CALDECOTE
PRIMARY SCHOOL
Happy, Healthy, High-Achieving

First Aid and Medicines Policy
November 2026

1. Introduction

It is essential to have in place adequate First Aid provision and medical care for all pupils and school personnel. The school is committed to ensuring that all pupils with medical conditions, both brief and long-term, are supported effectively to enjoy full access to education, including school trips and physical education.

2. Aims

- To provide adequate First Aid provision and medical care for pupils and school personnel.
- To have in place qualified First Aid personnel who maintain up-to-date certifications.
- To have in place adequate, regularly checked First Aid equipment.
- To utilize digital technology (**the First Aid Forms App**) to ensure rapid logging and instantaneous communication with parents.
- To have in place excellent lines of communication with the emergency services and other external agencies.

3. Purpose

This policy:

- Gives clear structures and guidelines to all staff regarding all areas of First Aid and medicines.
- Clearly defines staff responsibilities and statutory duties.
- Ensures the safe use, digital tracking, and secure storage of medicines in the school.
- Ensures the safe, witnessed administration of medicines in the school.
- Ensures robust First Aid cover is available across all school premises and during off-site educational visits.

4. The First Aid Team

All school staff receive basic first aid training as part of their professional development and hold a general duty of care to administer immediate first aid.
The fully trained first aiders in school are:

- **Kate Duncombe**– Fully trained paediatric first aider (12-hour PFA)
- **Nichola Church** – Fully trained paediatric first aider (12-hour PFA)
- **Cheryl Gibbs**– Fully trained paediatric first aider (12-hour PFA)
- **Rachel Lione** – Fully trained paediatric first aider (12-hour PFA)
- **Jacqui Williamson -** Fully trained paediatric first aider (12-hour PFA)
- **Vicky Miles** - Fully trained paediatric first aider (12-hour PFA)

Statutory EYFS Compliance: In accordance with the Early Years Foundation Stage framework, at least one staff member holding a full 12-hour Paediatric First Aid (PFA) certificate will be present on the school site at all times when EYFS/reception children are present. This coverage extends to wrap-around care clubs and all off-site educational trips involving EYFS pupils.

5. Accident Reports & Procedures

In the case of a pupil accident, staff must follow these protocols strictly:

Break and Lunch Times:

- The designated outdoor first aid kit and a school-issued mobile device pre-loaded with the **First Aid Forms App** must be taken outside by duty staff.
- The member of staff on duty administers initial first aid and logs the incident directly into the **First Aid Forms App** before the end of the playtime.
- **Automated Parental Notification:** Once the incident is submitted on the **First Aid Forms App**, the system automatically triggers a secure notification/email to the parents or guardians. Physical paper slips are no longer placed in school bags unless the app network is offline.
- **Serious Injuries:** If the injury is serious, the child must be taken inside to the Medical Room for advanced first aid, if safe to move them. A fully qualified first aider must be called immediately. A message must be sent directly to the main office if emergency services are required.

Classrooms / Indoors:

- If a member of staff is alone with a class, they must send a reliable message, use the internal communication system (red triangle).
- Primary first aid equipment is stationed centrally within the Medical Room (Group Room).

Safeguarding, Photography, and Statutory Logging:

- **Staff must NOT take photographs of pupil injuries** under any circumstances on personal or school devices, unless explicitly prompted by a secure safeguarding protocol.
- **Safeguarding Integration:** The **First Aid Forms App** automatically monitors the frequency and types of injuries per child. If a pupil presents with an injury that raises welfare concerns (e.g., inconsistent explanations, repetitive patterns, or unusual marks), the first aider must flag the incident as a safeguarding concern within the app, which automatically syncs to the school's digital safeguarding database (CPOMS/MyConcern) and alerts the Designated Safeguarding Lead (DSL).
- **HSE & RIDDOR Reporting:** If an accident results in a specified serious injury, fracture, or requires immediate transport to a hospital from the school site, the **First Aid Forms App** entry will automatically escalate an online Accident Record Form (IRF96) workflow to the Senior Leadership Team (SLT) and office staff for statutory RIDDOR reporting.

6. Cuts & Dressings

- All open cuts must be cleaned with sterile gauze and covered to minimize infection risks.
- **Plaster Allergies:** Staff must check the child's medical profile on the **First Aid Forms App** for plaster allergies **BEFORE** one is applied. If the profile is clear, they must still verbally double-check with the child. Children with known allergies to plasters will be treated with alternative hypoallergenic dressings.
- Minor cuts must be logged directly into the **First Aid Forms App**.
- Severe or deep cuts can be initially treated by any staff member, but a fully trained first aider must attend to evaluate the wound, advise on further medical care, ensure the digital app record is comprehensive, and verify that parents are notified.

7. Bumped Heads & Concussion Monitoring

Any bump to the head, regardless of how minor it appears, must be treated as a priority and dealt with immediately.

- **Initial Treatment:** All head bumps must be treated using a cold compress or a protected ice pack.
- **Mandatory Observation:** The child must be closely observed by staff for a minimum of 15 minutes following the incident. The **First Aid Forms App** features a mandatory concussion checklist (monitoring for dizziness, confusion, nausea, lethargy, blurred vision, or a developing headache) that must be filled out to close the incident report.
- **Parental Notification:**
    - *Serious/Symptomatic:* If the bump is severe or the child displays any symptoms of concussion, parents must be contacted **immediately via telephone** in addition to the automated app alert.
    - *Minor:* For minor bumps where the child is well, submitting the report on the **First Aid App** will send a high-priority 'Head Bump Alert' text/email directly to the parents.
- **Staff Briefing:** Class teacher to be informed of the incident to maintain vigilant monitoring for delayed symptoms throughout the remainder of the day.

8. Accident File & Record Retention

- All incident data is stored securely in the cloud via the **First Aid Forms App**, eliminating the need for physical orange accident books.
- **Legal Data Retention:** In compliance with statutory limitations and GDPR guidelines, the digital database securely archives all records until the youngest child recorded within that academic year reaches **21 years of age**.
- System administrators ensure that digital records cannot be deleted or altered once finalized by the attending staff members.

9. Calling the Emergency Services

In the event of a major accident or severe medical emergency, the fully trained First Aider on scene, in consultation with the most senior teacher on site, will make the decision to call emergency services. If delays occur, any staff member may call 999/112 if they believe life is in danger.

Any staff member tasked with calling the emergency services must clearly state:

- The exact nature of the emergency and what has occurred.
- The child's full name and exact age (accessible instantly via the **First Aid App** dashboard).
- Whether the casualty is conscious, breathing, or experiencing severe respiratory distress.
- The exact location and access point of the school:

  Caldecote Primary School, CB23 7NX

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Logistics & Next of Kin:

- While the call is being placed, a member of the office staff or SLT must station themselves at the **School Gate** to open it and guide the emergency vehicle directly into the school grounds.
- **Emergency Contacts:** Emergency contact details and staff/pupil critical allergy profiles are pulled instantly from the school database via the **First Aid App** for immediate handover to paramedics. Parents or staff next-of-kin will be phoned immediately by the office team.

10. First Aid Boxes & Medication Storage

- **The Medical Room (Group Room):** Houses a locked first aid cabinet containing day-to-day medical consumables and standard pupil medicines.
- **Staff Room Fridge:** Used exclusively for medicines that require cold storage (e.g., specific liquid antibiotics). These must be kept in a clearly marked, sealed container out of reach of children.
- **Classroom Storage (Fast-Acting Medication):** Medication required for immediate, life-saving intervention—specifically **Adrenaline Auto-Injectors (AAIs/EpiPens) and Asthma Inhalers**—must **NEVER** be locked away. These are stored safely inside the child's specific classroom in a clearly marked, easily accessible location known to all staff, but out of reach of casual pupil access.
- **Staff Room:** Emergency epipens, emergency inhalers and a Defib unit is stored on the wall above the fridge.

11. Medicines in School

11.1 Administering Medicines

In compliance with national statutory frameworks, Caldecote Primary School will not implement a blanket ban on non-prescription medicines if doing so would be detrimental to a child's health or school attendance.

Medicines will only be administered in school when a formal **Parental Medicine Consent Form** has been submitted digitally or physically to the school office, and when one of the following criteria is met:

- The medication is prescribed by a doctor/dentist and dispensed by a pharmacist, featuring a clear label with the child's name, expiration date, and exact dosage instructions.
- The medication is an over-the-counter (non-prescription) remedy (e.g., paracetamol for acute pain or antihistamines for severe seasonal allergies) accompanied by explicit, time-stamped written parental consent.
- The medication is required 4 or more times per day, or forms a core component of a long-term Individual Health Care Plan (IHCP).
- The medication is required to support a child during an off-site day trip or residential visit.

Note: Parents are always welcome to come into the school during the day to personally administer medication to their child if they prefer.

Mandatory Administration Procedure via the First Aid App:

1. **Dual Staff Verification (The Two-Person Rule):** There must always be **two members of staff present** to administer any medication. Both staff members must verify the child's identity, cross-reference the packaging instructions against the parental consent form on the app, check the expiration date, and confirm the correct dosage. One staff member administers the dose while the second witnesses.
2. **Digital Sign-off:** Every instance of medicine administration must be recorded in the **First Aid App's Medication Module**. Both staff members must enter their digital signatures/credentials to log the entry.
3. **Instant Receipt:** Upon submission, the app instantly sends an automated notification slip home to the parents via text/email detailing the exact time and dosage given.
4. **File Management:** Digital consent forms are kept securely linked to the pupil's profile within the app database and refreshed annually.

Legal Context: While the administration of medication remains a voluntary role for individual staff members within their standard employment contracts, the school administration maintains a collective statutory obligation to ensure that arrangements are in place to support pupils with medical conditions.

11.2 Prohibited Storage

No student is permitted to keep medication in their personal lockers, desks, pockets, or general bags (with the exception of older pupils who have a verified self-management protocol for inhalers outlined in a formal IHCP). All medicines must be surrendered to the school office or class teacher upon arrival.

11.3 Asthma Inhalers & Emergency Stocks

- Children’s designated inhalers must remain in their classroom environment at all times and accompany them to PE sessions, break times, and school trips.
- When a child uses their inhaler, the action must be witnessed by two members of staff, recorded immediately in the **First Aid Forms App**, and a notification will be instantly sent to the parents.
- **Emergency School Stock:** The school holds a back-up supply of generic **emergency salbutamol inhalers and spacer devices**, as well as **emergency Adrenaline Auto-Injectors (AAIs)**. These are strictly reserved as life-saving measures for pupils who have a documented medical diagnosis

and prior written parental consent, but whose own personal devices are broken, empty, or expired.

11.4 Medical Alerts and Condition Displays

At the beginning of each academic year, or immediately upon a new diagnosis, pupil medical profiles are updated across school systems. To ensure rapid response capability during a medical crisis, highly visible Medical Action Plans (including photographs, trigger factors, and emergency steps) for children with severe, life-threatening conditions (e.g., anaphylaxis, brittle asthma, Type 1 diabetes, or epilepsy) are securely displayed in the following locations:

- Directly pinned to the top of the child's digital profile on the **First Aid Forms App** (visible instantly to any staff member scanning or opening the child's file).
- Inside the relevant physical Class Register folder and temporary Teacher/Supply Cover information packs.
- On the secure, confidential Medical Alert Noticeboard located within the Staff Room.
- Directly within the School Kitchen / Catering Office to ensure safe meal distribution by kitchen staff.
- In the front of the parent contact folder, located in the school office.

Next Review Due: November 2027