St Peter's CE Primary School, Chippenham Mews, London W9 2AN

First Aid and Administering Medication Policy

Last reviewed: October 2026

Next review due by: October 2027

UNCRC Commitment:

St Peter's CE Primary is fully committed to recognising, respecting, promoting and implementing the Rights of the Child as set out in the United Nations Convention on the Rights of the Child. As a Rights Respecting School, we strive to place the Rights of the Child at the very heart of our policies and practices.

Article 17 You have the right to get information that is important to your well-being

Article 28 You have the right to a good quality education.

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Contents

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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 the statutory framework for the Early Years Foundation Stage, advice from the Department for Education (DfE) on first aid in schools and health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting 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
- The 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
- Special educational needs and disability code of practice: 0 to 25 years (DfE and Department for Health, January 2015, updated 2020) (SEND Code of Practice);
- Keeping children safe in education (DfE, 1st September 2026). (KCSIE);
- Working together to safeguard children (DfE, 2015, last updated 18 March 2026).

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

- The school's appointed person for making sure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits is Cathy Kelly

The paediatric first aiders are responsible for:

- Taking charge when someone is injured or becomes ill
- Making sure that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) 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
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day as, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

3.2 The local authority and governing board

Westminster 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.

3.3 The headteacher

The headteacher is responsible for the implementation of this policy, including:

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

3.4 Staff

School staff are responsible for:

- Making sure they follow first aid procedures
- Making sure they know who the paediatric first aiders in school are
- Completing accident reports using Medical Tracker for all incidents they attend to
- Informing the headteacher 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 the scene until help arrives
- If the injured person (or their parents/carers, in the case of pupils) has not provided their consent to the school to receive first aid, the first aider will act in accordance with the

alternative arrangements (for example, contacting a medical professional to deliver the treatment)

- 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, the office will contact parents/carers and ask them to collect their child. On the parents/carers' arrival, the first aider will recommend next steps to them
- If emergency services are called, Cathy Kelly will contact parents/carers immediately
- The first aider will complete an accident report form on Medical Tracker on the same day or as soon as is reasonably practicable after an incident resulting in an injury

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 Off-site procedures

When taking pupils off the school premises, staff will make sure that they always have the following:

- A school mobile phone
- A portable first aid kit including, at minimum:
    - A leaflet giving general advice on first aid
    - 6 individually wrapped sterile adhesive dressings
    - 1 large sterile unmedicated dressing
    - 2 triangular bandages – individually wrapped and preferably sterile
    - 2 safety pins
    - Individually wrapped moist cleansing wipes
    - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents/carers' contact details

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins

- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off school premises and send to the Educational Visits Co-ordinator, Hattie Friedman, two weeks prior to the trip.

The procedure in 4.1 will be followed as closely as possible for any off-site accidents (though whether the parents/carers can collect their child will depend on the location and duration of the trip).

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage (EYFS).

5. First aid equipment

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

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

5.1 First aid kits are located:

- Opposite Year 3 outside the staff toilet. This station can be accessed easily by all Midday Meal Supervisors/break time supervisors for all accidents during playtime but is not reachable by children.
- Outside the Deputy's office.
- Ice packs are kept in the freezer outside the Deputy's office.

5.2 Classrooms

Each class has a First Aid Bag and these are also used for trips. These are stored where they are visible and easy to access. All individual Healthcare plans and medication are kept in the classroom and the cupboard is clearly marked with a first aid symbol. 

All staff are asked to report if supplies are running low to the office.

5.3 Emergency asthma pumps and auto-injectors

The school has purchased two emergency asthma pumps and two auto-injectors and these are kept in the school office in a cupboard clearly marked with a first aid symbol. 

See section 4.2 for first aid equipment off the school site.

5.4 Automated external defibrillators

The AED is located in the office in the cupboard marked with a green medical sign.

6. Treatment of head injuries to children

Children often fall and bang themselves, and most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue or cloth) for the child's own comfort, or an ice pack (see ice pack advice page, appendix 4).

Emergency First Aiders should be sought if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.
- Shows a change in behaviour, like being more irritable

If any of the above symptoms occurs in a child who has had a bang to the head**, urgent medical attention is needed**. The emergency services should be contacted and then parents should be informed. In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. After a head injury of any sort, staff must remain vigilant and check the pupil **at least every half hour** and take the appropriate action if the child develops a problem. All injuries must be reported to the class teacher or whoever is teaching the pupil. If an accident

occurs during break or lunchtime the duty staff **must ensure that the class teacher is immediately aware** of the injury so that they can remain vigilant.

If a child sustains a head injury whilst at school, the following information should be recorded from any witness:

- How and where the injury happened?
- If they fell, how far did they fall?
- What did they hit their head against?
- Did the child lose consciousness? If so, for how long?
- How did they appear afterwards?
- Did they vomit afterwards?
- Was the child observed to have any other problem after the injury?

This information should be given to parents afterwards as it may be that the child becomes unwell after school and the information will be helpful to parents if they need to see a doctor.

In addition, parents will be notified by phone following any minor head injury to their child and invited in to inspect the injury. Each head injury will also be recorded on Medical Tracker and parents will be notified.

7. Administering medicine 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/carers' written consent

The person administering the medicine will keep a record using Medical Tracker. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

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

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 recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

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

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

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.

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

For longer term medication, e.g. asthmas pumps, insulin, cetirizine, epi-pens children will require a Healthcare Plan. These are checked and reviewed annually by the Deputy Head, Hattie Friedman. For further information on pupils with medical conditions in school please see the Supporting Children with Medical conditions policy.

7.1 Storage of Medication

Medications kept in the school are stored alongside the Parental consent form for administering medicine in each classroom. Medication that needs to be kept in the fridge are stored in the fridge in the Chippenham room in a green locked box.

7.2 Record keeping - Medicine

Staff should record any instances when medicine is administered using Medical Tracker. This includes if children use their asthma pumps. The records need to include, date and time of medicine administered, its name and the dose given. Older children may take their own Medicine under the supervision of an adult, if this has been agreed by parents. This this needs to be recorded on Medical Tracker.

7.3 Administering Medication (See Appendix 2)

If a child needs medication during school hours the following procedure is to be followed;

- Parent completes a medication request form. This is kept in a file in the medical room. The medication is stored in the fridge in the Chippenham Room in a green locked box.

- Medication will only be accepted where it is in its original container, complete with dispensing label including the child's name and instructions for administering from a qualified healthcare professional. When no longer required, medicines should be returned to the parent to arrange for safe disposal.

- The class TA or teacher administers the medication and records it using Medical Tracker.

- Asthma pumps and EpiPens are kept in a marked box together with the child's health care plan and these are kept in their classroom. A copy of each child's health care plan is also kept in the Medical Room and one is kept with the medication.

- Emergency school asthma pumps (2) and auto-injectors (2) are kept in the office in the cupboard marked with a green medical sign.

- St Peter's will store medication that is in date and labelled in its original container.

- The exceptions to this are insulin and adrenalin (auto-injector), which although must still be in date, will generally be supplied in an injector pen or pump. Sharps boxes should always be used for the disposal of needles and other sharps.

- Sharps boxes must be provided by parents and disposed of by parents.

- After discussions with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plan notes.

8. Record-keeping and reporting

8.1 First aid and incident forms

- An incident form will be completed using Medical Tracker by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible will be supplied when reporting an accident, including all of the information included in the accident form (see appendix 1)
- For accidents involving pupils, a copy of the accident report form will be kept on Medical Tracker
- Records held on Medical Tracker 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.

8.2 Reporting to the HSE

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

The headteacher will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These 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) which:
        - Covers more than 10% of the whole body's total surface area; or
        - Causes significant damage to the eyes, respiratory system or other vital organs
    - 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the headteacher will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g. from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm
    - Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent
- 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

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

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

8.3 Notifying parents/carers (early years only)

The office will inform parents/carers 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. This will be done using the notifications section of Medical Tracker. Parents/carers will also be informed if emergency services are called.

9. Training

At St Peter's all class teachers, support staff and non-class based staff have undertaken online approved emergency first aid training on the TES EduCare e-learning platform (July 2026). They will be responsible for giving immediate help with common injuries or illnesses and when necessary, ensuring that an ambulance or other medical professional help is called.

Paediatric First Aid Training:

- Jo Okello
- Catherine Bourne
- Chris Smith
- Hanefa Ali

Their names will also be displayed prominently around the school site.

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.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate that meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

10. Monitoring arrangements

This policy will be monitored by the headteacher and reviewed by the Governing body annually.

At every review, the policy will be approved by the Governing body

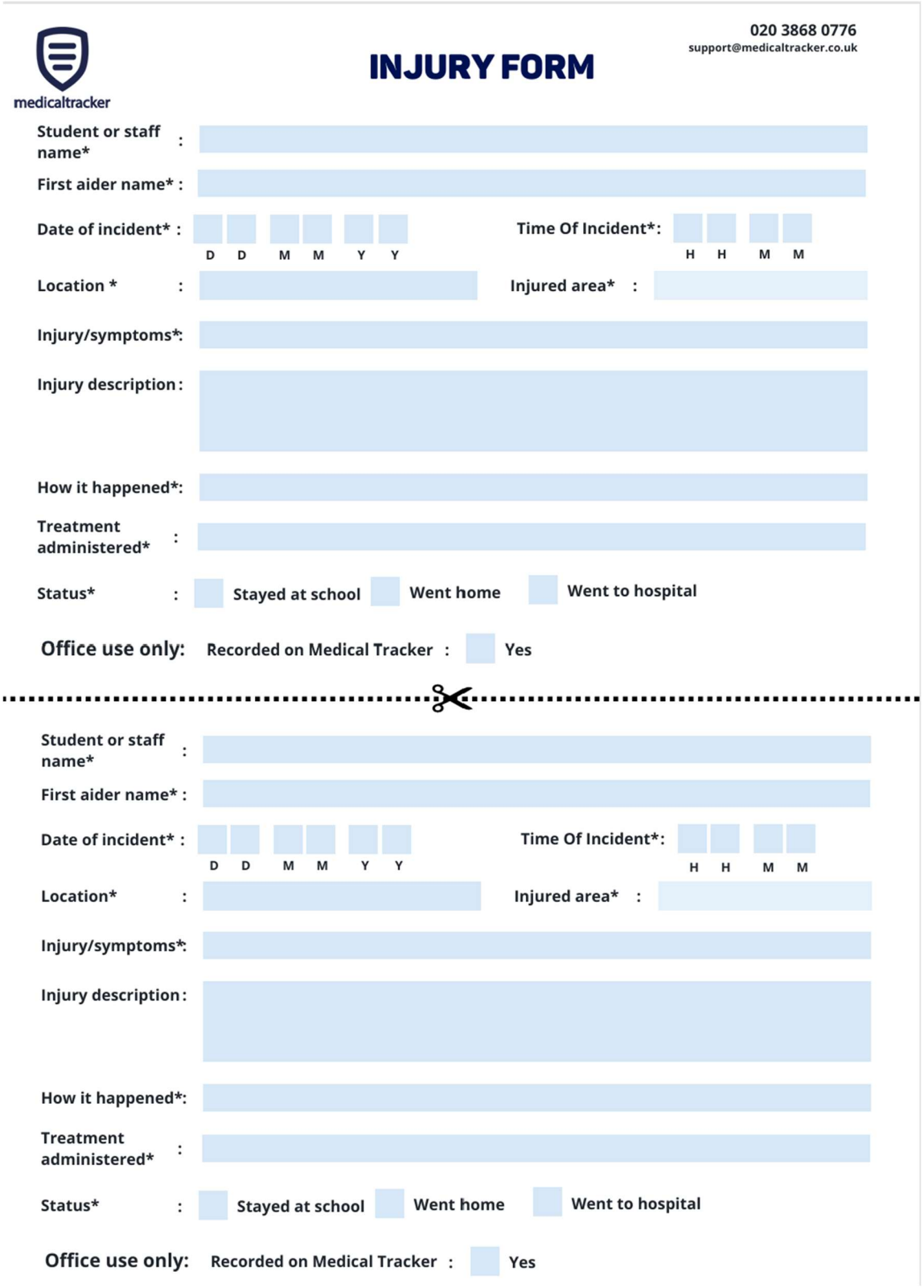
The first aid provision will be reviewed by the headteacher at least annually.

11. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Supporting pupils with medical conditions policy

Appendix 1: Medical Tracker injury form



medicaltracker

020 3868 0776
support@medicaltracker.co.uk

INJURY FORM

Student or staff name* :

First aider name* :

Date of incident* : D D M M Y Y

Time Of Incident*: H H M M

Location * :

Injured area* :

Injury/symptoms*:

Injury description :

How it happened*:

Treatment administered* :

Status* : Stayed at school | Went home | Went to hospital

Office use only: Recorded on Medical Tracker : Yes

Student or staff name* :

First aider name* :

Date of incident* : D D M M Y Y

Time Of Incident*: H H M M

Location* :

Injured area* :

Injury/symptoms*:

Injury description :

How it happened*:

Treatment administered* :

Status* : Stayed at school | Went home | Went to hospital

Office use only: Recorded on Medical Tracker : Yes

Appendix 2: Medicines management staff handout

Medicines Management Staff Handout

We all have a duty to support pupils with medical conditions at school, so they have equal opportunities to participate in school life.

We will only administer prescription and non-prescription medicines when:

- It would be detrimental to a child's health or school attendance not to do so, **and**
- Where we have parent's written consent
    - The only exception to this is where medicine has been prescribed without the knowledge of the parent/carer (e.g. contraceptives) – but even in this case, you should encourage pupils to involve their parents/carers

Some pupils have individual healthcare plans (IHPs)

- It sets out what needs to be done, when and by whom when a child has a medical condition. It's developed with healthcare professionals, and the complexity will vary depending on the child's condition
- It will cover in detail areas such as:
    - What the medical condition is (and its triggers, signs, symptoms and treatments)
    - What the pupil's needs are (such as medication, equipment, dietary requirements)
    - Who needs to be aware of the pupil's condition
    - What to do in an emergency

How we administer medication

We will:

- Check the maximum dosage and when the previous dosage was taken before administering medicine
- Keep a record of all medicines administered
- Inform parents/carers if their child has received medicine or been unwell at school
- Make sure the child knows where their medicine is kept, and can access it immediately
- 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

- Accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date

We won't:

- Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
- Give prescription medicines without appropriate training
- Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
- Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
- Force a child to take their medicine
    - If a pupil refuses, staff will:
        - Follow the procedures in the pupil's IHP (if they have one)
        - Inform parents/carers so we can consider alternative options

How we store medication

- We will **not** lock away:
    - Asthma inhalers
    - Blood glucose testing meters
    - Adrenaline pens
- We **will** lock away controlled drugs in a secure cupboard (e.g. morphine or methadone)
    - Only named staff will have access to this cupboard
- All medication will be easily accessible in an emergency

We can give non-prescription medicines on school trips

We will only do this if:

- We have written parental consent
- Staff have parental confirmation that the child has used the medication before without negative effect

If you provide a non-prescribed medicine to pupils, you should:

- Make a record for each pupil, explaining what medicine has been administered and when
- Inform the pupil's parents/carers

Appendix 3

Contacting the Emergency Services

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

1. Your telephone number. 0207 186 0082
2. Give your location as follows:

St. Peter's School
Chippenham Mews
London W9 2AN

3. Give your name.
4. Give the name of the person needing help.
5. Give a brief description of the person's symptoms, any known medical condition and any first aid that has been administered. For anaphalyxis say 'PAEDIATRIC ANAPHALYXIS'.
6. Inform ambulance control of best entrance and state that the crew will be met at this entrance and taken to the pupil.
7. Inform parents/carer of the situation.
8. Ensure a copy of the Healthcare plan goes to the hospital along with any medication or used epipens.

Speak clearly and slowly

Appendix 4

ICE PACK ADVICE

Storage

Reusable ice packs are in the freezer outside the Deputy's Office. The sleeves are above the freezer. ***Please make sure the ice packs are put in a sleeve and not directly onto a child's skin*.** If there are no sleeves available then use a paper towel to cover the ice pack.

At St Peter's we use Re-usable ice packs (non-toxic) that are burst and puncture resistant and can be used multiple times over.

NB Please check the ice pack before use and make sure that it has no holes or leaks.

Do:

- ✓ Use for a head bump where there is a visible bump or swelling.
- ✓ Use for a playground/sports injury where there is a visible swelling.
- ✓ Make sure you fill in the injury sheet recording the use of the ice pack and length of time.
- ✓ Return the ice pack to the freezer.

Don't:

- Use an ice pack if there is no bump or swelling.
- Use an ice pack on a graze or scratch.
- Use an ice pack on a rash.
- Use an ice pack without a cover.
- Leave a child with an ice pack for more than 20 minutes.

Please let Cathy or Elaine know if there is a problem with any of the ice packs or if we are running low.