HANDEL HOUSE SCHOOL

Northolme, Gainsborough, Lincolnshire. DN21 2JB
Telephone 01427 612426
Email: admin@handelhouseschool.com

FIRST AID AND MEDICATION POLICY

This Policy, which applies to the whole School including the Early Years Foundation Stage (EYFS), educational visits, residential visits, out-of-school care and extra-curricular activities, is publicly available on the School website and, upon request, a copy may be obtained from the School Office.

Date of policy: September 2026
Review date: September 2027
Policy owner: Headteacher/Proprietor
Approved by: Headteacher/Proprietor

1. POLICY STATEMENT

Handel House School is committed to providing appropriate first-aid arrangements for pupils, staff, volunteers, parents, visitors and contractors whilst on School premises and, where appropriate, whilst participating in School activities away from the premises.The School will ensure that suitable first-aid equipment, facilities and appropriately trained personnel are available to respond to foreseeable accidents, injuries and illnesses.The School recognises that pupils may have medical conditions requiring medication or specific emergency procedures. Where appropriate, the School will work with parents/carers and relevant healthcare professionals to establish safe and effective arrangements for the administration, storage and use of medication.

This policy should be read alongside the School's:

- Health and Safety Policy;
- Safeguarding and Child Protection Policy;
- Educational Visits Policy;
- Attendance Policy;
- Disability Accessibility Policy;
- Supporting Pupils with Medical Conditions arrangements;

- Data Protection and Records Retention arrangements.

The School will not require staff to undertake first-aid or medication procedures for which they have not received appropriate instruction or training.

2. LEGAL AND REGULATORY FRAMEWORK

This policy is intended to support compliance with the relevant requirements of:

- The Independent School Standards Regulations 2014, as amended, particularly Part 3, Standard 14;
- The Health and Safety (First Aid) Regulations 1981, as amended;
- The Health and Safety at Work etc. Act 1974;
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR);
- The Equality Act 2010;
- The Children and Families Act 2014, where applicable;
- the Early Years Foundation Stage Statutory Framework, including requirements concerning paediatric first aid;
- relevant Department for Education guidance concerning first aid and supporting pupils with medical conditions.

The School will have regard to current guidance from the Health and Safety Executive (HSE), Department for Education and appropriate health authorities.Where legislation or statutory guidance changes, this policy will be amended as necessary.

3. SCOPE

This policy applies to:

- all pupils aged 3-11;
- EYFS pupils;
- all teaching and support staff;
- the Headteacher/Proprietor;
- volunteers and temporary staff;
- parents/carers and visitors where relevant;
- contractors working on School premises;
- School activities taking place outside normal School hours;
- educational visits and residential visits;
- PE, Games, swimming and other sporting activities;
- School transport and School vehicles where appropriate.

4. RESPONSIBILITY

4.1 Headteacher/Proprietor

The Headteacher/Proprietor has overall responsibility for ensuring that appropriate first-aid and medication arrangements are established, implemented and reviewed; the School Advisory Board has reviewed these.

This includes ensuring that:

- a suitable first-aid needs assessment is undertaken;
- sufficient appropriately trained first-aid personnel are available;
- first-aid equipment is provided and maintained;
- medication arrangements are appropriate;
- staff are aware of relevant procedures;
- training is monitored;
- accidents, incidents and medication issues are appropriately recorded;
- RIDDOR requirements are considered and complied with where applicable;
- parents/carers are informed of significant incidents;
- arrangements are reviewed following significant incidents or changes to the School.

4.2 First Aid Lead/Designated First Aiders

The School will designate appropriately trained members of staff to support first-aid provision.

Their responsibilities include:

- providing first-response treatment within the limits of their training;
- summoning emergency-assistance where required;
- ensuring first-aid records are completed;
- checking first-aid equipment;
- reporting shortages or concerns;
- supporting staff with first-aid queries;
- supporting the Headteacher in monitoring first-aid arrangements.

4.3 All staff

All staff have a responsibility to:

- take reasonable action to protect pupils and others from foreseeable harm;
- summon a First Aider where appropriate;
- obtain emergency assistance when required;
- never undertake first-aid procedures beyond their competence;
- report accidents, injuries, illnesses, hazards and near misses;
- follow the School's medication procedures where authorised and appropriately trained.

5. FIRST-AID NEEDS ASSESSMENT

The School will undertake a documented assessment of its first-aid needs.

The assessment will consider:

- the number and age of pupils;
- the number of staff;
- the presence of EYFS pupils;
- the size and layout of the premises;
- the School's location and access arrangements;
- foreseeable hazards;
- PE, Games, swimming and other physical activities;
- educational visits and residential activities;
- School transport;
- pupils or staff with particular medical needs;
- the availability and location of first-aid personnel;
- periods when particular members of staff may be absent;
- arrangements for break and lunchtime supervision;
- activities outside normal School hours.

The assessment will be reviewed at least annually and whenever there is a significant change in circumstances, staffing, premises or activities.

6. FIRST-AID TRAINING

The School will provide an appropriate number of trained first-aid personnel based upon its first-aid needs assessment.Training will be provided by a competent training provider and will be kept up to date in accordance with the requirements of the relevant qualification.

The School will maintain a record of:

- staff undertaking first-aid training;
- the type of qualification;
- date of completion;
- renewal/requalification date.

The School will ensure that appropriate paediatric first-aid provision is available for EYFS children in accordance with the EYFS framework.The School's current arrangements are intended to ensure that:

- at least two appropriately trained first-aid personnel are available whenever pupils are present, subject to the School's first-aid needs assessment;
- a paediatric first aider is available to support EYFS provision;

- appropriate first-aid provision accompanies pupils during educational visits and off-site activities;
- appropriate first-aid provision is available for School transport and sporting activities where required.

Staff must never undertake first-aid procedures for which they have not been appropriately trained.

7. FIRST-AID EQUIPMENT

First-aid equipment will be provided in locations identified by the first-aid needs assessment.

First-aid containers will be clearly identifiable by the appropriate first-aid sign.First-aid equipment will be:

- readily accessible;
- appropriately stocked;
- checked regularly;
- replenished promptly following use;
- checked for expired or damaged items.

The School will maintain suitable first-aid supplies for:

- the School premises;
- PE and sporting activities;
- educational visits;
- residential visits;
- School vehicles where required.

The School will maintain an appropriate supply of disposable gloves and other suitable infection-control equipment.

The current principal first-aid locations are:

- First Aid/Sick Bay;
- Staff Working Room;
- Kitchen, where appropriate;
- School vehicles and educational-visit first-aid bags as required.

8. HYGIENE AND INFECTION CONTROL

Staff providing first aid should follow appropriate hygiene precautions. When dealing with blood or bodily fluids:

- disposable gloves should be worn;

- hands should be washed thoroughly after treatment;
- contaminated materials should be disposed of safely;
- contaminated clothing should be placed in a suitable sealed bag and sent home where appropriate;
- surfaces contaminated by bodily fluids should be dealt with promptly using appropriate cleaning procedures.

Staff should avoid unnecessary contact with blood or bodily fluids.The School's arrangements for infection prevention and control will be followed.

9. FIRST-AID PROCEDURE

Where a pupil is injured or becomes unwell:

1. Assess the immediate situation and ensure it is safe to provide assistance.
2. Send for an appropriately trained First Aider where necessary.
3. Provide first aid within the limits of the First Aider's training.
4. Reassure the pupil and maintain appropriate supervision.
5. Contact the School Office/Headteacher as appropriate.
6. Contact parents/carers where required.
7. Record the incident and treatment provided.
8. Arrange further medical assistance where necessary.

A sick or injured child should not be sent independently around the School looking for assistance. Where a First Aider is not immediately available, staff should summon help using the School's communication arrangements.

10. CALLING THE EMERGENCY SERVICES

The decision to call an ambulance should be based on the circumstances and the seriousness of the injury or illness. An ambulance should be called where there is a serious or potentially life-threatening condition, including circumstances such as:

- unconsciousness;
- difficulty breathing;
- cardiac arrest;
- severe bleeding;
- suspected serious spinal injury;
- serious burns;
- suspected serious fracture;
- severe allergic reaction/anaphylaxis;
- prolonged or repeated seizure;
- any situation where urgent medical assistance is considered necessary.

Staff should not delay calling 999 because they are attempting to contact a parent/carer. When calling 999, staff should provide:

- the School's name and address;
- the location of the casualty;
- the age of the pupil, where known;
- whether the pupil is conscious and breathing;
- the nature of the injury or illness;
- any relevant known medical condition;
- any medication already administered.

A member of staff should normally accompany a pupil taken to hospital where this is required and appropriate, while arrangements are made for the parent/carer to attend.

11. ACCIDENT, INCIDENT AND FIRST-AID RECORDING

All accidents and injuries requiring first aid will be recorded appropriately. Records should include, where relevant:

- date;
- time;
- location;
- name of pupil/staff member;
- class or role;
- nature of injury or illness;
- circumstances of the incident;
- first aid administered;
- outcome/action taken;
- whether parents/carers were contacted;
- name of person providing first aid.

Records should be factual and objective.

Where an incident raises a safeguarding concern, the School's safeguarding procedures must also be followed.The Headteacher will periodically review accident and first-aid records to identify:

- recurring accidents;
- hazardous locations;
- patterns or trends;
- additional training requirements;
- changes needed to risk assessments or procedures.

12. REPORTING TO PARENTS/CARERS

Parents/carers will be informed of significant accidents, injuries or illnesses as soon as reasonably practicable.The School will determine the most appropriate method of communication according to the circumstances.

Parents/carers will be informed where:

- further medical attention is required;
- a pupil is sent home because of illness;
- significant first aid has been administered;
- there has been a head injury where the School considers notification appropriate;
- emergency medication has been administered;
- an accident is considered significant;
- there is another reason why the parent/carer needs to be aware of the incident.

Where a parent/carer is contacted by telephone, the School should record:

- date and time;
- name of person making the call;
- name of parent/carer contacted;
- information provided;
- any relevant advice or action agreed.

13. HEAD INJURIES

Any head injury should be assessed carefully.The pupil should be monitored for signs or symptoms that may indicate a more serious injury. Parents/carers should be informed where appropriate, particularly where there are symptoms or circumstances giving cause for concern.

Emergency medical assistance should be sought if the pupil:

- loses consciousness;
- experiences a seizure;
- becomes increasingly drowsy or confused;
- vomits repeatedly;
- develops significant or worsening symptoms;
- experiences significant visual disturbance;
- has severe or worsening headache;
- shows other signs of serious injury.

A pupil should not be moved unnecessarily where a serious spinal or head injury is suspected.

All significant head injuries should be recorded.

14. MINOR WOUNDS AND BLEEDING

First Aiders should follow their training.

For minor wounds:

- use appropriate disposable gloves;
- control bleeding using appropriate direct pressure;
- clean the wound appropriately;
- cover the wound using a suitable dressing or plaster;
- dispose of contaminated materials safely;
- record treatment where required.

Where bleeding is severe or cannot be controlled, emergency medical assistance should be sought. Foreign objects embedded in a wound should not be removed by untrained staff.

15. BURNS AND SCALDS

First Aiders should follow their training. As a general first-aid response:

- remove the source of heat where safe to do so;
- cool the burn with cool running water for an appropriate period;
- remove jewellery or constricting items where this can be done safely and before swelling develops;
- do not apply creams, oils or other substances;
- do not burst blisters;
- cover the burn appropriately using suitable first-aid materials;
- seek medical advice where appropriate.

Serious, extensive, deep or facial burns, electrical burns and burns involving sensitive areas require urgent medical assessment.

16. ILLNESS AT SCHOOL

If a pupil becomes unwell:

1. The pupil should be assessed by an appropriate member of staff.
2. The pupil should be supervised and kept comfortable.
3. Parents/carers should be contacted where the pupil is not well enough to remain at School.
4. The pupil should remain supervised until collected.
5. The incident should be recorded where appropriate.

The School will follow its Attendance Policy and current public-health guidance regarding infectious illness and exclusion periods.The School will not apply a blanket rule that a child must

be able to participate in every activity in order to attend school. Where appropriate, reasonable adjustments will be made for pupils recovering from injury or managing a medical condition.

17. OFF-SITE ACTIVITIES AND EDUCATIONAL VISITS

First-aid arrangements will form part of the planning for educational visits and off-site activities.

The visit leader will ensure, as appropriate, that:

- an appropriate first-aid kit is available;
- appropriately trained first-aid personnel are identified;
- emergency contact arrangements are available;
- relevant medical information is accessible to those who need it;
- required medication accompanies the pupil;
- emergency medication is readily accessible;
- arrangements are made to maintain adequate supervision of the remainder of the group if a pupil requires treatment or hospital attendance.

The School's Educational Visits Policy and risk assessment procedures must also be followed.

18. SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Where a pupil has a medical condition requiring ongoing support, the School will work with parents/carers and, where appropriate, healthcare professionals to establish suitable arrangements. An Individual Healthcare Plan (IHP) or equivalent written healthcare information may be appropriate where a pupil:

- has a long-term or complex medical condition;
- requires emergency medication;
- requires regular medication during the School day;
- requires specific emergency procedures;
- requires support to manage their condition;
- requires reasonable adjustments to participate fully in School activities.

Where an IHP is in place, relevant staff will be made aware of the arrangements on a need-to-know basis. The School will review healthcare arrangements when:

- the pupil's condition changes;
- medication changes;
- emergency procedures change;
- there is a significant incident;
- the plan reaches its review date.

19. GENERAL MEDICATION PRINCIPLES

Parents/carers have primary responsibility for ensuring that their child's medication is supplied correctly and that the School has accurate and up-to-date information.

The School may agree to administer medication where:

- it is necessary during the School day;
- appropriate parental consent has been obtained;
- the medication is supplied correctly;
- clear instructions are available;
- suitable staff are willing and appropriately trained/instructed;
- safe storage and administration arrangements are available.

Staff will not be expected to administer medication unless they have agreed to do so and have received appropriate information, instruction or training where necessary. No member of staff should administer medication on the basis of assumption or informal verbal instructions alone.

20. PARENTAL CONSENT

Before medication is administered, the School should have appropriate written parental/carer consent.The consent should include, where applicable:

- pupil's name;
- medication name;
- strength;
- dosage;
- route of administration;
- frequency;
- timing;
- reason for administration;
- maximum dosage where relevant;
- any additional instructions;
- expiry/review arrangements.

Parents/carers must inform the School promptly of any change to medication or dosage.

21. RECEIPT OF MEDICATION

Medication brought into School must normally:

- be supplied in the original packaging;
- be clearly labelled;
- identify the pupil;

- identify the medication;
- state the required dosage and frequency;
- include relevant pharmacy/prescriber instructions;
- be within its expiry date.

Medication should normally be handed to the School Office by a parent/carer or delivered in accordance with an agreed School procedure.

The School will record medication received where appropriate, including:

- date received;
- pupil's name;
- medication and strength;
- quantity;
- expiry date where relevant;
- name/signature of the person receiving it.

Medication that is inadequately labelled or for which clear instructions are unavailable should not be administered until the situation has been clarified.

22. SAFE STORAGE

Medication will be stored securely and in accordance with its specific storage requirements. Where medication requires refrigeration, it will be stored in a suitable secure refrigerator. Medication must remain accessible to authorised staff when required for emergency use. Emergency medication must **not** be stored in a way that creates an unreasonable delay in accessing it. Where medication is required during PE, swimming, educational visits, residential visits or other off-site activities, appropriate arrangements must be made for it to accompany the pupil. Medication should not be left unattended or unsecured.

23. SELF-ADMINISTRATION

Where a pupil is capable of self-administering medication, this may be permitted following appropriate discussion with parents/carers and, where necessary, healthcare professionals.

Self-administration should be:

- age and developmentally appropriate;
- safe;
- appropriately supervised where necessary;
- consistent with the pupil's healthcare plan or written instructions.

The School will ensure that pupils who require emergency medication can access it promptly.

24. ADMINISTRATION OF MEDICATION

Medication will only be administered by authorised staff who have agreed to undertake the responsibility. Before administration, the authorised member of staff should check:

1. The identity of the pupil.
2. The medication.
3. The strength.
4. The prescribed/recommended dose.
5. The route of administration.
6. The timing/frequency.
7. The expiry date.
8. The parental consent and/or healthcare plan.
9. Whether the medication has already been administered.

The member of staff should administer the medication exactly as instructed. The administration should be recorded immediately.

The record should include:

- date;
- time;
- medication;
- dose;
- route where relevant;
- name/initials of person administering;
- any relevant comments;
- refusal or omission where applicable.

Medication should normally be administered on an individual basis and in a manner that respects the pupil's dignity and privacy.

25. EMERGENCY MEDICATION

Emergency medication may include, depending upon the pupil's needs:

- asthma reliever inhalers;
- adrenaline auto-injectors;
- diabetes emergency treatment;
- prescribed emergency seizure medication;
- other medication identified within an Individual Healthcare Plan.

Emergency medication must be:

- clearly identified;

- readily accessible;
- within expiry date;
- available whenever the pupil is participating in School activities;
- accompanied by clear instructions;
- known about by relevant staff.

Where emergency medication is administered, parents/carers should be informed as soon as reasonably practicable and the administration recorded. Where the pupil's condition may be life-threatening, emergency services must be contacted in accordance with the relevant emergency procedure.

26. ASTHMA

Pupils with asthma will have appropriate arrangements based upon information supplied by parents/carers and, where appropriate, healthcare professionals.

Relevant staff should know:

- which pupils have asthma;
- the location of their reliever inhaler;
- what to do in the event of symptoms;
- any individual triggers or specific instructions;
- when emergency assistance is required.

Asthma medication should be readily accessible and should accompany pupils during:

- PE;
- Games;
- swimming;
- educational visits;
- residential visits;
- other activities away from the usual classroom.

If a pupil develops asthma symptoms, staff should remain calm, reassure the pupil and follow the pupil's individual asthma plan or current medical instructions.The pupil should generally remain upright and should be encouraged to use their reliever medication in accordance with their prescribed instructions. If the pupil's condition is severe, deteriorates, does not respond appropriately to their emergency treatment, or staff have significant concerns, **999 should be called**. A pupil should never be denied access to their reliever medication.

27. EPILEPSY AND SEIZURES

Where a pupil has epilepsy, the School will obtain appropriate information from parents/carers and, where necessary, healthcare professionals.

Relevant staff should know:

- what the pupil's usual seizures look like;
- what action should be taken;
- whether emergency medication is prescribed;
- when emergency services should be contacted;
- any particular triggers or precautions.

During a seizure, staff should:

- remain calm;
- protect the pupil from injury;
- remove nearby hazards where safe;
- cushion the head;
- time the seizure;
- stay with the pupil;
- follow the pupil's healthcare plan.

Staff must not:

- restrain the pupil;
- put anything in the pupil's mouth;
- attempt to stop the seizure;
- give food or drink until the pupil is sufficiently recovered;
- move the pupil unnecessarily unless there is immediate danger.

Emergency medical assistance should be sought where:

- the seizure lasts five minutes or longer, unless the pupil's individual healthcare plan gives different instructions;
- one seizure follows another without recovery;
- the pupil is seriously injured;
- breathing is compromised;
- it is the pupil's first known seizure;
- staff have concerns about the pupil's condition.

Where prescribed emergency seizure medication is available, it must only be administered by appropriately authorised staff following the pupil's specific written instructions and any required training.

28. DIABETES

The School will support pupils with diabetes to participate fully in School life.

Pupils with diabetes may require:

- regular meals and snacks;
- access to glucose or other treatment;
- blood glucose monitoring;
- insulin;
- access to water;
- additional consideration during PE and Games;
- emergency treatment for hypoglycaemia or hyperglycaemia.

Individual arrangements will be based upon the pupil's healthcare plan. Staff should be aware of the signs of hypoglycaemia and follow the pupil's individual instructions. A pupil experiencing suspected hypoglycaemia should not be left unsupervised.If a pupil is unconscious or unable to swallow safely, **nothing should be given by mouth** and emergency medical assistance should be sought immediately.

29. ALLERGY AND ANAPHYLAXIS

The School will maintain appropriate information about pupils with significant allergies.

Where a pupil has a risk of anaphylaxis, appropriate written healthcare information should identify:

- the known allergen(s);
- symptoms;
- emergency medication;
- emergency procedures;
- who needs to be informed;
- arrangements for educational visits and activities.

Adrenaline auto-injectors must be readily accessible and must accompany the pupil when required for off-site activities. Where anaphylaxis is suspected, staff should:

1. Follow the pupil's emergency plan.
2. Administer the pupil's adrenaline auto-injector where authorised and instructed to do so.
3. Call **999 immediately**.
4. Inform the School Office/Headteacher.
5. Contact the parent/carer.
6. Follow further instructions from the emergency services.

A pupil should not be left alone while awaiting emergency assistance.

30. NON-PRESCRIPTION MEDICATION

The School may agree to administer non-prescription medication where there is a clear and appropriate reason and suitable parental consent has been obtained.

The medication must:

- be supplied in its original packaging;
- be clearly identified for the individual pupil;
- be within its expiry date;
- be administered strictly according to the manufacturer's instructions and any agreed written instructions;
- be recorded when administered.

The School will not administer medication where the required dosage or suitability is unclear. Particular care will be taken where medicines may contain the same active ingredient, to avoid accidental duplication or excessive dosage.

31. REFUSAL, MISSED DOSE OR MEDICATION ERROR

A pupil must never be forced to take medication.

If a pupil refuses medication:

- the refusal should be recorded;
- the pupil should be reassured and, where appropriate, encouraged;
- parents/carers should be informed where necessary;
- medical advice should be sought where the missed medication could create a significant risk.

If a medication error occurs, including an incorrect medicine, incorrect dose, incorrect time or other significant deviation:

1. The pupil's immediate safety must be assessed.
2. Medical advice should be sought promptly where necessary.
3. The Headteacher should be informed immediately.
4. Parents/carers should be informed promptly.
5. The incident must be recorded.
6. The circumstances should be reviewed to reduce the likelihood of recurrence.

Staff must not attempt to conceal a medication error.

32. MEDICATION LOST OR NOT PROVIDED

Parents/carers are responsible for ensuring that required medication is supplied to the School.

Where medication is unexpectedly missing:

- the School should check its records and usual storage locations;
- parents/carers should be contacted;
- transport or other relevant parties may be contacted where appropriate;
- the Headteacher should be informed where the missing medication could affect the pupil's safety;
- appropriate medical advice should be obtained where necessary.

Where emergency medication is unavailable, the School will consider the immediate risk and seek appropriate medical advice.

33. TRANSFER OF MEDICATION

Where medication is transferred between the School and another location, appropriate records should be maintained. This may include medication taken:

- on educational visits;
- on residential visits;
- in School vehicles;
- to external sporting activities;
- to swimming or specialist facilities.

Medication should be transferred securely and remain under the supervision of an authorised responsible adult.

34. DISPOSAL OF MEDICATION

Expired, discontinued or unused medication should normally be returned to the parent/carer for appropriate disposal. Where this is not possible, the School will seek appropriate advice, including from a community pharmacy, regarding safe disposal. Medication must not be disposed of in ordinary waste where doing so would create a safety risk.

35. FIRST-AID RECORDS AND DATA PROTECTION

Information about a pupil's medical condition or medication is confidential. Information will only be shared with staff who require it to carry out their responsibilities safely or where sharing is otherwise lawful and necessary.

Medical information should be:

- stored securely;
- kept accurate and up to date;
- accessible to authorised staff when required;
- retained in accordance with the School's Records Retention arrangements.

First-aid and medication records should be retained in accordance with the School's approved records-retention schedule and applicable legal requirements.

36. RIDDOR

The School will comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Where an accident, injury, occupational disease or dangerous occurrence may be reportable, the Headteacher/Proprietor will assess the circumstances against the current RIDDOR requirements and, where necessary, ensure that the appropriate report is made to the HSE within the required timescale.The School will retain the information required to demonstrate that appropriate reporting decisions have been made. RIDDOR reporting requirements are separate from the School's internal accident and incident recording arrangements.The School will also notify its insurers where required by the terms of its insurance arrangements.

37. INCIDENTS, HAZARDS AND NEAR MISSES

The School will maintain appropriate arrangements for recording and reviewing:

- accidents;
- injuries;
- first-aid treatment;
- hazards;
- near misses;
- dangerous occurrences;
- significant illness incidents.

Near misses and hazards should be reported promptly because they may identify risks before an injury occurs.The Headteacher will review significant incidents and, where appropriate:

- investigate the cause;
- review relevant risk assessments;
- introduce corrective action;
- review supervision arrangements;
- identify training needs;
- monitor whether the corrective action has been effective.

38. FIRST-AID ON SCHOOL TRANSPORT

Where a School vehicle is used to transport pupils, appropriate first-aid equipment will be available. Where pupils with significant medical conditions are transported, their required emergency medication must accompany them where appropriate. Staff responsible for transport should know how to summon emergency assistance and should follow the relevant pupil's healthcare arrangements.

39. MONITORING AND AUDIT

The Headteacher/Proprietor will monitor the effectiveness of first-aid and medication arrangements. Monitoring will include, where appropriate:

- first-aid training records;
- expiry dates of qualifications;
- first-aid kit checks;
- medication expiry checks;
- medication administration records;
- accident and incident records;
- emergency medication arrangements;
- educational-visit arrangements;
- implementation of healthcare plans;
- recurring incidents or trends;
- staff awareness and training.

Any identified deficiencies will be addressed promptly. The School will review the effectiveness of this policy following significant incidents or changes in legislation, guidance, premises, staffing or School activities.

40. POLICY REVIEW

This policy will be reviewed annually by the Headteacher/Proprietor and the School Advisory Board and sooner if required by:

- changes in legislation;
- changes to statutory guidance;
- changes to EYFS requirements;
- significant changes to School arrangements;
- a significant accident or medical incident;
- recommendations arising from inspection, audit or professional advice.

The next scheduled review is **September 2027**.

APPENDIX 1 – FIRST-AID NEEDS ASSESSMENT

The School's first-aid needs assessment will consider:

Factor	Consideration
Number of pupils	Approximately 3–11 age range
EYFS	Paediatric first-aid provision
Staff numbers	Number present during normal and extended hours
Premises	School operating from a house-style/Victorian building
Layout	Multiple rooms/floors and access routes
Playground	Supervision and foreseeable injuries
PE/Games	On-site and off-site activities
Swimming	External specialist provision
Educational visits	First-aid and emergency arrangements
Residential visits	24-hour considerations
Transport	First-aid equipment and emergency arrangements
Medical conditions	Asthma, epilepsy, diabetes, allergies and other identified conditions
Visitors/contractors	First-aid provision for non-employees
Staff absence	Cover for trained personnel
Location of kits	Accessible locations throughout School
Emergency access	999 access and emergency vehicle access
Training	Appropriate number and type of trained staff

The assessment should be reviewed annually and following significant changes.