



First Aid Policy

Fairview Community Primary School

Reviewed: December 2025

Review Due: December 2026

FIRST AID AND MEDICINES POLICY

REVIEW PROCEDURES

The First Aid and Medicines Policy for Fairview Community Primary School is to be reviewed annually by the Headteacher.

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1. STATEMENT OF INTENT

The Governing Body believes that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the school.

We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at school, and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the school is appropriately insured, and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the school office/medical room. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant, and all staff should be aware of.

This policy has safety as its highest priority: safety for the students and adults receiving first aid or medicines and safety for the adults who administer them

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

Name: _____ **Signature:** _____ **Date:** _____

Headteacher

2. Roles and Responsibilities

2.1 The Governing Body

The Governing Board has ultimate responsibility for health and safety matters - including First Aid in the School.

Ensure the first aid provision is reviewed annually and/or after any operational changes, to ensure that it remains appropriate for the activities undertaken.

Ensure the school provides first aid materials, equipment and facilities.

Ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported

2.2 The Headteacher

Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes.

Ensure that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times and that their names are prominently displayed throughout the school.

Ensure that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.

Ensure all staff are aware of first aid procedures.

Ensure appropriate risk assessments are completed and appropriate measures are put in place.

Undertake, or ensure that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.

Ensure that adequate space is available for catering to the medical needs of students.

Report specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3 AHT Inclusion with support from the Family Support Manager

Ensure that students with medical conditions are identified and properly supported in the school, including supporting staff on implementing a student's Healthcare Plan (refer to Supporting Children with Medical Conditions policy – click [here](#) for our policies page).

Work with the Headteacher and School Business Manager to determine the training needs of school staff.

Administer first aid and medicines in line with current training and the requirements of this policy (Family Support Manager)

2.4 Appointed person(s) and first aiders

The appointed persons are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that the contents of each first aid box and any associated first aid equipment are periodically checked (e.g. defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for the replacement of any first aid supplies and equipment which has been used or are out of date
- Ensuring that an ambulance or other professional medical help is summoned, when appropriate
- Sending students home to recover, where necessary

First aiders are trained and qualified to carry out the role 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 (bumps to the head are referred to an appointed first aider).
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.

2.5 Staff Trained to Administer Medicines to Pupils

Members of staff in the school who have been trained to oversee the administration of medicines must ensure that:

- Only prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- A second member of staff will witness the dosage administered.
- Wherever possible, the student will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine, and will ensure an adult witness is present to confirm dosage.
- If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- Records are kept of any medication given.

2.6 Other Staff

2.6.1 Ensure they follow first aid procedures.

2.6.2 Ensure they know who the first aiders in school are and contact them straight away.

2.6.3 Inform the Headteacher or their manager of any specific health conditions or first aid needs.

3.Arrangements

The First Aid Team

The members of staff in the school who trained in First Aid are:

Paediatric

- Sara Donovan
- Aimee Stockbridge
- Leah Marchant
- Erica Pope
- Liz Hewkins
- Sarah Gibson
- Megan Davies
- Sophie Downham
- Michele Filmer
- Lorine Cowdry
- Louise Warn
- Amanda Hammett
- Hayley Packham
- Sam Chapman
- Llian Scales
- Bronwyn Hooper
- Rebecca Mitchell

First Aid at Work (3 day course)

- Liz Hewkins
- Sky Johnston
- Janet Nutley
- Danielle Hind
- Sarah Gibson

Emergency First Aid (1 day course)

- Sarah Gibson
- Ivilina Parashskevova
- Wendy Pithman
- Ben Martin
- Julie Panteli
- Sarah Saputo
- Sophie Downham
- Julie Jury
- Dawn Malaj

Schools First Aid

- Rebecca Leaney
- Claire Armstrong
- Kerry Wood
- Lynne Burgess
- Sean Bodkin
- Caroline Tingley

Outdoor First Aid (Forest School)

- Sara Donovan

Mental Health First Aid

- Sarah Gibson

Trained Staff

The members of staff in the school who are able to administer medicines are:

- Liz Hewkins
- Sarah Gibson
- Sky Johnston
- Julie Jury

3.1 First Aid Boxes

The first aid posts are located in:

- Medical Room
- Foundation Stage kitchen

First Aid travel kits are kept in the medical room and taken on all educational visits

3.2 Medication

Pupils' medication is stored as follows:

- Emergency medication is stored in classroom medical bags and we ensure that pupils have easy access to it.
- All other prescribed medication is stored in the School Office/First Aid Room
- School adults carry pupils' emergency medication with them during any off-site or residential visits and the child is supervised by that adult.

3.3- First Aid Needs Risk Assessment

The school will ensure a first aid needs risk assessment is completed to establish if there is adequate and appropriate first aid provisions in place.

The school will ensure this assessment is reviewed when significant changes occur.

A sufficient number of staff will be trained in First Aid at Work and/or Emergency First Aid at Work as per the outcome of the first aid risk assessment. Re-fresher training will be provided as required.

A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within student's individual health care plans.

3.4 Early Years Requirements

The school ensures first aid requirements set out in the statutory framework for early years foundation stage are in place.

The school ensures enough paediatric first aiders are in place as per the school's first aid needs risk assessment and early years requirements.

The school will ensure all staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within 3 months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years' setting.

The school will ensure paediatric first aid training is renewed every 3 years.

3.5 First Aid

In the case of an accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the injured person can walk, takes him/her to a first aid post and calls for a first aider.
- The first aider administers first aid and records details in our treatment book. A record of treatment slip is completed and sent home with the child for pupil injuries
- More serious accidents and incidents are recorded in our accident book, kept by Julie Trundle, and parents are informed as soon as possible by telephone
- If the injured person has to be taken to hospital and the injury is school activity related then the accident is reported to the Governing Body.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then the Headteacher will arrange for this to be done.

3.6 School Insurance Arrangements

Teachers who undertake responsibilities within this policy will be assured that they are covered by the LA/school's insurance

Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the School Business Manager

3.7 Educational Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

Before residential visits, parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication and feeds not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan, emergency protocols and other details.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent which gives staff permission to administer medication at night or in the morning if required.

For day trips, a risk assessment will be completed, including the name of the first aider attending and adequate first aid supplies will be taken on the day. If an accident occurs off site, the school office will be telephoned so that parents can be informed.

3.8 Administering Medicines to Pupils in School

New parents are asked if their child has any health conditions or health issues as part of the new starter pack, which is filled out at the start of each school year. Subsequently, home visits or planned visits with the School team will allow fuller discussion and detail and these take place as a matter of course when a child has medical needs.

The School team updates its records of health conditions, medicines and permissions for all children annually and as a matter of course.

Prescribed medicines may be administered in school (by an appropriately trained staff member) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours, and the school will administer as few doses during the day as possible to avoid disruption to lessons and reduce the chances of missing a dose. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office.

Staff will ensure that records are kept of any medication given. Medication, e.g for

pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken.

Non-prescribed medicines must not be taken in school (unless for a long-term chronic condition for which permission must be given by a parent)

3.9 Storage/Disposal of Medicines

Wherever possible, children will be able to access their medicines quickly and easily. Pupils' emergency medicine will not be locked away out of the pupil's access; this is especially important on school trips. It is the responsibility of the School to return medicines that are no longer required, to the parent for safe disposal.

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

All controlled drugs are kept in a lockable cupboard in the medical room and only named staff have access, even if pupils normally administer the medication themselves.

Medication is labelled and is stored alongside drug recording sheets.

The expiry dates for all medication stored at school are checked routinely as part of administration routines.

An office first aider, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose.

Medication is stored in accordance with instructions, paying particular note to temperature.

All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year and that new supplies are sent to school in a timely way. School staff are responsible for informing parents in good time when supplies are running out.

All out of date medication is sent home

3.10 Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

3.11 Allergies

Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

Allergy Awareness is covered in depth in the Allergy Awareness policy that supports this First Aid & Administration of Medicines policy

3.12 Defibrillators

Defibrillators are available within the school Medical Room, the office adjacent to the KS2 Disco Door and on the outside of the PE store. First aiders are trained in the use of defibrillators.

The local NHS ambulance service has been notified of their location.

This equipment is regularly checked by office staff.

3.13 Pupils with Special Medical Needs – Individual Healthcare Plans

Please also refer to [Supporting Pupils with Medical Conditions policy](#)

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

Epileptic

Asthmatic

Have severe allergies, which may result in anaphylactic shock

Diabetic

Such pupils are regarded as having medical needs. Most children with medical

needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

The School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

The School will not send pupils with medical needs home frequently or create 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.

Individual health care plans (IHP) and Education, Health and Care (EHC) plans will help the school to identify the necessary safety measures to support students with special needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment. Not all pupils with a special need will require an IHP or EHC. It will be agreed with a healthcare professional and the parents when an IHP or EHC would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision. Where a student has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHP.

Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, 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.

If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's individual health care plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. Short courses of medication are recorded on drugs sheets and in medical notes.

- All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the individual health care plan for staff to administer medication.
- If a pupil requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the pupil's individual health care Plan. The school and parents keep a copy of this agreement.
- Where relevant, parents of pupils with medical conditions are asked at the start of the school year if they and their child's healthcare professional believe the child is able to manage, carry and administer their own medication.

- Pupils with diabetes have their own folder to record any medical interventions required during the school day, and all such interventions are witnessed by a second adult to limit the risk of mistakes being made.
- The school will seek advice from its insurers in respect of any medical procedure which may require additional insurance cover

3.14 Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999).

Each student's IHP will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

3.15 Accident Recording and Reporting

First aid and accident record book

- a) For minor injuries a 'first aid note' on green paper, containing as much detail as possible, will be sent home to parents (and telephone call made if considered appropriate)
- b) For more serious injuries or incidents, a telephone call will be made to parents and an accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. A copy will be provided to parents.
- c) As much detail as possible should be supplied when completing the accident form – which must be completed fully.
- d) Records held in the first aid and accident book 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.

Reporting to the HSE

- a) The Headteacher 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).
- b) The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 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 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.

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

[How to make a RIDDOR report - RIDDOR - HSE](#)

Notifying parents

The first aider who has administered the first aid check will inform the parent/carer of any accident or injury sustained by the student, and any first aid treatment given or if the student refused to have first aid assistance, on the same day.

Reporting to Ofsted and child protection agencies

a) Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

b) The Headteacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

3.16 Mental Health First Aid

Please refer to the school's Staff Wellbeing policy

4. Conclusions

- 4.1. This First Aid and Medicine policy reflects the school's serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- 4.2. The storage, organisation, and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

Appendix
Forms

Appendix 1:	Contacting Emergency Services
Appendix 2:	Parental agreement for school to administer medicine
Appendix 3:	Record of regular medicine administered to an individual child
Appendix 4:	Health Care Plan - Asthma
Appendix 5:	Health Care Plan - Allergic reaction - EpiPen®
Appendix 6:	Bump Note home to parents

Appendix 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

01634 338710

2. Give your location as follows (*insert school address*)

**Fairview Community Primary School, Drewery Drive, Wigmore,
Gillingham, Kent**

3. State that the postcode is:

ME8 0NU

4. Give exact location in the school

5. Give your name

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

Appendix 2



Fairview Community Primary School

PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION MEDICINE

(one form to be completed for each medicine)

The school will not give your child medicine unless you complete and sign this form.

I understand that I must deliver the medicine safely to the school office

Name of child _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy.

We are only able to give your child one dose of medicine per day.

Name/type and strength of medicine _____

(as described on the container) _____

Date commenced _____/_____/_____

End date _____/_____/_____

Dosage and method _____

Time to be given _____

Self administration? Yes / No (delete as appropriate)

Special precautions _____

Are there any side effects that the School should know about?

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature _____

Print Name _____

Date _____

Appendix 3 - Records

Name of child _____

Name and strength of medicine _____

Dose and time medicine to be given _____

Check the medication given coincides with the information stated on Part A

Date	__/__/__	__/__/__	__/__/__
Time given			
Dose given			
Name of member of staff Administering			
2nd Staff initials			
Observations/comments			
Date	__/__/__	__/__/__	__/__/__
Time given			
Dose given			
Name of member of staff Administering			
2nd Staff initials			
Observations/comments			
Date	__/__/__	__/__/__	__/__/__
Time given			
Dose given			
Name of member of staff Administering			
2nd Staff initials			
Observations/comments			

FORM 5

Health Care Plan – Asthma



Fairview Community Primary School

ASTHMA FIRST AID CARE PLAN

Care Plan Review Date:
Medication Expiry Date:

Child Name: _____

DAILY ASTHMA MANAGEMENT

This child's usual asthma signs:

- Cough
 - Wheeze
 - Difficulty breathing
 - Other (please describe)
- _____

Frequency and severity:

- Daily/most days
 - Frequency (more than x5 a yr)
 - Occasionally (less than x5 a yr)
 - Other (please describe)
- _____

Known Triggers

(i.e. cold, exercise)

Does this pupil need help to take asthma medication?

Does this pupil use a mask with a spacer?

Does this student need a blue/grey reliever puffer medication before exercise?

NAME OF MEDICATION & COLOUR	DOSE/NO OF PUFFS	TIME REQUIRED

Emergency Contact:

Name: _____

Contact Number: _____

Relationship to child: _____

Parent Signature: _____

Date: _____

FORM 6

Fairview Community Primary School

SEVERE ALLERGY CARE PLAN (EPI PEN REQUIRED)

Child's Name: _____

Child's Class: _____

Allergic to: _____

Medication: _____

I have provided 2 Epi Pens: Yes/No

What are your child's sign's/Symptoms? _____

Is there anything else we need to know? _____

Watch for signs of ANAPHYLAXIS

Anaphylaxis may occur without skin symptoms ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY.

A AIRWAY	B BREATHING	C
CONSCIOUSNESS		
Persistent cough	Difficult or noisy breathing	Persistent dizziness
Hoarse voice	Wheeze or persistent cough	Pale or floppy
Difficulty swallowing		Suddenly sleepy
Swollen tongue		Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

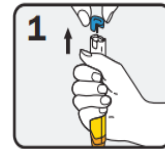
- Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- Use EpiPen without delay
- Dial 999 for ambulance and say ANAPHYLAXIS
***IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with the child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further adrenaline dose using a second EpiPen if available.

How to give EpiPen

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember "blue to sky, orange to the thigh".



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.



Emergency Contact:

Name: _____

Contact Number: _____

Parent Signature: _____

Appendix 4

Fairview Community Primary School – First aid



Dear Parent/Carer,

Child's name.....

Class.....

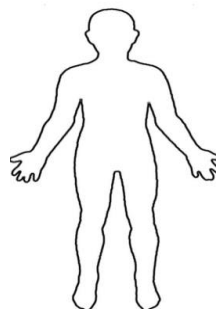
Date & time.....

Staff name.....

Your child has sustained an injury at school today, which required first aid.

Brief detail of incident:											
Bumped head	<input type="checkbox"/>	Slip/Trip Fall	<input type="checkbox"/>	Bruise	<input type="checkbox"/>	Cut knee	<input type="checkbox"/>	Struck by/against something	<input type="checkbox"/>	Pain	<input type="checkbox"/>
Other/notes:											
Treatment given:											
Ice pack	<input type="checkbox"/>	Cold compress	<input type="checkbox"/>	Cleaned	<input type="checkbox"/>	Plaster	<input type="checkbox"/>	<input type="checkbox"/>			
Other/notes:											

Area of incident is:



Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school/academy will keep under review to ensure links are current.

- HSE
<https://www.hse.gov.uk/>
- The Health and Safety (First-Aid) Regulations 1981
<https://www.legislation.gov.uk/ukxi/1981/917/regulation/3/made>
- Department for Education and Skills
www.dfes.gov.uk
- Department of Health
www.dh.gov.uk
- Disability Rights Commission (DRC)
www.drc.org.uk
- Health Education Trust
<https://healtheducationtrust.org.uk/>
- Council for Disabled Children
www.ncb.org.uk/cdc
- Contact a Family
www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK
<https://www.allergyuk.org/>
<https://www.allergyuk.org/information-and-advice/for-school/academys>
- The Anaphylaxis Campaign
www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk

- Cystic Fibrosis Trust
www.cftrust.org.uk
- Diabetes UK
www.diabetes.org.uk
- Epilepsy Action
www.epilepsy.org.uk
- National Society for Epilepsy
www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
www.hacsg.org.uk
- MENCAP
www.mencap.org.uk
- National Eczema Society
www.eczema.org
- Psoriasis Association
www.psoriasis-association.org.uk/