St Peter &
St Paul School

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First Aid and Medication Policy

This policy is relevant to the whole school including the EYFS

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1 Responsibilities

The Trustees, as proprietor, oversee the School's first aid arrangements and ensure that adequate resources and suitable medical accommodation are provided. The Headteacher implements this policy, ensures that suitable cover and training are in place, and oversees emergency escalation and external reporting.

The School Business & Development Manager coordinates the first aid needs assessment, training and renewals, maintains the certificate register and reviews incidents and cover arrangements. The available qualified first aider on duty handles day-to-day first aid and hands over any follow-up or equipment needs. The School Business & Development Manager checks trainer credentials before arranging in-house training. The EYFS Lead checks EYFS cover, safer eating arrangements and the operation of EYFS medication and incident procedures.

Reception receives medicines and forms, alerts first aiders, coordinates parent contacts or emergency access when asked, and routes completed records for secure filing. Class teachers, trip leaders, games staff and club leads check that relevant medical information, trained staff, medicines and equipment are available for their activities.

All staff must know how to summon help, alert a first aider promptly, follow pupil care plans relevant to their role, and record and escalate incidents. A first aid qualification does not by itself establish competence to administer a particular medicine or carry out a specialist

procedure. The School identifies and trains the staff needed for individual pupils and arranges competent cover.

2 First aid cover and facilities

Needs assessment and cover

The School assesses first aid needs for employees and others affected by its activities. This takes account of pupil ages and medical needs, the number of people on site, site layout, travel, higher-risk activities, lone working, evening events and interruptions to normal cover. Review it at least annually and whenever provision or risks change.

Term time and EYFS cover

The School plans paediatric first aid cover during term time between 07:30 and 18:00 while pupils are present. The planned workplace cover is First Aid at Work between 08:00 and 16:30 and Emergency First Aid at Work between 07:30 and 08:00 and between 16:30 and 18:00. Duty and activity leads check cover for breaks, absences and trips. Escalate gaps to the Headteacher so cover can be arranged or the activity adjusted.

Whenever EYFS children are present, at least one person holding a current full-course paediatric first aid certificate must be on site and available. A full-course certificate holder must accompany EYFS children on outings, and one must be in the room whenever EYFS children are eating. Plan enough cover for simultaneous activities and the layout of the site. Check applicable paediatric first aid requirements before counting staff in EYFS ratios. Renew paediatric first aid certificates every three years.

The School holds current first aid certificates and maintains a live register of full and emergency paediatric first aid and workplace qualifications, showing expiry dates and deployment. The School Business & Development Manager checks that notices show current first aiders and how to contact them. Notices are displayed in the Infant and Junior departments, Dining Hall or Kitchen, Medical Room, Qube, Sports Hall and Staff Room. Staff receive induction on first aid arrangements, and new pupils are told how to get help.

Medical Room and first aid equipment

The Medical Room is on the first floor of Brambling House and is freely available. It contains a shower room, a bed and medical supplies. Toilet and basin facilities are adjacent. It is for examination, treatment and supervised short-term care. Keep it available, suitably equipped and private. Give immediate care where the casualty is if moving them would be unsafe. Arrange suitable accessible care if a casualty cannot reach the Medical Room safely. For minor first aid, staff may use another appropriate location, such as the Dining Hall, where suitable.

First aid boxes are located in the Pre-prep block by the medical cabinet near the Sports Hall, in the Prep Staff Room, in the Dining Hall or Kitchen area and in the Medical Room. The sports first aid bags are stored in the SLT Office. Automated external defibrillators (AEDs) are located at Main Reception and in the Sports Hall. Take suitable portable kits on trips and to fixtures.

The School Business & Development Manager arranges termly checks. Staff report kit supplies used or missing. Check contents against the needs assessment, replace missing or expired items

and check that kits remain accessible. Activity leaders check portable kits before departure or use. Store medicines separately from general first aid supplies.

Medical appointments during school hours

Where possible, parents and carers should arrange routine appointments outside the school day. If a pupil needs to leave during the day, a parent, carer or authorised adult collects and signs them out at Reception and confirms whether they will return. On return, they sign the pupil in at Reception and hand them back to staff.

3 Accidents illness and emergency response

Immediate action

Summon the nearest available first aider and stay with the casualty. In a serious or life-threatening emergency, call 999 or 112 immediately. Any staff member can make that call. Arrange for another member of staff to alert Reception and SLT, meet the ambulance and direct the crew. Give the school name, postcode S41 0EF, access point, precise location, casualty's age and what has happened. Follow the call handler's instructions. If an AED is needed, send another member of staff to retrieve it while care continues. On visits or away fixtures, give the venue address and access point.

The first aider assesses the casualty and provides care within their training. Keep the casualty supervised and monitor for deterioration. Avoid moving someone with a suspected spinal injury unless immediate safety or essential life-saving care requires it. Follow emergency service instructions. Call 999 for suspected anaphylaxis, a serious head injury or other emergency signs, and follow any relevant Individual Healthcare Plan. Emergency first aid and urgent calls must proceed without waiting for a parent, a second staff member or a signed form.

Parent contact and hospital transfer

Contact parents or carers promptly by telephone for serious injury, illness requiring collection, significant head injury, suspected concussion, or emergency treatment. Use the pupil's emergency contacts if parents cannot be reached. For minor injuries, tell parents about the incident and treatment on the same day or as soon as reasonably practicable. Record when and how contact was made. For EYFS, record accidents, injuries and first aid treatment and notify parents in line with the framework.

If a pupil needs hospital care, send relevant medical information, treatment already given, and contact details with the pupil where practicable. Arrange for a member of staff to accompany or follow the pupil if a parent is unavailable, in discussion with the ambulance crew. Maintain appropriate supervision until handover to the parent, carer or hospital staff. Where a clinician or emergency service advises that an ambulance is unnecessary, the Headteacher or SLT arranges safe transport. Use parent transport where practicable. If school-arranged transport is needed, check authorisation, insurance, supervision and safe handover. Record the arrangements.

Recording and external reporting

The staff member responsible for the activity completes the Accident Report Form with the first aider as soon as possible. Record the circumstances, time and location, people involved, injury or symptoms, first aid and onward action, and parent contact where relevant. Record accidents involving staff and visitors through the same route. Send the completed form to Reception and escalate serious incidents or significant near misses to the Headteacher and School Business & Development Manager.

The Headteacher ensures reportability is checked promptly under RIDDOR. For pupils and other people who are not at work, consider whether the accident arose out of or in connection with work and resulted in death or direct transfer from the scene to hospital for treatment of the injury. Staff incidents and dangerous occurrences have separate criteria. For EYFS serious incidents, follow the applicable regulator notification requirements where registered, including the 14-day limit where applicable, and notify local child protection agencies as required. Record the decision and notifications, and review actions to prevent recurrence.

4 Head injuries and concussion

Head bumps and injuries

Arrange a first aid assessment after any reported or observed head impact. Consider how it happened, any symptoms, the pupil's age and whether symptoms are changing. For a minor bump where the pupil appears well, follow the first aider's assessment, arrange observation and advise receiving staff what to monitor. Record the incident. Use the red bump wristband for minor head bumps or injuries as a visual reminder and inform parents directly with written advice on what to watch for and when to seek help.

For new or worsening symptoms, reassess immediately and seek advice at the appropriate level. Call 999 for emergency signs such as inability to stay awake, a seizure after the injury, new weakness or problems with speech or walking, or signs of a serious skull or spinal injury. If the pupil has recovered from a loss of consciousness, has vomited, has a persistent headache, or is showing changed behaviour, seek urgent advice or assessment in line with current NHS guidance. In an emergency or where safe transport to hospital is uncertain, call 999. Keep the pupil supervised, notify parents and record changes and action taken.

Suspected concussion

A blow to the head or body can cause concussion, and symptoms can appear later. Suspect concussion if a pupil develops symptoms such as headache, dizziness, nausea, confusion, balance problems or changes in behaviour after an impact. Remove the pupil immediately from PE, games, a fixture or other physical activity. Keep them out of play for the rest of the day, arrange assessment by a healthcare professional and share observations and written advice with the parent or carer.

Use the UK grassroots concussion guidance and applicable governing-body protocols, including the RFU protocol for rugby, to plan a graduated return to learning and activity. The UK grassroots guidance sets a minimum of 21 days before return to competition following concussion. Follow clinical advice and any stricter sport-specific requirements. If symptoms

recur, stop the activity, reassess and obtain advice as appropriate. The Headteacher or delegated lead agrees the school recovery arrangements with parents and relevant staff, including adjustments in class and restrictions on PE or fixtures.

5 Medical information and healthcare plans

Admission and medical updates

Collect medical information before admission and request an update annually. Ask for diagnosed conditions, allergies and intolerances, dietary and treatment requirements, and three emergency contact details as set out in the school's forms. Parents must notify the School promptly of changes during the year. Reception records all pupil medical information digitally in Compass, the School's management information system (MIS), and maintains live medical flags on pupil profiles. Reception alerts relevant staff, including catering and clubs where their work is affected.

General medical information or first aid consent is distinct from written permission for a particular medicine. Confirm permissions and emergency arrangements separately where required. Use information from parents, the prescribing label and healthcare professionals to verify any change affecting care.

Individual Healthcare Plans

Use an Individual Healthcare Plan (IHP) where a pupil's ongoing or significant medical needs require agreed actions at school. This includes pupils with diagnosed asthma and pupils with conditions requiring an adrenaline auto-injector. Agree the plan with parents, relevant staff and healthcare professionals as appropriate, and involve the pupil in an age-appropriate way. Consider reasonable adjustments to support safe participation in lessons, meals, PE, trips and clubs.

Record the condition, triggers and signs, routine and emergency treatment, prescribed medicines and storage locations, when to seek emergency help, who is trained to act, backup arrangements and any permitted self-management. Include the arrangements for trips, fixtures, catering or clubs where relevant. Record contacts and required permissions. Review the plan at least annually and sooner after a change in condition or treatment, or following an incident that shows the plan needs updating.

Share the current plan securely with staff who need to act, including cover staff on a need-to-know basis. Ensure staff know how to access it quickly in an emergency. Parents supply the pupil's medicines and replacements. The School checks that required medicines are present and in date and follows up gaps with parents promptly.

6 Receiving storing and administering medicines

Permission and handover

A parent or carer hands medicines to Reception with a completed Authority to Administer Medicines form. Use written permission for each medicine the School agrees to administer, including non-prescription medicines and medicated creams. For an ongoing course or long-term medicine, one written authorisation can cover the agreed period. Review continuing authorisations termly and obtain updated authorisation when instructions change. Pupils should bring or carry medication only under an agreed self-management arrangement.

Accept medicines in the original container with legible instructions. For prescribed medicines, check the pharmacy label against the authorisation and the pupil's record, including identity, medicine, dose and directions. Check expiry and storage instructions. Resolve discrepancies before giving a routine dose. Obtain written directions from the prescriber and updated labelling where necessary if the prescribed instructions change.

The School may provide school-stock children's paracetamol under its written-consent procedure. Before use, check that written permission covers the particular medicine, confirm whether any dose or other product containing paracetamol has already been given, and check that it is suitable under the product directions and pupil's care arrangements. If those checks cannot be completed, seek advice as appropriate. The School's existing routine policy excludes ibuprofen. Any individual requirement identified by a prescriber should be reviewed with the Headteacher through the pupil's healthcare planning process.

Storage and access

Store pupils' prescribed medicines in the class teacher's medical bag in the designated classroom or in the Staff Room medicine store, as appropriate. Use suitable secure refrigerated storage when required by the label. Keep medicines in original packaging and check stock and expiry dates regularly. Arrange collection of unused or expired medicines by parents and follow the School's disposal procedure if necessary.

Keep emergency medicines immediately accessible to the staff and pupils who need them, with suitable safeguards against unauthorised use. Record the exact location and access arrangements in each IHP and check them during handovers. Individual asthma inhalers are normally held in the class medical bags unless an agreed plan specifies otherwise. Follow the pupil's asthma plan, record use as specified in the plan and call 999 when emergency criteria are met. Agree and verify the location of each pupil's adrenaline auto-injectors so staff can reach them promptly, including during catering, outdoor activities and clubs. Staff must know how to obtain them without delay.

Giving and recording a dose

The School designates trained first aiders to administer routine medication and arranges additional training where the medicine or procedure requires it. Before giving a dose, check the pupil's identity, written permission, medicine, dose, route, timing, expiry, and the last dose if relevant. For routine staff-administered doses, a second staff member checks and witnesses administration. Both staff members sign or authenticate the Medicine Dosage Record. Emergency intervention must proceed without waiting for a witness.

Record the date, time, medicine, dose and outcome promptly, identifying who administered and witnessed it. Record refused, missed or vomited doses and any medicine error. Tell parents

promptly and seek advice where clinically appropriate. Never force a pupil to take a medicine. Follow the agreed plan when a pupil self-administers and record use as specified in that plan. Inform EYFS parents each time medicine is administered, on the same day or as soon as reasonably practicable.

Adrenaline auto-injectors

Ask parents of pupils prescribed adrenaline auto-injectors to provide two prescribed devices for school use and agree their availability and carriage in the IHP. In suspected anaphylaxis, act immediately in line with staff training and the pupil's plan, give adrenaline without delay when indicated, and call 999 stating suspected anaphylaxis. Follow emergency service instructions, record device use and notify parents. School-stock adrenaline auto-injectors are kept in the anaphylaxis kit at Main Reception. The School Business & Development Manager maintains and communicates the protocol for stock devices, covering access, when to use them, device and expiry checks, recording each use and notifying parents. The stock kit is separate from each pupil's prescribed devices.

7 Allergy management and safer eating

The School obtains allergy, intolerance and dietary information before admission and updates it when needs change. Keep the Pupil Medical Conditions and Dietary Requirements information current and available securely to catering, supervising staff and Reception. Make sure staff on cover and those running clubs or activities receive the relevant information before taking responsibility.

Catering and supervising staff check pupil identity, approved meals and changes to ingredients or suppliers. Confirm ingredient and allergen information before serving a substitute. Use appropriate preparation, cleaning and serving controls to reduce cross-contact. Apply the School's no-nuts rule alongside these controls. Manage risks from packed lunches, classroom activities, celebrations and food shared with pupils.

For EYFS, agree arrangements with parents and, where appropriate, healthcare professionals. Keep children within sight and hearing of staff while eating and ensure a full-course paediatric first aider is in the room. Staff check that children with allergies or intolerances receive the correct food and supervise in line with the statutory safer eating requirements. Tell relevant staff where emergency medicines are and what to do if symptoms develop. Record and review allergic reactions and significant near misses, including actions for catering and supervision.

8 Infection and cleaning

If a pupil becomes unwell with a suspected infectious illness, assess the situation and, where appropriate, supervise the pupil away from others while awaiting collection. Use the Medical Room or another suitable space. Follow current UKHSA exclusion advice and contact the local health protection team when the guidance calls for it.

Use hand hygiene, appropriate personal protective equipment and the School's cleaning and bodily-fluid spill procedure. Alert Housekeeping promptly and restrict use of an affected area until it is safe to reopen. Staff handling a spill use the appropriate kit, cleaning product, protective equipment and waste route for the incident. Handle and launder contaminated

bedding under the School's infection-control procedure. Apply additional cleaning or outbreak controls in line with current public health advice.

9 Visits sport clubs and lettings

Visits and sports fixtures

The visit or fixture lead checks first aid cover and completes an activity risk assessment covering access to help, transport and handover. Carry a charged duty phone, a stocked first aid kit and secure access to relevant medical information and emergency contacts. Confirm who carries each pupil's medicines, including any backup devices, who is trained to act and who brings them back. Take the Medicine Dosage Record where needed and transfer completed records securely on return. Arrange full-course paediatric cover on EYFS outings.

For fixtures, the School's provision includes a nominated paediatric first aider. Games staff check equipment, emergency access and medication before warm-up, and ensure staff know how to contact the first aider. Stop or relocate play where needed to protect the casualty and maintain safe cover. For a visiting pupil, provide immediate assistance, call emergency services if needed and liaise with the visiting staff about parent contact, hospital accompaniment and handover. Apply the head injury procedure to home and away fixtures.

School events out of term and third-party lettings

For school-run events, wraparound and Holiday Club, the activity lead confirms first aiders, access to pupil records and emergency medicines, kit locations, and arrangements for contacting parents and emergency services. Apply EYFS requirements where relevant. Use the same incident reporting and parent notification procedures during holidays as in term time.

The Headteacher ensures out-of-term staff and lone workers have arrangements based on risk, including a reliable way to summon help away from the main building. Confirm how staff check in and what to do if a lone worker misses a check-in. Staff should know the designated contact, how to reach them and the site access point for emergency vehicles. Main Reception can be reached on 01246 278522 when staffed. In an emergency call 999 directly.

Third-party hirers provide first aid arrangements, staff and equipment appropriate to their activities under the letting agreement. Give hirers emergency access information, site contact details and instructions for notifying the School of relevant incidents. Check responsibilities in advance when a school activity and a third-party letting share facilities.

10 Forms records and confidentiality

The forms below are held separately and issued through Reception or the School Office. Staff should use the current version. The blank Accident Report Form is also available on the Admin Google Drive and in hard copy in the Staff Room, Kitchen and Reception.

Form or record	When used and where it goes

Authority to Administer Medicines	Parent completes before the School gives an agreed medicine. Reception files the authorisation where administering staff can access it securely.
Medicine Dosage Record	Administering staff complete it at each administration. Record refusals, omissions and errors. Return visit or fixture records to the pupil's secure record.
Accident Report Form	Activity staff complete with the first aider and submit to Reception. Serious incidents are also escalated to the Headteacher and School Business & Development Manager.
New Pupil Medical Form and Annual Medical Update	Parents complete before entry and update annually. Reception updates the secure Compass record and alerts relevant staff to changes.
Individual Healthcare Plan template	Designated lead agrees the plan with the family and relevant professionals. Keep the current plan in the secure Compass record and make it available to staff who need it.

Medical information is confidential and must be shared only where needed for care, safety, safeguarding or another lawful purpose. Relevant information can be shared with emergency responders. Keep paper records secure and restrict Compass access by role. Record and update medical details and live flags promptly when information changes. Update or remove obsolete working copies promptly and retain official records under the School's retention schedule. Follow the Data Protection Policy and safeguarding procedures where relevant.

11 Policy references and review

Read with the School's Health and Safety, Safeguarding, Data Protection and Educational Visits policies and local procedures for infection control, catering and emergency response. The Headteacher reviews implementation with the School Business & Development Manager, including cover, incidents, medicine errors, training and lessons from drills or real incidents.

Health and Safety at Work etc. Act 1974

Health and Safety (First-Aid) Regulations 1981

Education (Independent School Standards) Regulations 2014, Schedule, paragraphs 13 and 24

Department for Education first aid guidance for schools, early years and further education

EYFS statutory framework for group and school-based providers, effective September 2026

DfE allergy safety in schools, used as a reference for independent school practice alongside EYFS requirements

Guidance on emergency adrenaline auto-injectors in schools

NHS head injury and concussion guidance

UK-wide concussion guidelines for grassroots sport

UKHSA public health exclusion periods and infection guidance for England

HSE types of reportable incidents under RIDDOR