



*"Creating excellence, embracing all."*

# **First Aid and Supporting Medical Needs Policy**

Headteacher : Jo Reid  
Chair of Governors: Sue Miller

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**Full Governing Board**  
**To be reviewed March 2026**

## **Botley School Values**

*Inclusivity*

*Teamwork*

*Kindness*

*Respect*

*Resilience*

*Creativity*

### **Botley School Policy Statement**

This policy has safety as its priority for the children and adults in our care who receive First Aid, as well as the safety of the adults who administer First Aid.

This policy:

- gives clear structures and guidelines to all staff regarding key areas of First Aid;
- clearly defines the responsibilities of the staff;
- enables staff to know what the extent of their responsibility is;
- ensures First Aid cover is available in the school and on visits offsite.

Clear and agreed systems should ensure that all children are given the same care and understanding in our school.

New staff to the school are made aware of this policy when they are appointed. This policy is regularly reviewed and updated.

### **First Aid**

We are committed to providing sufficient provision for First Aid to deal with injuries that arise at school or as a consequence of school activities. To achieve this, the school will:

- appoint and train a suitable number of First Aid personnel, including one First Aid responsible person/Lead First Aider who will take charge of First Aid matters within school. The First Aid responsible person is required to attend First Aid and RIDDOR training at least once every three years. The current First Aid Responsible Person (hence known as Lead First Aider for the purposes of this policy) for Botley School is Shaeen Yasin: - shineyasin@botley.oxon.sch.uk
- display First Aid notices with details of First Aid provision – *responsibility of Operations Manager*.
- provide and maintain suitable and sufficient First Aid facilities including First Aid boxes – *maintained by the Lead First Aider*.
- provide any additional First Aid training that may be required to deal with specific First Aid hazards – *managed by the Lead First Aider and Operations Manager*.

A First Aider is a person with a valid certificate in either First Aid at Work, Emergency First Aid at Work or Paediatric First Aid training, as appropriate. First Aid training must be done in person with a recognised course provider, and renewed every three years, to comply with the Health and Safety (First Aid) Regulations 1981. In the interim, reminders can be issued

to keep the First Aiders' skills up to date - *Lead First Aider/Operations Manager responsible to issue reminders and refreshers as necessary.*

The number of First Aiders required in an Acer Trust school is determined by the Operations Manager upon completing a risk assessment and in line with current guidance. There are no rules on the exact numbers of First Aiders required, so each school will make a judgement based on their own circumstances and the outcome of their risk assessment. *Operations Manager to determine the level of need in our setting.*

Those staff members should be trained to at least a Level 2 First Aid qualification with the Lead First Aider and a member of EYFS trained to L3 Paediatric First Aid. *Operations Manager and Lead First Aider to ensure the correct courses are booked and certificates are in date.*

For further information, refer to the UK Government's 'Guidance on First Aid for Schools'.

### Materials, equipment and facilities

- The school will provide materials, equipment and facilities as set out in the DfE Guidance on First Aid for Schools.
- The Lead First Aider will regularly check that materials and equipment are available and will order new materials when supplies are running low.
- EYFS have their own First Aid kit (static box in adult toilet area of Reception class). Caterpillars, Forest School and the staff room have their own mini kits and these will periodically be checked by the Lead First Aider to ensure they are stocked and up to date.
- There are 2 more static First Aid areas; in the main office of Botley School plus a full kit held in the First Aid station in BOSHC (Botley Out of School Hours Club) which is for the use of both BOSCH and for anyone using the playground. There will also be a handy First Aid kit which will be kept in the stationary cupboard on the first floor (the key is available to all adults as it is hung over adult head height above the door).
- There is a full First Aid backpack kit which is available to staff for trips and this is maintained by the Lead First Aider.

### Types of accidents and incidents

Accidents can be divided into three categories as follows:

- **Minor accidents** – These require some treatment, review or intervention and should be recorded within the school's First Aid procedures. Accidents that result in a bump to the head or that leave a visible mark such as a graze or bruise should be reported to the parents using the accident books available at the static First Aid points.
- **Moderate accidents** – These require further intervention than minor accidents and time under observation. The pupil's parents/guardians should be advised to seek

medical advice. Moderate accidents should be recorded on Every (our incident reporting system) if the parent is asked to seek medical advice as a precaution. The parent should be informed in person when handing over the child and this should be supported with an accident form.

- **Severe accidents** - These require immediate professional medical attention and/or investigation. They should be recorded on Every and escalated appropriately.

We report all accidents and incidents to governors on a regular basis, including minor ones. Recording is important both for parents' information and for school to be aware of the type and frequency of accidents so that any relevant lessons can be learnt.

### **Cuts**

- The nearest adult can deal with minor cuts or grazes. These should be covered after they have been treated with a cleansing wipe. Children should be asked if they are allergic to plasters before one is applied and an alternative dressing offered if they have an allergy to them. This can be carried out in the classroom in the case of a small cut. An example of a minor cut is a paper cut that is bleeding.
- A First Aider should treat moderate and severe cuts with the Lead First Aider being contacted for advice if deemed necessary. Moderate or severe cuts should be detailed on an accident slip to be sent home with the child to the parent.
- Severe cuts which are likely to need further treatment such as gluing or stitches should be recorded on Every and the parents informed by phone call if deemed necessary. An accident form still needs to be filled out by the person dealing with the injury and this is passed on to the parents.
- Major injuries need to be reported to the Lead First Aider and Headteacher as soon as they have happened and they will record the recommendations given to the parents on the Every incident reporting system.

*Anyone treating an open cut should use appropriate protective covering including rubber gloves.*

### **Bumped Heads & Head Injuries**

- Any bump to the head, no matter how minor has the potential to become serious.
- It should be initially treated with an ice pack whilst Lead First Aider is located.
- The adults in the room should keep a close eye on the child until Lead First Aider arrives - the Lead First Aider will determine if this should be recorded in the accident book or the head bump book (this differs as it includes a section on the things parents need to watch for once the child is home). Lead First Aider will also determine if there is a need for an emergency call (999).

- Parents should be called if the child has a serious cut to the head, a large egg-shaped bump or there are obvious signs of concussion. Children who have concussion after a head injury will need to be taken to hospital. If they are asked to seek medical advice, this needs to be recorded on Every.

### **Allergic Reaction**

The symptoms and signs of anaphylaxis to watch for include (but are not limited to):

- swelling of the throat, tongue, lips and face
  - difficulty swallowing and/or breathing
  - tingling or a metallic taste in the mouth
  - a flushed complexion
  - abdominal cramps and nausea
  - increased heart rate (pulse)
  - collapse and unconsciousness.
- All children with a known allergy that may require medicine, must have an individual care plan in place in school.
  - All First Aid staff are trained in recognising the signs of serious allergic reactions and the administration of Epi-pens is included within their First Aid training. In cases where the allergic reaction is of a less serious reaction, the child should be examined and the parents contacted to discuss next steps.
  - Epi-pen kits are to be held in Owl room (Lead First Aider, HT, Senco and office have access to this room) unless the child is on an external trip, when the full adrenaline kit should be taken with the child. This system is to be maintained by the Lead First Aider.
  - It is the responsibility of the parents to inform the school if their child has an allergy requiring an Epi-pen. A careplan will be completed with the parent – this will also detail the actions needed for when the child is on a school trip.

### **Reporting specified injuries**

We are required to report specified injuries when they have been treated by a doctor and these need to be recorded on Every. These include but are not limited to fractures to limbs, any injury that leads to permanent loss of or reduction in sight, serious burns that cover more than 10% of the body, or that cause severe damage to the eyes, respiratory system or other vital organs, any loss of consciousness caused by a head injury or asphyxia.

### **Record Keeping - First Aid and Medicine files**

- The medicine files holding permissions and care plans are kept in Owl room by the Lead First Aider with EYFS holding basic records within their setting.

- Accident books are located in the main office, BOSCH, Nursery & Reception. Books are also included in the travel and mini kits as well as the Forest School Kit.
- The Accident books are to be used to notify parents of both incidents and accidents – this includes instances where First Aid was likely to have been necessary however the individual refused it or if the incident did not result in any First Aid being needed. An example of this is, a child may have a reasonably light to moderate fall and scrape their knee but not wish to have First Aid. We should still be notifying the parent of the fall in case the child experiences issues once they are home or a child may fall, there is no visible sign of injury, but they are distressed – a slip should be issued to let the parent know.
- At the end of the academic year, the Lead First Aider will collect all books that have been used that academic year along with all permissions, recording paperwork and care plans, and keep for at least three years.
- All moderate and severe accidents must also be recorded in the incidents module on Every.

### **Notifying Parents**

The school uses two separate books for parent notification. These are: -

- The Accident book/forms – all staff can use this book to inform a parent.
- The Head Bump book/forms – either the Lead First Aider or Headteacher should issue this.

The accident forms can be found in the static First Aid areas and the mini packs – the person using the last page in the book should let the Lead First Aider know so that a replacement can be issued. The Head Bump forms are held by the Lead First Aider and Headteacher.

### **Employees/staff**

- The school will offer First Aid training to staff based on the needs of the school and the most appropriate staff will be asked to complete this.
- There should be at least two First Aiders on site during the main school day and at least one during wraparound care.
- In case of an accident/incident involving staff, they should seek First Aid from any of the qualified First Aiders. All First Aid treatment to staff should be recorded on an accident form that can be obtained from the office, and reported to the Lead First Aider. The Lead First Aider will then decide if this needs to be recorded on Every depending on the severity of the incident.

- In the case when an accident/incident results in individuals being taken to hospital, where they receive treatment and are absent from work for three days or more, the Lead First Aider and the Headteacher will review the incident and decide if it needs to be reported to the HSE.

### **Reporting to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)**

Accidents that happened in connection with a school activity and involve anyone on our school premises are reportable under RIDDOR if the injury results in death, or the person being taken directly to hospital and admitted for treatment.

This includes incidents that arise due to the condition of the premises or equipment, or because the school had not provided adequate supervision. Incidents may need to be investigated to ascertain whether they are reportable.

### **Accidents involving pupils during sports activities**

- Under RIDDOR, we are only required to report sports injuries that are connected to how the school manages the risks from the activity.
- The main issue to consider when deciding whether to report an injury to a pupil under RIDDOR are the condition, design, and maintenance of the premises and/or equipment, and the arrangements for the supervision of an activity. If the injury was caused by inadequacies in any of these, then it will be reportable to RIDDOR.

### **Other scenarios involving pupils**

Physical violence between pupils is not reportable under RIDDOR as it does not arise in connection with a school activity. Such incidents can be reported in line with the school's safeguarding and behaviour reporting procedures.

Pupils on a training scheme or work placement are considered employees for the duration of their placement for the purposes of health and safety. Their employer is therefore the responsible person and should report deaths or injuries to pupils that arise in connection with work.

## **Supporting Medical Needs**

### **Administering medicine in school**

- At the beginning of each academic year, medical conditions are shared with staff and make up part of the student profile on Bromcom.
- Children with medical conditions, including allergies, must have a care plan drawn up between the Lead First Aider and the parents – this is then signed by parents/guardians along with the Headteacher. These need to be checked and reviewed annually or at any change to needs.

- Prescription medications kept in school for children with medical needs are stored in Owl room with the Lead First Aider. This door is kept locked when she is not in her room however the Headteacher/SENCO and office staff have access to the room at any time.
- Each child's medication is clearly labelled with the specific dosage and is kept in the box with the dispensing chemist label clearly visible. If it is not a prescription medicine (eg Calpol) the Lead First Aider will attach our own school label showing it has been checked in.
- It is the parent or carer's responsibility to ensure we have been provided with any medication their child may need but school will hold basic medication like Calpol, children's Ibruprofen and children's Piriton for emergencies.
- It is the responsibility of the Lead First Aider to ensure it is kept securely. There is a fridge in Caterpillars with a designated shelf for medications which need to be stored in cooler conditions.
- All medication held must have a corresponding completed Administration of Medication form.
- **Any controlled medications are locked in the safe in the office.**

### **Supporting children with chronic conditions including diabetes**

- A care plan will be created with the support of the children's nurse responsible for the child. See the appendix for guidance on creating Education and Health Care Plans, and Individual Healthcare Plans.
- In the case of diabetes, the Diabetic Nursing Team will train named staff on managing the child's condition.
- Only those individuals signed off to care for these children are to carry out any diabetic related care to these children. Anyone who is not trained should call for assistance when it is clear the child needs support with their condition.
- If any children on roll have diabetes there should always be at least two members of staff on site who are able to be called upon to care for these children if the need arises. The Lead First Aider should be contacted if the trained staff are unsure of action to take, unless it is an emergency when urgent medical assistance should be requested via 999 immediately.
- If any diabetes care is given, parents must be contacted as per the care plans of each child.

### **Asthma**

- Children with asthma need to have an inhaler in school with the dispensing chemist label attached – this will provide details of when it is to be used. Parents should be encouraged to complete an Asthma plan if there is no hospital issued one in place.
- Children’s asthma pumps are to be kept in the class by the teacher of the pupil concerned but the pupil should know where it is held at all times.
- It is the parent/carer’s responsibility to provide the school with up to date asthma pumps for their child.
- It is the responsibility of the teacher to ensure the Lead First Aider has access to the pumps to check they are in date and that they are held in the correct manner.
- All inhalers should be clearly labelled with the child’s name.
- Asthma sufferers should not share inhalers.
- Only one inhaler per child should be held in school.
- The school will keep emergency inhalers which can be requested at any time if needed.

### **Short Term Prescriptions**

- Medications such as short-term use of antibiotics or painkillers can be administered only if the parent/guardian has completed an Administration of Medication form.
- This form can be obtained from the school office or from our website - once completed they are checked in and filed by the Lead First Aider.
- The office is to notify the Lead First Aider of the new medication handed in. The Lead First Aider will in turn liaise with the class teacher to agree the plan on who will administer the medicine and when.
- **Parents should be encouraged to administer the medication themselves at home and it should only be when the medication needs to be taken four times a day that the school will administer medication.**
- **Non-prescription medication will not be administered by the school without a form being completed.**
- Any medication that needs to be stored in the fridge can be held in the designated shelf of the Caterpillars fridge.
- If the child refuses to take the medication they should not be forced to do so and parents/carers should be advised.

## **Record Keeping**

- Staff should record any instances when medicine is administered, using a form supplied by the Lead First Aider.
- The records need to include the date and time the medicine was taken, its name and dosage along with a signature of the person responsible for administering the medicine.
- Older children may take their own medication under the supervision of an adult. This still needs to be recorded and logs need to be held in the medicines folder.

## **Calling the Emergency Services**

In case of a major incident, it is the decision of the Lead First Aider or Headteacher if the emergency services are to be called. Staff are expected to support and assist in this decision. If neither are available, a member of SLT should be called up. Parents should also be notified as soon as the emergency call has been made.

## **Headlice**

Staff do not touch children or examine them for headlice. If we suspect a child or children have headlice we will inform parents/carers. A standard message will also be sent via Bromcom to the class where the suspected headlice incident is.

If we have concerns over the parents' understanding of head lice and the treatment needed, the school nurse can be called in, who is able to examine the child and give advice or guidance to parents/carers on how best to treat headlice.

## **Chicken Pox and Other Diseases & Rashes**

If a child is suspected of having chicken pox, measles etc, we will look at the child's arms or legs. Chest and back will only be looked at if we have further concerns. A First Aider and at least one other adult will be present. The child should always be asked for consent to be examined.

For the inspection of other rashes, the same procedure will be followed. If we suspect the rash to be contagious (such as impetigo etc) we will inform parents and request that the child start the treatment before they return to school. In most cases once treatment has begun it is safe for the child to return to school.

If more than one child is suspected to have the same disease/rash in one class communication will be sent home to all parents in that class to allow them to spot any problems early and begin treatment early, thus avoiding the further spread of the disease/rash.

It is the Headteacher's and/or Operations Manager's duty to decide if there is an outbreak of infectious disease and whether there is a need to report it to the local HPU (Health Protection Unit).

The school use the Public Health ['Guidance on Infection Control in Schools and other Childcare Settings'](#) to support the decision on whether pupils can remain in school.

## APPENDIX

### **Education and Health Care Plans (EHCPs)**

An EHCP is a legal document that outlines what special educational needs a pupil has. It also covers the support the local authority has a legal obligation to put in place to help the pupil. The pupil's parents/guardians apply on behalf of their child. Pupils with an EHCP are entitled to receive personal one-to-one support in school. The following information should be considered when writing an EHCP:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed including in emergencies.
- Who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements.
- Consideration of any impact of the medical condition on accessing the curriculum or other school provision.
- Parental consent for sharing the EHCP.
- Arrangements for written permission from parents for medication to be administered by a member of staff or, for secondary school pupils, self-administered (pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision).
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate.
- What to do if a pupil refuses to take medicine or carry out a necessary procedure.
- What to do in an emergency, who to contact and contingency arrangements.
- EHCPs will be easily accessible to all relevant staff. A copy will be kept in a secure location with limited access such as the school office and on the secure IT system.
- EHCPs will be reviewed at least annually or when a pupil's medical circumstances change, whichever is sooner.
- Where a pupil returns to school from a period of hospital education or alternative provision or home tuition, re-integration should be effective, and the pupil's needs identified on the EHCP. Collaboration between the LA (Local Authority) provider and school is needed to ensure that the EHCP identifies the support the pupil needs to reintegrate.

### **Individual Healthcare Plans (IHPs) (Also known as Care Plans)**

Whereas the content of an EHCP is determined by the law, the content of an IHP is determined by the school. It sets out the pupil's medical needs and how they should be handled. An IHP/care plan is drawn up involving people who might be required to contribute to a pupil's care while at school.

This could include the Headteacher, the class teacher(s), care or support staff, other staff members who might need to provide medical or emergency care, the parents and the pupil. Other people from outside the school might also be involved, depending on the level of the pupil's needs, such as the GP or school health service.

An IHP/care plan is a written document that specifies what sort of help the school can provide for the pupil – for example, what medicines they can administer, and what to do in a medical emergency.

The following information should be included in an IHP:

- The pupil's personal details: name, date of birth, class, and ideally a photo to help staff identify them.
- The name of their condition.
- Contact details for both parents/guardians or other family members, the GP and their clinic or consultant.
- A description of their condition and the symptoms that affect them.
- Information about the pupil's daily care requirements: for instance, medication (including dose, storage requirements and side effects), dietary requirements, special facilities needed in school (such as access to a disabled toilet), and social and environmental needs (such as extra time between lessons).
- What sort of support the pupil needs with their daily care, and who at school will administer it.
- What constitutes a medical emergency relating to the pupil's condition, and what action they should take if it occurs – for example, administering an EpiPen in the event of an anaphylactic reaction.
- The date of preparation of the plan, and the date when it should be reviewed.

Please see [gov.uk](https://www.gov.uk) for a template of an IHP.