



ABINGDON  
HOUSE SCHOOL

# First Aid and Medication Policy

**Responsible Person:** Office Manager

**Last Review Date:** January 2025

**Next Review Date:** January 2026

Abingdon House School, Purley (AHSP) is owned and operated by Cavendish Education.

This policy is one of a series of school policies that, taken together, are designed to form a comprehensive statement of the school's aspiration to provide an outstanding education for each of its students and of the mechanisms and procedures in place to achieve this. Accordingly, this policy should be read alongside these policies. In particular it should be read in conjunction with the policies covering equality and diversity, Health and Safety, safeguarding and child protection.

All of these policies have been written, not simply to meet statutory and other requirements, but to enable and evidence the work that the whole school is undertaking to ensure the implementation of its core values.

While this current policy document may be referred to elsewhere in AHSP documentation, including particulars of employment, it is non-contractual.

In the school's policies, unless the specific context requires otherwise, the word "parent" is used in terms of Section 576 of the Education Act 1996 as updated, which states that a 'parent', in relation to a child or young person, includes any person who is not a biological parent but who has parental responsibility, or who has care of the child. Department for Education guidance Understanding and dealing with issues relating to parental responsibility updated August 2023 considers a 'parent' to include:

all biological parents, whether they are married or not

any person who, although not a biological parent, has parental responsibility for a child or young person - this could be an adoptive parent, a step-parent, guardian or other relative

any person who, although not a biological parent and does not have parental responsibility, has care of a child or young person

A person typically has care of a child or young person if they are the person with whom the child lives, either full or part time and who looks after the child, irrespective of what their biological or legal relationship is with the child.

The school employs the services of, among others, the following consulting companies to ensure regulatory compliance and the implementation of best practice:

Peninsula BrightHR

Peninsula Health and Safety

Atlantic Data (DBS)

Educare (online CPD)

SchoolPro (data protection)

Marsh Commercial (insurance)

VWV (legal)

AHSP is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, pupils and visitors to share this commitment.

All outcomes generated by this document must take account of and seek to contribute to safeguarding and promoting the welfare of children and young people at AHSP.

The policy documents of AHSP are revised and published periodically in good faith. They are inevitably subject to revision. On occasions a significant revision, although promulgated in school separately, may have to take effect before the scheduled re-publication of a set of policy documents. Care should therefore be taken to ensure, by consultation with the Senior Leadership Team, that the details of any policy document are still effectively current at a particular moment.

# First Aid Policy, Accident & Emergency Procedure

## First Aiders and First Aid Training

Any first aid requirements should be referred to the main office. There are trained First Aiders on site.

Onsite First Aiders: William Osborne (Facilities Manager) Leyla White (Office Manager) First Aid at Work, British Red Cross

Other staff training: 1 Day Emergency First Aid at Work, British Red Cross.

## Nearest A&E Hospital

**Croydon University Hospital**, 530 London Road, Croydon CR7 7YE, 020 8401 3000 (5 miles)

**St Helier Hospital**, Wrythe Lane, Sutton, Carshalton SM5 1AA, 020 8296 2000 (6.5 miles)

**Epsom Hospital**, Dorking Road, Epsom, Surrey, KT18 7EG, 01372 735 735 (8.9 miles)

Dial 999 if immediate assistance is needed for a serious accident or incident. Make the call, do not assume that someone else is calling.

Students requiring first aid or students who are sick, in the first instance to the School Office for appropriate attention in the School Office or First Aid Room.

- There is always at least one first aid trained member of staff in school when students are present;
- All members of staff with first aid training are responsible for the care of children who are unwell or hurt in an accident. One member of staff with first aid training must be on site until all children have left;
- Any serious accident is to be recorded in the Accident Book which is kept in the School Office;
- Any child who is a cause for concern will immediately have their parents contacted by the Headteacher or the Appointed Person;
- First Aid equipment is kept in the School Office and at various points around the school.  
The School Office team and Facilities Manager are responsible for the upkeep of all first aid boxes;
- A first aid box is taken on school trips and any activity away from the school premises.

## Hygiene

Disposable gloves are made available for use. They are also in each first aid box.

To prevent the spread of infection, adults will ensure that the following good practices are observed:

Disposable gloves to be worn by staff at all times. Any spills of blood or vomit will be wiped up and disposed of using a body fluids disposable kit. Excrement will be flushed down the toilet. Disposable gloves are always used when cleaning up spills of bodily fluids. Floors and other affected surfaces are disinfected daily with safe and appropriate cleaning materials.

The Teaching Assistant from each class is responsible for cleaning up after a child has been ill, ensuring that hygiene procedures are followed. Disinfectant, protective gloves and cleaning equipment are kept in the School Office/and or medical room.

## Sickness

If the child has any of the following they must be sent home:

- Temperature;
- Sickness or diarrhoea
- Unexplained rash

Any child receiving a bump to the head the parent is automatically telephoned by the School Office. If we suspect a student has conjunctivitis, head lice or other condition that could spread to other children, we will ring home and request urgent intervention by the parents in order to prevent an outbreak at school.

Please note that a child cannot be sent home until the Headteacher or, in their absence, the Deputy, has been consulted. For many sickness conditions (such as diarrhoea or vomiting) the student should remain home until symptom free for a period of time (usually 24-48 hours depending on the condition). The school refers to the [Public Health Guidelines](#) regarding illnesses at school and the spread of infection (see Health Protection Management Policy).

## Students With Particular Medical Conditions

Students who have particular medical conditions (i.e. asthma, epilepsy, diabetes etc) have all information pertaining to their condition held on a Medical Form in their personal file. This will cover medication required in school as and when appropriate including information, if appropriate, for ambulance crew to attend the child in an emergency.

## Major Accident to Child

If a major accident occurs the procedure is as follows (protective clothing (gloves) must be worn):

- Do not move without medical advice if a child has suffered a fall/slip etc. and is unable to move around. If able to be moved, the child is to be taken to the First Aid Room;
- Notify the Headteacher or Person in Charge (if the Headteacher is not available);
- The Headteacher or Person in Charge will assess the situation with another First Aider and will decide whether the child needs immediate hospital attention or whether the child can wait for the parent to arrive;
- If the child needs to go straight to hospital, an ambulance will be called. The parent will be called and arrangements will be made to meet the parent at the hospital. A member of staff will accompany the child to hospital and stay with him or her until the parent arrives;
- If the child can wait for the parent to arrive then the parent will be contacted and the child made as comfortable as possible. A member of staff must be with the child at all times until the parent arrives;
- It will then be the parent's decision whether or not to take the child to hospital;
- A report of the accident will then be recorded in the Accident Book and a copy given to the parent;
- The Headteacher will decide as and when appropriate for the need to refer to following the guidance of RIDDOR (Reporting of Injuries Disease or Dangerous Occurrences Regulations).

### **Minor Accident to Child**

If a minor accident occurs the procedure is as follows (protective clothing (gloves) must be worn):

- The child is taken to the School Office;
- The injury is assessed by a First Aider and if necessary the Headteacher or Person in Charge if the Headteacher is not available, is called;
- A First Aider treats the injury;
- The child is resettled in to their room and observed;
- The incident is recorded in the Accident Book and a copy given to the parent.

Any injuries to the head must be dealt with as follows:

- First Aid treatment;
- Class Teacher notified (so they can follow it up in case there are issues later on in the day);
- A phone call home to parents to inform them that an accident with head injury has occurred.

**If a child is sent home due to an accident, this must be recorded in the Accident Book in the School Office.**

## Very Minor Bumps and Bruises

These must be recorded in the Accident Book in the School Office.

Parents are informed in writing and by phone call of any injury to the head.

## Accidents to Adults

**Minor Accidents** such as general grazes, paper cuts, broken nails, are cleaned and a plaster applied if appropriate. This is not recorded in the accident book.

### Major Accidents:

- The Person in Charge is notified who will, with another First Aider, assess the situation and decide whether the adult needs immediate hospital attention or whether the situation can be dealt with by the adult concerned;
- If the adult needs to go straight to hospital, an ambulance will be called;
- The adult emergency contact or a person of their choosing or, where necessary, the next of kin (list held in the School Office), will be telephoned and if possible arrangements made for them to meet the adult at the hospital;
- A report of the accident will then be recorded in the Accident Book and a copy given to the adult concerned.

The Headteacher must decide if the matter is reported to Cavendish - following Cavendish guidelines.

## 1. RIDDOR

Below is a reminder about the rules for reporting injuries to [RIDDOR](#).

### 1.1 RIDDOR reporting - **adults**

#### Injuries and ill health to people at work

Under RIDDOR, the responsible person must report the following [work-related accidents](#), including those caused by physical violence, if an employee is injured, wherever they are working:

- [accidents which result in death](#) or a [specified injury](#) must be reported without delay (see 'Reportable specified injuries');
- [accidents which prevent the injured person from continuing their normal work for more than seven days](#) (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

The responsible person must also report any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing (see 'Reportable diseases').

You can find detailed guidance about RIDDOR reporting and online reporting procedures at [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm).

If you are in control of premises, you are also required to report any work-related deaths and certain injuries to **self-employed people** that take place while they are working at the premises.

### Reportable specified injuries

These include:

- 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:
  - cover more than 10% of the body; or
  - cause 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.

### Physical violence

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a **physical injury, not a psychological reaction** to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

### Reportable occupational diseases

Employers must report occupational diseases when they receive a **written diagnosis from a doctor** that their employee has a reportable disease linked to occupational exposure.

These include:

- carpal tunnel syndrome;

- severe cramp of the hand or forearm;
- occupational dermatitis, eg from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, eg from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

## Stress

Work-related stress and [stress-related illnesses](#) (including post-traumatic stress disorder) [are not reportable](#) under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

## 1.2 RIDDOR reporting - **students**

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- [the death of the person, and arose out of or in connection with a work activity](#); or
- [an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment](#) (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to employees.

[If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is not reportable.](#)

## How do I decide whether an accident to a pupil 'arises out of or is in connection with work'?

The responsible person at the school should consider whether the incident was caused by:

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

So, if a pupil is taken to hospital after breaking an arm during an ICT class, following a fall over a trailing cable, the incident would be reportable. If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity.



This means that many of the common incidents that cause injuries to pupils at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.

### **What about accidents to pupils during sports activities?**

Not all sports injuries to pupils are reportable under RIDDOR, as organized sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable.

Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

### **What about accidents to pupils in a playground?**

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or
- the school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

### **Physical violence**

Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

### **Other scenarios**

#### **Injuries to pupils while travelling on a school bus**

If another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR.

However, you do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

### **Incidents involving pupils on overseas trips**

RIDDOR only applies to activities which take place in Great Britain. So, [any incident overseas is not reportable](#) to HSE.

### **Incidents to pupils on work experience placements**

If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

## **Administration of Medicine during School Hours**

From time to time, parents request that the School should administer medicine to children. All medication must be handed into the School Office for safe storage.

These requests fall into two categories:

1. Children who require emergency medication on a long term basis due to the chronic nature of their illness (such as asthma or epilepsy) or have medication for ADD, ADHD;
2. Children who are suffering from 'casual' ailments (such as coughs or colds).

Generally, no member of staff will administer medicine to children unless authorised to do so. The School Office is responsible for overseeing and authorising the administration of medication.

If a child needs a single dose of medicine at lunchtime, the child must come to the School Office to receive a single dose application. If a parent brings medication into school they have to give written authorisation, with the dose and time the medication is to be given to the student.

All staff administering medication completed training - Administration of Medication in Schools.

If it is unavoidable that a child has to take medicine in school for treatment of a long-term illness, then each individual case will be considered. Teachers are not required to dispense medicines as part of their contracts and any involvement would be purely on a voluntary basis. While students are on site, medication administration will occur in the School Office or

Medical Room, by the administration team. If off site for a trip or activity, the office will provide the trip leader with the medication and instructions for administering.

For the school to agree to assist in long term medication:

- Parents must give written authorisation and instructions to the school for medicines to be administered to their children. This must include instructions regarding dosage and frequency;
- The medicines must be brought to school in a properly labelled container, which states: (a) the name of the medicine, (b) the dosage and (c) the time of administration;
- All medication must be in original NHS prescribed packaging with the child's name and doctor prescribed dosage;
- Medicines will be kept in the School Office in a locked First Aid cabinet and dispensed by the School Admin team. In the absence of Admin staff the Headteacher would assume this role. Where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance.
- Asthma Inhalers are kept in the classroom with the student and taken off site for a trip and any outdoor activities.

Records of daily medication administration are kept in the main office/medical room.

## **Allergies and Dietary Requirements**

If a dietary or medical requirement has been stated on a student's Health Form, the parents are required to complete a Dietary / Medical Form. The School Secretary will distribute these to all new parents at the start of term. Once this has been completed and returned, this will be kept in the Dietary / Medical File in the School Office.

Parents must inform the main office of any changes to allergies or dietary requirements for their child. This paperwork is first completed upon admission to the school, and it is the parent's responsibility to update the school around changes to their child's situation.

A list of students with allergy and dietary requirements is in the office and the kitchen.

## **Anaphylaxis**

Anaphylaxis (nut allergy) is a condition, which appears to be on the increase. It is difficult to diagnose in advance and is often discovered only when a child eats a nut for the first time. For this reason, we ask all parents to observe strictly the following rule:

**NO NUTS OR NUT PRODUCTS OF ANY SORT ARE TO BE BROUGHT INTO THE SCHOOL.**

Peanut butter is particularly hazardous, as even contact with a person who has eaten peanut butter can provoke a reaction. Please be vigilant about any food coming into school; snacks, lunch, birthday cake, cake sales, etc.

## **Procedure in the event of an Anaphylactic Reaction**

Ask someone to ask the Office Staff to:

- Dial 999 and call an ambulance;
- Give the student's name and inform them that they are suffering an Anaphylactic Reaction;
- Call the student's parents and inform them;
- While awaiting medical assistance, staff will administer the Epipen;
- A second dosage will be given after ten minutes if the ambulance has not arrived and his/her condition has not improved.

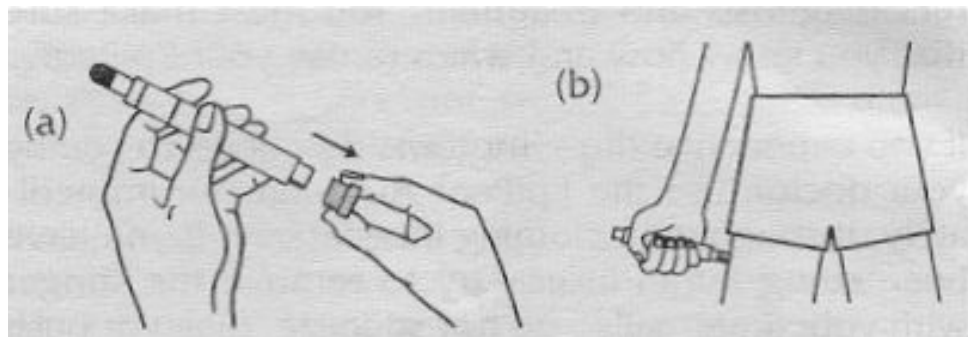
## **Epipen Treatment - Injectable Adrenaline**

Student Epipens are stored in the school office and taken off site for a trip and any outdoor activities.

Staff are regularly trained on anaphylaxis and treatment.

Directions for use are:

- Pull the end off, i.e. the grey cap;
- Hold onto the muscle at the top of the leg, i.e. thigh;
- Aim the pen. It must be placed **OUTSIDE THE THIGH AND LEFT** (see below);



- Press down on the top of the pen: this will click which in turn will push the needle into the leg;
- Count slowly to ten: this allows the adrenaline to be absorbed;
- Withdraw needle, i.e. pull the epipen away;
- Look for a positive response. YOU CAN INJECT A SECOND DOSAGE AFTER TEN MINUTES IF REQUIRED;
- Confirm that an ambulance has been called.

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Appendix 1.

**Abingdon House School, Purley**  
**ADMINISTERING MEDICINES – PARENTAL REQUEST FORM**

In order for a child to receive prescribed medicines or over the counter remedies (e.g. antibiotics or anti-motion sickness remedies), the form below must be completed and signed by the child's parent. **Staff cannot administer prescribed medicines without written permission** and any such medicine or over the counter remedy supplied to the school must have been dispensed by a UK licensed pharmacist. The pharmacist's label showing the child's name, date and the prescribed dosage must be visible. In order to make the medicine(s) more readily visible these should additionally be **prominently marked in large capitals** with the child's name. The School will make every effort to comply with a parent's request but cannot accept responsibility should it fail to do so.

**To be completed by parent/guardian:**

**Full name of child (in capitals):**

**Name of parent/guardian:**

**Full name of prescribed medicine/lotion:**

**First dose due in school/day care:**

Date:  Time:  Quantity:

**Second dose due (if applicable):**

Date:  Time:  Quantity:

**Subsequent dates on which medicine is to be administered (if applicable):**

**Date for last dose(s):**

**I request the school to administer the doses of the medicine(s) as shown above, supplied, I confirm, by a UK licensed pharmacist.**

**Date:**

**Signature:**