staff with specific medical conditions should be honest about their circumstances. It is in their own interests that their condition and what to do in an emergency is known by all their colleagues.

c) Roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines

- No member of staff must administer any medicine to a child unless a Medical Consent form has been completed.
- In general, the Appointed Person has the responsibility of administering medicine as they can store the medicine safely away from children, and have ready access to the telephone should they need to get further information from the parent or from the medical practitioner who prescribed the medicine. For children that

regularly need medicine to keep themselves well it may be that the Class Teacher has the responsibility to administer medicine.

- It may be that the class teacher administers the medicine and therefore will also give the child reassurance and any necessary support; they will also ensure the Medication Consent Record is completed correctly.
- Before administering any medicine, the Appointed Person must check:
 - the child's name
 - prescribed dose
 - expiry date
 - written instructions provided by the prescriber on the label or container
- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and immediately telephone the parents. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.
- If in doubt about any procedure staff should not administer the medicines but check with the parents or the prescribing doctor before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the Head Teacher, who will then discuss it with the parent.

d) Procedures for managing prescription medicines which need to be taken during the school day

- The Medical Consent form should be handed into the School Office together with the medicine. The parent should give the School Office written details of how the medicine is to be given and when. This should be checked against the instructions on the medicine.
- Medicines must always be provided in the original container as dispensed by a pharmacist and include the instructions for administration.
- The School must never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- The School Office will inform the child's Class Teacher of the time the medicine needs to be given and may arrange for the class teacher to administer the medication.
- If the administration of medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- The school will refuse to administer medication if the medicine is dangerous, the timing or nature of administration are of vital importance or serious consequences could result if a dose is forgotten.
- All Epipen and asthma medication are kept in the classroom in a box with the child's name on. All staff are notified of the location of these medicines.
- Staff must not be under the influence of alcohol or any other substances which may affect their ability to care for children. If staff are taking medication which may affect their ability to care for children, those staff members should seek medical advice before resuming work.

e) Safe storage of medicines

- It is a requirement that if a child has to bring an epipen to school, then two such pens **must** be provided.
- Any medication brought in by staff for personal use is to be kept in the Office. Staff should inform the Appointed Person of any regular medication. The Head Teacher will ensure that those staff members only work with children if medical advice confirms that the medication (regular or case specific) is unlikely to impair that staff member's ability to look after children properly.

f) Procedures for managing prescription medicines on educational visits and off-site activities

- For children with specific medical conditions, the care plan and the necessary medicines must be taken on educational visits and to off-site games. These are the responsibility of the Class Teacher on Educational Visits and a nominated member of the games staff for off-site sport.
- A medical list accompanies all Educational Visits and goes with the games staff to off-site sport.
- Sometimes additional safety measures may need to be taken for outside visits. It may be that a parent or another volunteer might be needed to accompany a particular child.

g) Non -prescription medicines

- Parents may request at times that children are given non-prescription medicine, for example, Calpol, if recovering from a cold, or skin creams for eczema.
- In such cases, the class teacher and appointed person will make the decision after discussion with the parents and then the same procedure must be followed for obtaining a medical consent form from the parent.
- Some children are sensitive to the sun, and sun cream must be administered by parents before the children come to school. Sun cream can be applied by the child at school and assisted by an adult at the parents' request.

h) Record keeping

- Each time medicine is given, the School, including the Early Years, **must** keep written records.
- Good records help demonstrate that staff have exercised a duty of care.
- The Medical Consent Form must be filled in prior to administering medication:
 - the date the medication is due;
 - the time the medication is due;
 - the name of the student receiving medication;
 - the name of the medication given;
 - the exact dosage of medication given;
 - the name of the person on the school staff authorised to give medication to the student the signature of the person giving the medication;

- The Medication Consent Form must be completed by the authorised person giving the medication, immediately after the medication is given and witnessed by another adult.
- The Medical Consent Form must be kept in the classroom with the medication until complete then filed in the child's personal file.
- In effect, the documentation referred to in (a) above represents an agreement among the parties as to the arrangements made in respect of the medication.
- In addition:
 - Lists of children with allergies and other medical conditions will be issued at the beginning of each term. The medication that they have in School is noted on this list.
 - Photographs of children who require an EpiPen are affixed to the boxes containing their epi-pens.

i) Management Procedures and Risk assessment

- The School has Employers Liability Insurance to provide cover for injury to staff acting within the scope of their employment and this provides full cover in respect of actions which could be taken by staff in the course of their employment.
- The School (i.e. the Proprietor/Head Teacher) will support staff to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
- The Head Teacher is responsible for ensuring that this policy is understood by all staff and that the procedures and record keeping are correctly followed.
- The Head Teacher will regularly review this policy and make amendments as necessary.

AED Defibrillator

The school has an **Mediana A15 AED Defibrillator** for the event of sudden cardiac arrest. This can be used by any bystander without training. Teaching staff have been shown how to access and use the kit. Further information can be obtained by watching this video.

https://youtu.be/QZR_3U5iESE

Existing Injuries

A pre-existing injury refers to an injury a child arrives at school with, that occurred outside the setting, such as at home or in the care of another professional.

It is crucial to record these injuries accurately and transparently.

Documentation:

An Existing Injuries Form is used to document the injury, including its location, size, how it occurred (if known), and any treatment provided.

Communication:

Parents or carers are asked to sign/acknowledge the record to verify the information and ensure both parties are aligned on the injury.

Safeguarding:

Staff should be trained to recognise potential signs of abuse or neglect when a child arrives with multiple or unexplained injuries, and safeguarding procedures should be followed if any concerns arise.

Monitoring:

Children with a history of pre-existing injuries may be monitored over time to ensure their well-being.

Privacy:

Information about pre-existing injuries should be handled confidentially and stored appropriately.

In Practice (for staff):

When the injury is noticed on a child, the teacher should in the first instance ask the parent or carer. Follow up by asking the child what happened. If the parent or carer has left, the teacher should notify the office who will call the parent to inquire further. The teacher should complete the Existing Injuries Form. In the event the injury could be a sign of abuse or neglect the teacher should raise the issue with the DSL or DDSL and follow the schools safeguarding procedures.

Disposal of 'sharps' Policy

Annemount School is committed to the health and safety of its staff, pupils and visitors. Ensuring the safety of the school community is of paramount importance.

The purpose of this policy is to deal with the disposal of sharps and to prevent infection from blood borne diseases.

This policy contains details of the process for the safe handling and disposal of sharps, and what procedure to follow in case of a sharps injury.

This policy should be followed in line with the schools Health and Safety Policy.

Aims

Annemount adopts practices that minimise the risk to staff, pupils and others coming into contact with sharps.

This section aims to:

- Protect all pupils and members of staff from the danger of exposure to sharps.
- Establish a procedure around the safe handling and disposal of sharps.
- Ensure all members of staff are aware of how and where to dispose of sharps correctly.
- Make members of staff aware of sharps injury and the procedure to follow in the event of an injury.

Safe disposal of sharps

- Ensure that any sharps are disposed of quickly and safely after use. An item must not be discarded in a manner so as to cause injury to others.
- The user of the sharp is responsible for disposal of it themselves and must not hand it to anybody else for disposal. It should not be passed from hand to hand.
- Sharps are to be held in the centre of shaft to prevent injury.
- The sharps box should be taken to the needle and not vice-versa.
- Used syringes/needles must not be re-sheathed by hand before disposal.
- All sharps must go directly into a sharps bin.
- Report any needlestick injury as soon as possible and seek medical attention.

Sharp boxes

- Sharps should be discarded straight into a sharps box which complies with British Standard 7230.
- The boxes should be marked 'Danger: Contaminated Sharps' and 'Destroy by Incineration'.
- They must be kept off the floor and out of the reach of children.
- At Annemount the sharps disposal box is located in office and brought to the location when necessary.

- Parent's/carer's are in charge of the disposal of the box.
- Sharps boxes must not be filled above the designated fill line on the outside of the box.
- Once filled, boxes must be sealed immediately and returned to the parents for disposal or removed by a clinical waste contractor or a specialist collection service.

Sharps injury

'Sharps' includes objects or instruments which could potentially cut, prick or cause injury. This includes needles, blades or other medical instruments.

Risks of sharps injury

According to the Health and Safety Executive (HSE), a sharps injury can potentially cause infections such as blood borne viruses (BBV) including Hepatitis B (HBV), Hepatitis C (HCV) and the human immunodeficiency virus (HIV).

An injury can occur when an individual is in contact with a contaminated sharp which is infected with blood or bodily fluid. It may also occur when sharps are not stored or disposed of properly.

Sharps injury

The HSE provides the following advice in case of injury from a contaminated sharp:

- Encourage the wound to bleed gently, ideally by holding it under running water.
- Wash the wound using water and soap.
- Do not scrub the wound while washing.
- Do not suck the wound.
- Dry the wound and cover it with a waterproof dressing.
- Seek medical advice as effective prophylaxis medication is available.

Training

The appropriate staff must be trained in:

- The safe collection and disposal of sharps.
- Assembling sharps boxes and verifying that they are in compliance with the accepted standards.
- The procedure to log incidents and who to inform.
- Immediate action in the event of sharps or needlestick injury.

Reporting

- Any accidents, injuries, or near misses of any sort MUST be reported to the school office.
- It is the responsibility of the injured person to report their injury unless they are incapable of doing so.
- If in doubt always obtain medical advice.

Reporting to Riddor

- Schools are required to report serious incidents to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), (0845 300 99 23). Employers must report:
 - deaths;
 - major injuries;
 - an accident causing injury to pupils, members of the public or other people not at work;
 - a specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Date: July 2026

Review: July 2027

Appendix A – List of First Aiders

Paediatric First Aiders

Geraldine Maidment

Aiden Griffin

Esther Samuelson

Elena Antolin

Vicky Moss

Marisa Aplicano

Noreen Hussain

Donia Fazeli

Natasha Keays

September 2026



Appendix B – Bump My Head sticker

I bumped my
head today at:



Appendix C – Medication Consent Form

Medication Consent Form

Child's Name: _____

Child's Class: _____

Medication: _____

Reason for taking medication during school hours:

Time and Date medication is due:

I authorise members of staff during the course of the school day to administer the above medication. I understand the following:

- a doctor has passed my child fit enough to return to school but still needs a course of medication,
- the medicine is not dangerous,
- the timing or nature of administration are not of vital importance,
- no serious consequences could result if the teacher forgets to administer a dose and
- the medicine is clearly labelled with contents, owner's name and dosage.

Medication instructions, including exact dosage, frequency and for how long treatment should continue:

Signature of Parent _____

Date

Date/Time
of Administration

Dose

Teacher Signature

Witness

Parent Signature

CARE
PLAN

NAME

D.O.B

BACKGROUND

•

TRIGGERS AND WARNING SIGNS

•

MANAGEMENT STRATEGY

•

IMPORTANT INFORMATION

•

EMERGENCY TREATMENT

•

CONTACT DETAILS

Home:

Mum’s Mobile:

Dad’s Mobile: