



The Levels Academy Trust

Raising Aspirations, Realising Potential TOGETHER

First Aid and Medication Policy

July 2018

This policy was adopted by the Board of Directors at its meeting held on 4 July 2018.

This policy will be reviewed in full by the Trust Board annually.

It is due for review on 4th July 2019.

Signature.....
Executive Principal

Date.....

Signature.....
Chair of Governors/Trust/Directorate

Date.....

The Levels Academy comprises four schools, namely:

- Hambridge Primary School (including Little Levels Pre-School)
- Huish Episcopi Primary School
- Middlezoy Primary School
- Othery Village School (including Hatchlings Pre-School)

This policy has been reviewed to cover each of the above schools.

Signed by: _____ Date: _____ 1

This policy has been reviewed to cover each of the above schools. The Levels Academy Trust is committed to providing sufficient numbers of appropriately trained first aid personnel, and willing to deal with accidents and injuries occurring at the school. It is the responsibility of the Head teacher to ensure that sufficient staff are suitably trained and all staff are aware of the policy and understand their role in its implementation. The governing body will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. In some cases this will require flexibility and involve, for examples, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration will also be given to how children will be reintegrated back into school after periods of absence.

To this end, the schools will provide information and training on first aid to staff to ensure that they can meet the statutory requirements and the needs of the school are met.

The type of training necessary may depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parents or a health professional before taking further action. If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, eg School Nurse, specialist nurse or children’s community nurse. Parents cannot be responsible for leading this training but parents and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done. Parents and school staff cannot cascade training that they have received when the training is specific to an individual child.

First Aiders

First Aiders are qualified personnel who have received training in accordance with H&S Executive requirements. Refresher training courses at regular intervals are in place as required by legislation to ensure that their skills are maintained. At present this is every three years.

For roles and responsibilities of a First Aider refer to **Appendix 1**.

First Aid Boxes

First Aid boxes are provided by the schools and are placed in locations throughout the schools. The upkeep and replenishment of the boxes is currently the responsibility of

School	Person responsible
Hambridge Primary	Jenni Brandt
Huish Episcopi Primary	Jane Raymond
Middlezoy Primary	Di Radford
Othery Primary	Paula Higgs

All boxes contain the minimum supplies which are required by law. Regular checks on the latest information on supplies must be done.

Suggestion only – this will change over time:

- A leaflet on general guidance on first aid
- 2 pairs of disposable gloves

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- 6 medium individually wrapped unmedicated wound dressings
- 2 large individually wrapped unmedicated wound dressings
- 3 extra large dressings
- 2 eye pads
- 4 triangular bandages
- 20 plasters
- 6 safety pins
- 10 alcohol free wipes
- 2 sterile saline 500ml*

*eye irritation where mains tap water is not available and/or there is a risk of injury to the eye, trips outside the school eg. forest school first aid kit.

Only specified first aid supplies will be kept; no creams, lotions or drugs, however seemingly mild, will be kept in these boxes

School trip First Aid kits

School/Field trip First Aid kits are to be made available for those persons who are required to undertake their work/activity away from their normal place of work, external to the school, where an assessment has highlighted that access to such facilities may be restricted.

Examples of these circumstances include (but are not exhaustive)

- school trips at home and abroad
- persons travelling in vehicles on a regular basis, away from the school
- forest school

Record-keeping

All accidents must be recorded, however minor, in line with Appendix 3 and if required on the HSE reporting form.

Accident Books are kept in the following locations:

School	Location
Hambridge Primary	Staff Kitchen
Huish Episcopi Primary	First Aid room
Middlezoy Primary	Kitchen
Othery Primary	Kitchen

It is the responsibility of staff to complete the relevant book as soon as possible. A duplicate record book is kept for day-to-day incidents involving pupils. A second book is kept for first aid given to employees and any reportable incidents or serious injuries to the HSE. Where the injured person is unable to complete their own details of the accident, the First Aider in attendance and/or witness (where relevant) should enter the details on the injured person's behalf. However, it is the responsibility of the Head of School to ensure that all staff are aware of the procedure for the reporting of accidents and it is the Head of Schools' responsibility to ensure that this information is put online in the relevant place.

Where an accident results in a person being taken to hospital, or inability to continue to attend or subsequently becomes absent from work/school as a result of the accident then the school office should be notified immediately by telephone, e-mail or fax.

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Any person whilst on duty who suffers an injury as a result of an accident that occurred off the school site should also report in accordance with the aforementioned procedure. In addition, accidents occurring on a third party's site should be reported with the arrangements applying at that site.

The following arrangements should be followed in order to ensure that suitable and sufficient provision of first aid staff and equipment is available with the school;

1. First Aiders should inform the Head of School that their training certification period is nearing (6 months minimum) expiry.
2. The Head of School must ensure that staff are familiar with the identity and location of their nearest First Aider and first aid box.
3. The name(s) of First Aiders and location(s) of equipment must be displayed adequately throughout the school.
4. Ensure that the principal First Aider maintains first aid boxes ensuring that the contents have not expired.
5. Maintain easy access to a First Aider and first aid box.
6. The Head of School is to ensure that all staff are familiar with requirements of this Policy through Staff induction pack, instruction and training.

All injuries must be treated in line with the latest first aid practices. Additional specifics required by the school are:

Bumped heads

Any incident involving a bump to the head must be reported to parent by phone and/or note and the class teacher is told of the incident. The first aider that dealt with the incident must ensure that they follow up the child later in the day in case of deterioration.

Epipens and anaphylaxis shock training

If a child requires the use of an epipen to treat the symptoms of anaphylactic shock, an arrangement of where they will be kept will be agreed with the class teacher, child and the parents. At this point there may be a requirement for staff to be trained on their usage.

Inhalers

Children should have access to their inhalers at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. Key Stage 1 children will keep their inhalers with their class teacher for safety. In the event of a child having an asthma attack, who has no inhaler, the parents must be sought quickly by phone. If parents cannot be located, then the emergency services will be contacted. For schools holding spare inhalers, these can be used by any child who has an inhaler in school. Parents will be contacted and emergency services if necessary. Each school holds the following spare inhalers:

School	Number of inhalers
Hambridge Primary	2 plus one spacer
Huish Episcopi Primary	1
Middlezoy Primary	0
Othery Primary	0

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Headlice

Staff do not examine children for head lice. If headlice are suspected we will inform parents and ask them to examine and treat. When we are informed of a case of headlice in school a message is placed on the digital/whiteboard in school/or via a letter home. If live lice are seen the parent/carer will be informed.

Vomiting and diarrhoea

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be expected back into school until 48 hours after the last symptom has elapsed.

Children with medical conditions

We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships and play. Parents have the prime responsibility for their child's health and are required to provide the school with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need.

Communication of medical problems

At the beginning of each academic year data sheets are sent to parents to complete which include any medical problems. These are shared with staff and a list of these children and their conditions is kept in the following locations:

School	Location
Hambridge Primary	School Office/staff kitchen
Huish Episcopi Primary	First Aid File in Staff Room
Middlezoy Primary	School Office
Othery Primary	School Office

If a health matter requires management by the school a health care plan should be completed – see Appendix 4.

Pupils with Short-Term Medical Needs

If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home.

Where medication is given, staff will complete and sign the medical record book each time they give medicine to a child. If the school has been unable to administer medication requested then the parents will be informed.

Refusal to take medicine

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents of the refusal. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed.

Medicines in School

Some children will from time to time, need to take prescribed medicines during school time. This will usually be for only a short period, perhaps to finish a course of prescribed antibiotics. Where possible doses should be given at home either before or after school. However, prescribed medicines may be brought into school when it

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would be detrimental to the child not to take them there. In that case the medicine should be brought to school in the original containers with the labels attached, unless a specific exception has been made by the Head of School when parents must ensure that the medicine is in date and in the correct dosage.

Non – Prescription Medication

Schools within the Levels Academy Trust will not administer non-prescribed medication. Parents (or a family member agreed by the family and the school) are welcome to come in and give their child medicine if they wish.

Storage of medication

No medicines should be kept in the class or in the child's possession (except inhalers). All medicines are kept in the medicine fridge or first aid cupboard. All emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored and will be readily available. They will not be locked away and where children are considered safely able to take care of their own medicines they will be supported to do so. Some medicines need to be refrigerated and will be kept in the medicine fridge in each of the schools. Children will not have access to the refrigerator holding medicines. Other medication will be stored in a locked cupboard in the staffroom kitchen.

Parental permission

It is the responsibility of the parent to provide the school with sufficient and up-to-date information about their child's medical needs. Parents should inform the school (using the forms available from the school office) about the medicines that their child needs to take and provide details of any further support required. Medicines or creams will not be given unless we have the written permission of parents. In the event of a child coming into school with medicines without a permission slip, we will attempt to gain consent for administration over the phone. If we are unable to contact parents this way then the medicine will not be administered. (see Appendix 5)

Creams

Creams, including sun block creams, should be administered before coming to school. Any additional applications required during the day should be self applied under the direction of the class teacher.

Administering Medicine

Fill out book/sheet

Check dosage/name etc

Absence from school for more than 15 days

For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event advice will be sought from The Medical Tuition Service and referrals made where appropriate. Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities and will facilitate their links with other children so that friendships are sustained.

Pupils with Long Term or Complex Medical Needs

Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special

Signed by: _____ Date: _____ 6

arrangements will be made. The PIMS Team and SENITAS may be contacted to support any adaptations to the curriculum. In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and /or the provision of specialist aids will need to be considered.

In the event of the dedicated adult being absent from or leaving the school the school will ensure that an appropriately trained person is available. In the event of a supply teacher being used in the child's class the school will ensure that this person is briefed on the child's condition.

Procedures will be put into place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when the pupils' needs change, and arrangements for any staff training or support. For new children entering the school arrangements will be put in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

The schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.

Individual Health Care Plans

A written, individual health care plan will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include:

- a) details of the child's medical condition,
- b) any medication,
- c) daily care requirements
- d) action to be taken in an emergency,
- e) parents/carers details including emergency contact numbers.
- f) Trained personnel if appropriate

Healthcare plans and training are not transferable, even when children have the same condition.

The Headteacher will have the overall responsibility for the development of Health Care Plan. The monitoring of the Health Care Plan will be the responsibility of the SENCo and will be reviewed at least annually.

Individual Health Care Plans may be initiated in consultation with the parent by a member of the school staff or by a health care professional providing care to the child.

Communicating Needs

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A confidential file containing photographs of pupils with medical needs, together with outlines of their medical condition and action to be taken, is available to all teaching and support staff in the staff room, in the school office and on relevant noticeboards in non-public areas. Health Care Plans for individual children are kept in both the classroom where they are accessible to all staff involved in caring for the child and in the staff room.

Further copies and full medical records are stored in the child's SEN file or school pupil file. The academy is committed that all relevant staff will be made aware of children's medical conditions.

Educational visits

A risk assessment will be completed for school visits, holidays and other school activities outside of the normal timetable. Visits and school residentials will be planned so that pupils with medical needs can participate and reasonable adjustments will be made as appropriate to ensure that they are not discriminated against. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable adjustments will be made and, where possible, an alternative experience will be provided to ensure that they are enabled to join in the curriculum surrounding the trip.

Staff supervising excursions and residential trips will always make sure that they are aware of any medical needs, and relevant emergency procedures. Parents of children participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the school's guidelines before leaving the school at the start of the trip.

It is the responsibility of the person leading the visit to bring a copy of individual health care plans and /or the emergency information sheet in the event of the information being needed in an emergency.

Arrangements for taking any necessary medicines will be made and, where required, an additional member of the support staff, or an appropriate volunteer might be needed to accompany a particular child. Children's parents will not be required to accompany their own children on school trips unless by mutual agreement.

If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP. A risk assessment can be done if there is any concern about a child taking part in a trip or activity.

Sporting Activities

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.

Signed by: _____ Date: _____ 8

Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

NB Unacceptable Practice:

It is not considered acceptable:

- **to place children at unreasonable risk for any reason**
- **to exclude children from curriculum activities because of their medical condition**
- **to place requirements and responsibilities on parents to fill gaps in staffing or resources**

APPENDIX 1

Responsibilities of First Aiders

All appointed First Aiders have the following responsibilities to:-

First Aid Practice

- Be readily available
- Follow the principles and practices as laid down by the first aid course and manuals
- Comply with the aims of first aid:-
 - To preserve life
 - To prevent the condition worsening
 - To promote recovery
- Quickly and accurately assess the situation
- Identify the condition from which the casualty is suffering; but not to treat any illness or injury which is beyond your capability
- Give immediate, appropriate and adequate treatment, bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention than others
- Arrange, without delay, for the transfer of a casualty (should it be required) to their GP, Hospital or home, according to the seriousness of the condition
- Stay with the casualty until the parent arrives even if with a health care professional.
- Not to ignore accidents or illness under any circumstances, or to refuse to give treatment and assistance if required to do so
- Not to undress any patient unnecessarily
- Safeguard the patient's clothing and possessions
- Respect the patient's confidentiality at all times, and not to discuss the patient's condition with anyone other than the Head teacher, class teacher or other first aiders or the Emergency Services
- Maintain the highest practicable level of cleanliness whenever treating a patient
- Maintain a record of all patients treated, no matter how trivial
- School minibus drivers should be made aware of any pupil with medical needs and to be made aware of procedures and protocols to follow. Drivers should be clear about roles and responsibilities and liabilities.

First Aid Kit

- Keep the first aid kits adequately stocked
- Ensure that the first aid kits contain the approved first aid materials and nothing else and that any damaged, open or expired materials are disposed of in the appropriate manner
- Clean and maintain in a good state of repair all equipment
- Person responsible: Jenni Brandt

Personal

- Attend refresher courses as necessary
- A copy of certificates of competence to be stored in the school office.
- A list of staff first aiders will be displayed on the staff notice board and school office.

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Responsibilities of First Aiders

It is the role of the First Aider to meet their responsibilities for first aid by:-

1. Familiarising themselves with this Policy
2. Regularly carrying out an audit to ensure that the first aid cabinet/kits contain the minimum supplies which are required under law
3. Regularly checking that the appropriate list and signs showing the location of first aid equipment and personnel are updated and displayed in conspicuous places
4. Liaising with the Head of School/governing body regarding any advice or training required for the school
5. Ensuring Emergency Procedures (**Appendix 2**) are carried out and accident forms completed are stored in a safe place
6. Ensuring that relevant teaching and catering staff are aware of any medical needs of a pupil
7. Maintaining Parental Agreement forms for school to administer medicine
8. Maintaining records of medicine administered to all pupils
9. Supervising and administering medicine that has been specifically prescribed for an individual child or where parents prior permission has been sought in the case of common ailments.
10. Ensuring medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.
11. Ensuring that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.
12. Ensuring that each child knows where their own medicine is stored and who they should ask.
13. Ensuring that emergency medicines, such as asthma inhalers and adrenaline pens (epipen), should be readily available to children and not locked away.
14. Ensuring that any medicines that need to be refrigerated should be clearly marked. (Ideally there should be restricted access to a refrigerator holding medicines.)
15. Ensuring that all date-expired medicines are returned to parents
16. Ensuring that sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.
17. Ensuring that protective disposable gloves are worn when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

APPENDIX 2

Emergency Procedures

The First Aiders will be responsible for dealing with all medical emergencies. The staff member will report the problem and the First Aider will assess the problem, contacting the Emergency Services for an Ambulance if necessary.

Staff minibus drivers should contact the Head teacher or Senior Staff and First Aider immediately for further guidance

All staff should know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Lunch time supervisors should report to the First Aider.

Name(s) of nominated principle first aider(s) are kept on the office and staff room notice board.

Calling the emergency services:

In the case of major accidents, the emergency services are to be called.

If a member of staff is asked to call the emergency services, they must:

State the following:

1. The phone number they are calling from
2. The location of the school (or setting address) including post code if possible
3. The name/location of the school if off site
4. Your name
5. The child's name and age
6. A brief description what has happened
7. Whether the casualty is breathing and/or unconscious and condition/symptoms of the child.
8. The best entrance for the emergency services and ensure the crew will be met at this entrance to guide them to the scene

If the casualty is a child, their parents should be contacted immediately and give all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office

Signed by: _____ Date: _____ 12

APPENDIX 3

Serious Accident Reporting

1. The Accident Report Book must be completed, in the usual way for any injury, this includes off site occurrences whilst still under school control.

2. Injuries requiring treatment must be reported in the accident book but only head injuries are noted to parents on the day of the incident unless parents have specifically asked for everything to be reported each day regardless of how insignificant. A list of children in this group is on the wall in the staff kitchen.

3. Incidents where a person is taken to hospital must be reported to the HSE through the correct form or on line submission

4. The Head of School must initiate:
 - an investigation into the occurrence
 - a complete report on the occurrence and fills in the on line form on the HSE website.
 - any action required and report to the Welfare committee
 - monitor action if necessary

5. This procedure to be circulated to teaching and non-teaching staff, both full time and part time employees.

Appendix 4

Health Care Plan

Those who may contribute to a health care plan include:

- a) The parents/ carers (and the child, if appropriate)
- b) The school nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs)
- c) The Head teacher and SENCo
- d) The class teacher, care assistant or teaching assistant
- e) Support staff who are trained to administer medicines or trained in emergency procedures.
- f) PIMS team

The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place once in each school year; however, some plans will need to be reviewed more frequently depending on individual needs. School staff who have been trained are responsible for following and delivering the health care plan and if the child's condition alters they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan

School staff will request further training when needed, and professional updates at least once a year.

Staff who have been trained in the child's care are responsible for following the procedures in children's care plans as they have been trained to do.

The (Headteacher) will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed.

Individual staff are responsible for identifying and communicating any changes that they notice in the child's care needs. The SENCo will inform parents and health care professionals in writing and discuss whether further training is needed - this can be done by updating the healthcare plan or emergency plan.

Health Care Plan

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

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Clinic/Hospital Contact

Name

--

Phone no.

--

G.P.

Name

--

Phone no.

--

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

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

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

Form copied to



Parental Request for School to Administer Medicine

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

- I accept that this is a service that the school is not obliged to undertake.

Name of Child	
Date of Birth	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container) including expiry date.	
Dosage and method to be given	
Daily Timing	
End date	
Are there any side effects that the school needs to know about?	
Self-administration	Yes/No (delete as appropriate)

Further Information – Anything else you think we may need to know such as contact information if this differs from what is on file.

I understand that I must deliver the medicine personally to: _____	Please tick:

- I understand that I must notify the school of any changes in writing

Name:		Relationship to child:	
Signature:		Date:	

Authorised by: **Print Name:**

Position: **Date:**

Signed by: _____ Date: _____ 17

Record of regular medication administered to an individual child

Name of the school	
Name of child	
Class	
Date medicine provided by parent	/ /
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Parent signature _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

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Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicines administered to children (short term needs)

Name of school: _____

Date	Childs Name	Time	Name of Medicine	Dose given	Any reactions	Signature of staff/ Parent	Print name

Signed by: _____ Date: _____ 20

RESPONSIBILITY	ITEM
Head of School	Sufficient first aid personnel
	Information and training to staff
	Procedure for dealing with accidents known by all staff
	Staff aware of identity and location of nearest first aider and box – displayed throughout school
	All staff aware of contents/requirements of First Aid and medication/Medical Policy
	Updating this policy as needed
Named person	First aid boxes
Class Teacher/trip leader to take these	School trip first aid kits
Class teacher	school trip medical information
Class teacher and/or trip leader	School activity/trip risk assessments
All staff as per policy	Record keeping
First Aiders inform Head of School when needing updating in 6 months time	update of training
Staff member involved	Bumped heads
Class Teacher, child, parents	Epipens
Children/class teacher	Inhalers
Parents	Headlice
Parents	Vomiting/diarrhoea
Parents to provide information	medical Conditions
Head of School to share with staff	
SENCO – staff to inform of any changes needed	School based Health Care Plan
SENCO – staff to inform of any changes needed	School based emergency plans
Parents	Short term medical needs
Parents	medication with original labels/containers/permissions signed
Staff	medication record updates
Pupil under staff control	creams
Class teacher	Sporting activities/necessary adjustments/risk assessments/differentiated planning

Reading this list does not preclude the necessity to read the full policy document and the appendices.