

# Frederick Bremer School



## First Aid and Medicine Policy 2024

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## Frederick Bremer School – First Aid and Medicine Policy

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## Frederick Bremer School – First Aid and Medicine Policy

### 1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

### 2. Legislation and guidance

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

### 3. Roles and responsibilities

#### 3.1 Appointed person(s) and first aiders

- The school's appointed persons are listed in Appendix 1. They are responsible for:
- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Organising individual health care plans for those pupils who require one

First aiders are trained and qualified to carry out the role (see section 9) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment

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- Contacting parents as necessary and arranging where they should meet their child. It is vital, therefore, that parents provide the school with up-to-date contact names and telephone numbers.
- Recording any illness or accident on the pupils SIMS record in the Medical Events section on the same day, or as soon as is reasonably practicable.
- Recording serious incidents involving pupils online via the [MyCompliance](#) online accident form
- Recording accidents involving staff or visitors using the online via the [MyCompliance](#) online accident form as soon as possible after the accident occurs
- Keeping their contact details up to date

The members of staff in the school who are trained in First Aid can be found in Appendix 1.

### 3.2 The local authority and governing board

London Borough of Waltham Forest has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

### 3.4 The Health and Safety Lead

The Health and Safety Lead are responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the Local Authority and HSE when necessary (see section 6)

### 3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Recording any illness or accident on the pupil's SIMS record in the Medical Events section on the same day, or as soon as is reasonably practicable where a first aider/appointed person is not called

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- Completing an accident report via the [MyCompliance](#) online accident form for all incidents they attend to where a first aider/appointed person is not called
- Informing the HR Officer or their manager of any specific health conditions or first aid needs

## 4. First aid procedures

### 4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the first aider or appointed person will contact parents immediately
- The first aider will record details of the accident on SIMS in the pupils record on the same day or as soon as is reasonably practical after an incident resulting in an injury
- The first aider will inform the appointed persons
- The first aider will inform the LA via the [MyCompliance](#) online accident form if necessary

### 4.2 Off-site procedures

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

- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details
- A personal mobile phone to contact the school in an emergency
- The school mobile phone for Duke of Edinburgh overnight trips

Risk assessments will be completed by the trip leader prior to any educational visit that necessitates taking pupils off school premises. See the Educational Visits Policy for more information.

## 5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice

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- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- Student Reception
- The main office
- The sports hall
- All science labs
- All design and technology classrooms
- Minibus

## 6. Record-keeping and reporting

### 6.1 First aid and accident records

- Record any accident or illness on the pupils SIMS record in the Medical Events section on the same day or as soon as possible after an incident
- Record any accident or illness of staff or visitors in the accident book held by the School Business Manager
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at Appendix 2
- Records held in the SIMS record will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

### 6.2 Reporting to the local authority

The appointed persons will report the following to the Accident and Reporting line in accordance with LCoP1-Accident Reporting:

Accidents/Injuries

Occupational Illnesses

Violence and Aggression

Incidents/Near Misses

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### 6.3 Reporting to the HSE via the local authority

The School Business Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

### 6.4 Notifying parents

When necessary, the first aider will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

### 6.5 Reporting to OFSTED and child protection agencies

The Headteacher will notify OFSTED of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

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The Headteacher will also notify the Local Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

### **7. Pupils with medical conditions**

Parents/carers have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents/carers should give details in conjunction with their child's GP and Paediatrician. The school nurse may also provide additional background information and practical training for school staff.

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an Individual Healthcare Plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

The School will support pupils with medical needs to remain in school and reduce any unnecessary barriers to pupils participating in any aspect of school life.

However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

#### **7.1 Individual healthcare plans**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the appointed persons.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments



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- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

### 8. Administering Medicines in school

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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Staff will ensure that records are kept of any medication given.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

**Asthma inhalers will be held by the school for emergency use, as per the Department of Health's protocol.**

### **8.1 Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in Student Reception and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **8.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

### **8.3 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the Student Reception or main office unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No

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parent should have to give up working because the school is failing to support their child's medical needs

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## 9. Defibrillator

In the event of a cardiac arrest there are Automated External Defibrillator (AED) located in Student Reception, the LRC and Reprographics. These are checked regularly by the appointed person who has been trained to use the defibrillator. If someone is unconscious and not breathing normally, dial 999 immediately; the operator will explain when and how to perform CPR and use this defibrillator. The list of staff who have been trained in the use of the defibrillator can be found in Appendix 1. However, training is not required to use the defibrillator.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/843393/AED\\_guide\\_for\\_schools\\_Sept2019\\_v2\\_accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843393/AED_guide_for_schools_Sept2019_v2_accessible.pdf)

## 10. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

Staff are encouraged to renew their first aid training when it is no longer valid.

## 11. Monitoring arrangements

This policy will be reviewed by the School Business Manager every 2 years. At every review, the policy will be approved by the Headteacher.

## 12. Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Educational Visits Policy
- LBWF LCoP1 Accident Reporting

## Appendix 1: List of qualified first aiders

### Appointed persons

Staff Member's Name	Role	Contact Details

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Gemma Anderson	Pastoral Support Officer	3405
Angelina Tomlinson	Welfare Officer (10am to 2pm)	3404

### Qualified first aiders

Name	Contact	Name	Contact
Abigail Sturt	3482	Jordan Brade	PE
Amanda O'Brien	3419	Kareem Kavde	3413
Angelina Tomlinson	3404	Laura Hall	3348
Anil Gulcin Kandil	TA	Michael Alaile	PE
Charlotte Piercey*	3344	Prudence Bevoir-Stephens	3411
Grace Kenny	3431	Saleema Mahmood	3006
Harriet Cooke	3316	Sally Harrild	English
Hazel Turner	3353	Shahzaib Ahmed	3317
Heather Hammond	Midday Supervisor	Shamus Lacey	TA
Jim Hogge	TA	Shermaine Lewis	3352
Janet Young	3481	Steve Moore	3356
Jennifer Sims	TA	Stuart Golledge	3419
Jessica Dixon	3410	Tara McInerney	3319
Jessica Loky	3403	Yasmeen Sher	TA
Johnny Beckett	3346	Yolanda Younes*	3414
Fatou Bojang	TA		

\*On maternity leave

### Staff trained to use the Defibrillator

Gemma Anderson	3405	Pedro Pires	Equans
Sue Hall	3359	Philip Ketedzie	Equans
Harriet Cooke	3316	Sam Apple-McKen	Equans
		Lloyd Russell	Equans
		Paul Humphris	Equans

**Appendix 2: Accident report form**



<b>Name of injured person</b>		<b>Role/class</b>	
<b>Date and time of incident</b>		<b>Location of incident</b>	
<b>Incident details</b>			
<p><i>Describe in detail what happened, how it happened and what injuries the person incurred</i></p>			
<b>Action taken</b>			
<p><i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i></p>			
<b>Follow-up action required</b>			
<p><i>Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again</i></p> <p><i>Report made to AIR line?</i></p>			
<b>Name of person attending the incident</b>			
<b>Signature</b>		<b>Date</b>	

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**Appendix 3: first aid training log**



Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
<i>E.g. first aid</i>			
<i>E.g. paediatric first aid</i>			
<i>E.g. anaphylaxis</i>			



**Appendix 4: Frederick Bremer School: Record of medicines administered to pupils**

Name of pupil .....

DATE	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

## Useful Contacts

### Allergy UK

Allergy Help Line: (01322) 619864

Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

### The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and [www.allergyinschools.co.uk](http://www.allergyinschools.co.uk)

### Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: [www.asbah.org](http://www.asbah.org)

### Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: [www.asthma.org.uk](http://www.asthma.org.uk)

### Council for Disabled Children

Tel: (020) 7843 1900

Website: [www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

### Contact a Family

Helpline: 0808 808 3555

Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

### Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

### Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

### Department for Education and Skills

Tel: 0870 000 2288

Website: [www.dfes.gov.uk](http://www.dfes.gov.uk)

### Department of Health

Tel: (020) 7210 4850

Website: [www.dh.gov.uk](http://www.dh.gov.uk)

### Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: [www.drc-gb.org](http://www.drc-gb.org)

### Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

### Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: [www.hse.gov.uk](http://www.hse.gov.uk)

### Health Education Trust

Tel: (01789) 773915

Website: [www.healthedtrust.com](http://www.healthedtrust.com)





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### **Hyperactive Children’s Support Group**

Tel: (01243) 551313

Website: [www.hacsg.org.uk](http://www.hacsg.org.uk)

### **MENCAP**

Telephone: (020) 7454 0454

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

### **National Eczema Society**

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: [www.eczema.org](http://www.eczema.org)

### **National Society for Epilepsy**

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

### **Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: [www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)