



First Aid, Administration of Medicines & Intimate Care Policy September 2025

SPENCER ACADEMIES TRUST

Introduction

Date of Policy: 1st September 2025

Next Review date: 1st September 2026

Signature: *JHart*

Date Approved: 03/09/2025

Contents

Introduction	1
Aims of the Policy.....	3
Legislation and Guidance	3
2. First aid procedures	4
3. First aid equipment	6
4. Record-keeping and reporting.....	6
5. Training	7
6. Administration of Medication.....	10
7. Asthma and Emergency Inhalers	9
7.1 Policy Summary.....	10
7.2 Storage and Care of the Inhaler.....	10
7.3 Procedure for use of an emergency inhaler	11
8. Individual Health Care Plans.....	11
9. Intimate Care	11
1. Principles.....	11
2. Child focused principles of intimate care	12
3. Definition	12
4. Best Practice	13
5. Child Protection	14
APPENDIX A – Head bump letter.....	15
APPENDIX B (AAI CONSENT FORM)	16
PERMISSION TO ADMINISTER	16
APPENDIX C.....	17
FIRST AID KIT LOCATIONS.....	17
Safe Management of Bodily Fluids	18
APPENDIX E (NUMBER OF FIRST AIDERS IN IS IDENTIFIED).....	19
First Aiders at Castleward Spencer Academy	19
APPENDIX F (PERMISSION FORM TO ADMINISTER) parental agreement for	20
Parental consent to administer medicines	20

Aims of the Policy

1. Safeguard the health and wellbeing of all pupils, staff, and visitors.
2. Provide prompt and effective first aid in the event of illness or injury.
3. Ensure safe and appropriate administration of medicines during school hours.
4. Maintain accurate records of medical treatment, medication, and care provided.
5. Support pupils with medical needs to fully participate in school life.
6. Respect the dignity, privacy, and rights of pupils receiving intimate care.
7. Ensure staff are trained, competent, and confident in delivering care and administering medication.
8. Comply with legal and statutory requirements, including safeguarding and health regulations.
9. Promote a safe and inclusive environment for pupils with additional health or personal care needs.
10. Encourage independence in pupils where appropriate, while providing necessary support.
11. Ensure that Trust staff are aware of their responsibilities.

Legislation and Guidance

- 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
- 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
- Guidance on the use of adrenaline auto-injectors in schools
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

1. Roles and Responsibilities

1.0 Appointed person(s) and first aiders

The school has a large number of trained paediatric first aiders. They 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.

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 on the same day, or as soon as is reasonably practicable, after an incident;
- Keeping their contact details up to date.

Our school's paediatric first aiders are listed in Medical tracker and monitored by the appointed person. Their names will also be displayed prominently around the school. Schools will retain copies of certificates.

1.1 The Principal

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

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times;
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role;
- Ensuring all staff are aware of first aid procedures;
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place to mitigate associated risks;
- Ensuring that adequate space is available for catering to the medical needs of pupils;
- Reporting specified incidents to the Health and Safety Executive (HSE) when necessary (see section 6).

1.2 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures;
- Ensuring they know who the first aiders in school are;
- Completing accident reports for all incidents they attend to where a first aider is not called;
- Informing the Principal or their manager of any specific health conditions or first aid needs.

2. First aid procedures

2.1

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 judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the Principal or an appropriate staff member will contact parents immediately.
- The 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 and enter these details onto medical tracker.

2.2 Treatment of head injuries to children

Parents/Carers **must** be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded onto medical tracker and a notification email informing parents of possible symptoms to look out for. A copy of the head bump email is attached in Appendix A. It is the responsibility of the first aider dealing with the head bump to contact the parent and also inform the class teacher.

999 should be called if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

In this eventuality the child's parents must also be contacted.

2.3 Use and Storage of Epi Pens/ AAI Auto-Adrenaline

In case of an emergency the school will have on onsite AAI/ EPI pen. The Principal will ensure there is an emergency epi pen on site for use in an emergency in accordance with the following guidance.

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Updated guidance 2023 – Allow for the AAI to be administered to a pupil or other person known or not to be at risk without written medical authorisation/consent.
- All staff will undertake appropriate training using the Trust online training portal.
- The Principal will ensure there are a suitable number of staff who are willing competent to administer an epi pen in case of emergency.

2.4 Off-site procedures

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

- A school mobile phone;
- A portable first aid kit;
- Information about the specific medical needs of pupils;

- Access to parents' contact details.

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises by following the OEAP guidance on first aid requirements for trips.

https://oeapng.info/wp-content/uploads/dlm_uploads/2020/04/4.4b-First-aid.pdf

The EVC will ensure that medical considerations have been covered within these risk assessments and ensure they identify pupils with specific medical requirements.

3. First aid equipment

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;
- Safety pins;
- Disposable gloves;
- Antiseptic wipes;
- Plasters of assorted sizes;
- Scissors;
- Cold compresses;
- Burns dressings.

No medication is kept in first aid kits.

First Aid Kit locations are listed in Appendix C along with the specific location of the school defibrillator(s). Where the school site has multiple buildings more than one defibrillator is recommended. This should be reviewed on a school-by-school basis and is the responsibility of the Principal. Further advice from the Trust central team is available if required.

4. Record-keeping and reporting

4.1 First aid and accident record book

- Where a first aid incident is considered minor (a wipe, cold compress, plaster or ice pack for a short time) an accident/ first aid form is completed first and the incident is then recorded onto medical tracker and parents notified electronically.
- In the event of any injury to the head or above the shoulders, the school will promptly notify parents by telephone and email, and ensure the incident is documented in the medical tracker.
- An accident form (Accident/Near Miss/Violence at Work Reporting Form) will be completed by the relevant member of staff on the same day or as soon as possible after a major incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident.
- A copy of the accident report form will also be added to medical tracker by the school reporting the incident.

- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years. If the accident involves a child, the records should be kept until the child reaches the age of 21.

4.2 Reporting to the Health and Safety Executive

The Principal will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the following guidance - Reportable injuries, diseases or dangerous occurrences <https://www.hse.gov.uk/riddor/index.htm>

The Principal will report these to the Trust immediately. The Trust Health and Safety Operations Manager will carry out investigations where necessary and report any accidents in accordance with RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

4.3 Notifying parents

Parents must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. **The first-aider who treated the injury will be the person who contacts the parent** to inform them of what happened and recommended next steps. This can either be in person at the end of the day or via a phone call from the office or through the automatic notification through medical tracker.

4.4 Reporting to Ofsted and Child Protection Agencies

For EYFS - The Principal 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 Principal will also notify local authority child protection agencies (MASH team) of any serious accident or injury to, or the death of, a pupil while in the school's care.

5. Training

5.1 First Aid Training

The Principal will ensure there are an appropriate number of first aiders.

All identified 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 on medical tracker which lists what training they have received and when this is valid until. The school will also retain a copy of all certificates.

The number of first aiders is identified in the school's first aid needs assessment (appendix E)

For early years at least 1 staff member will be available and have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

Early years staff with Level 2 or Level 3 qualifications obtained after June 30, 2016, must hold a full or emergency paediatric first aid (PFA) certificate within three months of starting work to be counted in staff-to-child ratios. Without the PFA qualification, these staff members cannot be counted in the required staff-to-child ratios for Level 2 or Level 3 staff.

The school will appoint a person(s) who is in charge of first aid arrangements. This includes looking after the equipment, facilities and calling the emergency services. Schools can have more than one appointed person and training is available via Every E-Learning (the Trust's approved training portal).

Anaphylaxis & Allergy training for school and carers is available via Every E-Learning and it is that all staff to undertake this training to ensure full awareness in case of emergency

5.2 Disposal of bodily fluids

Guidance on bodily fluids and infection control should be followed at all times. See Appendix D.

6. Administration of Medication

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

Parents retain the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Children should be kept at home if they are acutely unwell and in the case of contagious diseases only return when they are no longer infectious.

6.1 The role of staff

Teaching staff are not required to administer medicines to children. Those staff who do volunteer to administer medicines to children will receive appropriate training to do so.

Where pupils require medication whilst at school this must be in its **original container and be prescribed for the pupil by a doctor or pharmacist.**

6.2 Prescribed medicines

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage. A permission form to administer must be completed and signed by the parent/guardian (Appendix F). All medicines provided by parents will be securely stored in a cabinet in the school office.

6.3 Non-Prescribed Medicine

Staff should not give non-prescribed medicine e.g. paracetamol to a child unless there is specific prior written permission from the parents. Parents must complete the Parental Agreement to Administer Medicine form (Appendix F) prior to any medicine being administered by school staff. In such cases only one dose should be given to a child during the day. Details of the medicine administered must be recorded onto Medical Tracker. This must be completed on each occasion that medicine is administered to a child.

Children within EYFS should never be given non-prescription medicines. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

There will be at least 2 members of staff who have completed level 2 training on the administration of medications. This course is available through the Trust for those identified by the Principal.

Staff may need to undertake training for individual pupils who require specific medications. This is identified within the pupils Individual Health Care Plan (IHCP) or Education, Health and Care Plan (EHCP). It is the Principals responsibility to ensure this is carried out.

6.4 Storage of Medication

The Principal will ensure medications are stored in a secure place, out of the reach of children and in accordance with manufacturers guidance. Where medications are needed in an emergency these will be stored in an accessible, designated area out of the reach of children

6.5 Out of Date Medications

It is the responsibility of the parent/ carer to ensure they provide the school with the correct and in-date medications. The school will store all medicines/ medical information on Medical Tracker to ensure in-date medication only is kept in school.

It is the responsibility of the parent/guardian to dispose of any out-of-date medicines relating to their child.

6.6 Off-site Visits

All parents of students with a medical condition attending an Academy trip or overnight visit are asked for consent, giving staff permission to support administration of medication at night or in the morning if required. A discussion is held with the parent about how the medical condition will be managed whilst on the trip. All residential visit forms are taken by the relevant staff member on residential visits and out-of-school hour's activities where medication is required. These are accompanied by a copy of the student's Medical Protocol. Risk Assessments are carried out by the Trip Organiser prior to any out-of-school visit and medical conditions are considered during this process.

7. Asthma and Emergency Inhalers

When children who attend Spencer Academy Trust schools have a diagnosis of asthma, parents are required to ensure all pumps are labelled with the child's name, date of birth and dosage required.

For primaries these will be kept in the **child's classroom**, out of reach of the children but can be easily accessed by school staff when needed. In the event of an attack, the inhaler must be taken to the child and the parent should be informed as soon as possible.

When attending secondary school pupils are expected to carry their inhalers whilst still ensuring all pumps are labelled with the child's name, date of birth and dosage required.

All inhalers should accompany children when they are off site e.g. on a trip, swimming, visiting another school, etc. Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). The emergency inhaler is stored in the Medical Room cupboard. In the event of an asthma attack follow the advice from:

<https://www.asthma.org.uk/advice/child/asthma-attacks/>

For pupils with severe Asthma the school will work with parents and pupils to complete an asthma plan which will be reviewed as needed. This plan and support for parents and schools is available from

<https://www.asthma.org.uk/advice/child/life/school>

7.1 Policy Summary

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by students, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the student's prescribed inhaler is not available.

Schools are not required to hold an inhaler; this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler that sets out how and when the inhaler should be used. This will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

7.2 Storage and Care of the Inhaler

The Primary First Aider is responsible for keeping the emergency salbutamol inhalers stored safely within the Medical Room and accessible to First Aid trained staff. The Primary First Aider will also ensure that:

- On a monthly basis the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available.
- that replacement inhalers are obtained when expiry dates approach.
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- Used inhalers are either returned home with students for parents to dispose of or taken to a pharmacy for safe disposal.

7.3 Procedure for use of an emergency inhaler

The emergency salbutamol inhaler should only be used by students:

- who have been diagnosed with asthma, and prescribed a reliever inhaler
- who have been prescribed a reliever inhaler
- for whom written parental consent for use of the emergency inhaler has been given

This information should be recorded on a student's Medical Health Care Plan.

8. Individual Health Care Plans

Some children with medical conditions require an Individual Health Care Plan (IHCP). This sets out key points about the child's condition including, their symptoms, medications and what to do in an emergency, so the school knows how to support them. Not all children with asthma need an IHCP, but it's a good idea to have one if the child's asthma symptoms often get worse which could lead to an emergency situation like an asthma attack.

The Principal has overall responsibility for IHCPs.

9. Intimate Care

1. Principles

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2018) to safeguard and promote the welfare of students at this Academy.

This Academy takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a student's intimate care needs is one aspect of safeguarding.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any student with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the Academy's policies as below (or similarly named):

- Safeguarding Policy and Child Protection Procedures
- Health and Safety Policy and Procedures
- Special Educational Needs & Disabilities Policy

Consideration should also be given to the Spencer Academy Trust policies:

- Staff Code of Conduct
- 'Whistle-blowing' Policy

The Governing Body is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all students, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every student is treated as an individual and that care is given gently and sensitively: no student should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where students with complex and/or long-term health conditions have a medical protocol in place, the protocol should, where relevant, take into account the principles and best practice guidance in this Intimate Care Policy.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to students. All staff undertaking intimate care must be given appropriate training.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2. Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3. Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some students are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of students involved in intimate self-care.

4. Best Practice

Students who require regular assistance with intimate care have written Medical Protocols agreed by staff, parents/carers and any other professionals actively involved, such as healthcare professionals or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the student should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account.

The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Where there is no Medical Protocol in place, it is good practice to inform parents/carers on the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled themselves). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the Academy planner.

In relation to record keeping, a written record should be kept on Medical Tracker in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see aforementioned multi-agency guidance for the management of long-term health conditions for children and young people). Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept on Medical Tracker and available to parents/carers on request.

All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual student to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the student. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation. There must be careful communication with each student who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the student is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the student personally by name, explain what they are doing and communicate with all children in a way that reflects their ages. Every child's right to privacy and modesty will be respected. Careful consideration will be given to each student's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the student's wishes and feelings should be sought and taken into account.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Whilst safer working practice is important, such as in relation to staff caring for a student of the same gender, there is research¹ which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every student should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work with a student. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist students with intimate care should be employees of the Academy, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. All staff should be aware of the Academy's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5. Child Protection

The Governors and staff at this Academy recognise that students with special needs and who are disabled are particularly vulnerable to all types of abuse. The Academy's child protection procedures will be adhered to. From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a student's body. In this Academy best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice. Where appropriate, students will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, etc. they will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed and a referral made, in accordance with the Academy's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If a student becomes unusually distressed or very unhappy about being cared for by a particular member of staff the Academy's CP procedures will be followed.

¹ National Children's Bureau (2004) *The Dignity of Risk*
Author: SAT H&S Dept Version 2.10

APPENDIX A – Head bump notification email template

Head Bump notification email

Insert Date

Dear parent/ Guardian

I am sorry to tell you that **Insert Name** has bumped/ injured her/his head at school today. First aid treatment has been given and your child has been watched carefully for any signs of concussion. We did not call you to collect **Insert Name** as we have not yet observed any of these symptoms.

However, it is essential to seek further medical attention if any of the following occur:

- * Increasing drowsiness or loss of consciousness
- * Persistent vomiting
- * Difference in the size of child's pupils
- * Increasing headaches
- * Blurring of vision or lights before the eyes
- * Loss of movement of arm or leg
- * Any other symptom you find worrying about your child

If you wish to talk to me further about the incident, please do not hesitate to contact me.

Yours sincerely,

APPENDIX B (AAI CONSENT FORM)

PERMISSION TO ADMINISTER

CONSENT FORM **ONLY** TO BE COMPLETED IF YOUR CHILD HAS BEEN PRESCRIBED AN EPIPEN.

USE OF EMERGENCY EPIPEN IN **School Name**

1. I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector (Epipen).
2. My child has a working, in-date Epipen, clearly labelled with their name, which they will bring with them to school every day.
3. I have provided school with a working, in-date Epipen, clearly labelled with my child's name.
4. In the event of my child displaying symptoms of anaphylaxis, and if their Epipen is not available or is unusable, I consent for my child to receive an Epipen held by the school for such emergencies.

Parent/Carer's Name (print):

Child's Name:

Parent/Carer's Address and Contact Details:

.....

.....

.....

Telephone: E-mail:

Signed: Date:

APPENDIX C

FIRST AID KIT LOCATIONS

First Aid kits can be found in the following locations:

- Medical Room
- DT Room
- Staff Room
- Medical Room

(Basic First Aid supplies, eg, plasters and wipes, are available in all classrooms)

APPENDIX D

Safe Management of Bodily Fluids

What to do for spillages not visibly contaminated with blood?

Required for e.g faeces, vomit, urine, sputum and saliva:

- Always wear single use gloves and a disposable apron where there is a risk of clothing contamination.
- Ensure all waste is double bagged in plastic liners before placing in the bin.

- Cordon off area
- Use Bio san or similar absorbing powder
- Use paper Towels/disposable cloth and soak up spill
- Once absorbed use a designated dustpan and brush to clear up all powder
- Wash and clean the contaminated area with hot water and detergent if there is still a visible area of contamination,
- Discard disposable gloves and paper towel/cloth into a plastic liner and double bag before placing in the bin
- Keep area cordoned off until fully dry
- Wash hands thoroughly with hot soapy water.

What to do for blood spills?

- Always wear single use/disposable gloves, disposable apron if there is a risk of clothing contamination
- Use disinfectant recommended by your cleaning provider/ always follow instructions on the container for dilution

- wash and clean the contaminated area with detergent and hot water
- disposable gloves and paper towels etc must be placed into a plastic liner and double bagged before being placed in the bin.
- Wash hands thoroughly with soap and hot water.

APPENDIX E (NUMBER OF FIRST AIDERS IN IS IDENTIFIED)

First Aiders at School Name

The following members of school staff are Full Paediatric First Aid trained:

Miss Kim Burton (Year 4)
Full Paediatric First Aid completed on 3 June 2025 – valid for 3 years

Miss Caroline Byrne (Year 1)
Full Paediatric First Aid completed on 3 June 2025 – valid for 3 years

Mrs Hayley Ellis (Office/Lead First Aider)
Full Paediatric First Aid completed on 3 June 2024 – valid for 3 years

Miss Emily Gilding (Year 3&4)
Full Paediatric First Aid completed on 3 June 2025 – valid for 3 years

Mrs Tilly Harrison (Maternity leave)
Full Paediatric First Aid completed on 6 February 2025 – valid for 3 years

Mrs Julia Hart (Headteacher)
Full Paediatric First Aid completed on 29 September 2023 – valid for 3 years

Miss Grace Hedges (Year 5)
Emergency Paediatric First Aid completed on 6 February 2025 – valid for 3 years

Mrs Molly Hughes (Maternity leave)
Full Paediatric First Aid completed on 3 June 2024 – valid for 3 years

Mrs Ellie Hollingworth (Year 6)
Full Paediatric First Aid completed on 3 June 2025 – valid for 3 years

Miss Emma Humphries (Year 6)
Full Paediatric First Aid completed on 3 June 2025 – valid for 3 years

Miss Amanda Iredale (Maternity Leave)
Full Paediatric First Aid completed on 3 June 2024 – valid for 3 years

Mrs Kenna Littlewood (Pastoral Lead)
Full Paediatric First Aid completed on 29 September 2023 – valid for 3 years

Miss Jasmine Odell (Year 2)
Full Paediatric First Aid completed on 29 September 2023 – valid for 3 years

Miss Lauren Sian (Year 5)
Full Paediatric First Aid completed on 3 June 2024 – valid for 3 years

Mrs Hope Smith (Office)
Full Paediatric First Aid completed on 18 January 2024 – valid for 3 years

Ms Suzanne Yelland (Year 3&4)
Full Paediatric First Aid completed on 29 September 2023 – valid for 3 years

APPENDIX F (PERMISSION FORM TO ADMINISTER) parental agreement for

Parental consent to administer medicines

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Once completed please upload to Medical Tracker

Appendix G

Individual healthcare plan (IHCP)

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

Phone no. (mobile)

(home)

(work)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Signed by parent:

Date:

Signed by school:

Date:

Once completed please upload to Medical Tracker