Al-Furqaan Prep School

First Aid & Medical Needs Policy

Approved By:	Governors
Reviewed By:	SLT
Last Reviewed:	September 2026
Next Annual Review:	September 2027

First Aid & Medical Needs Policy

Responsibility

The Governing Body has overall responsibility for ensuring appropriate first aid arrangements are in place. The Head Teacher is responsible for implementing this policy and ensuring that appropriate first aid arrangements are maintained throughout the school.

Appointed Person for First Aid

Mr Bilal Aswat is the school's Appointed Person for First Aid.
The Appointed Person supports the school's overall first aid arrangements, including ensuring that appropriate first aid supplies and equipment are available and that additional supplies are ordered when required. He will also support arrangements for contacting the emergency services where required and for maintaining appropriate first aid provision where unforeseen circumstances affect normal arrangements.
The Appointed Person role does not replace the requirement for appropriately trained first aiders.

First Aid Equipment Lead

Zainab Muddassir is the school's designated First Aid Equipment Lead and is responsible for the monitoring of first aid equipment and supplies.

The First Aid Equipment Lead is responsible for:

- carrying out and recording the monthly check of the school's first aid boxes and first aid equipment;
- checking that first aid boxes are accessible, appropriately stocked and fit for use;
- checking applicable expiry dates and arranging for expired or damaged items to be removed and replaced;
- replenishing first aid boxes from central stock;
- identifying supplies which require re-ordering and informing the Appointed Person;
- carrying out the monthly check of the school's spare emergency adrenaline auto-injectors (AAIs), including quantity, condition and expiry dates; and
- promptly reporting significant shortages, damaged equipment or other concerns to the Appointed Person and/or SLT.

Staff using first aid supplies must promptly inform the First Aid Equipment Lead when items are running low, missing, damaged, expired or otherwise require replacement. Staff must not wait for the scheduled monthly check where replenishment is required.

Routine monitoring of individual pupils' prescribed medicines, inhalers, prescribed AAIs and associated medication records is undertaken separately by the school's designated member of staff and does not form part of the First Aid Equipment Lead's monthly equipment check.

First Aiders

The school will ensure sufficient appropriately trained first aiders are available, taking account of pupil and staff numbers and ages, the layout of the premises, identified risks, staff absence and off-site activities.
Qualified first aiders will normally provide first aid. Any member of staff may be asked to undertake first aid tasks but cannot be required to do so. In an emergency, staff are expected to use their best endeavours to secure the welfare of pupils and obtain appropriate medical assistance.
A current list of qualified first aiders and certificate expiry dates will be maintained. First aid certificates must be renewed in accordance with the requirements of the relevant qualification, normally every three years.

Paediatric First Aid (PFA) - Early Years
All staff in Early Years need to hold a valid full-course PFA certificate at all times. Any staff who obtained a Level 2 or Level 3 early years qualification on or after 30 June 2016 must hold either a full PFA or emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at Level 2 or Level 3. PFA training must be renewed every three years. A member of staff holding a current full Paediatric First Aid qualification will be present in the room whenever EYFS children are eating.

First Aid Equipment, Location and Replenishment
The school will provide sufficient first aid materials and equipment in accordance with its First Aid Needs Assessment (AFPS 9). First aid boxes will be clearly identified, suitably located and readily accessible.

First aid boxes are located in:
- Early Years – Nursery and Reception;
- Primary classrooms;
- school dinner/main hall;
- main entrance-for break times;
- kitchen;
- staffroom/designated first aid area;
- STEM Lab;
- Head Teacher's office;
- school minivan; and
- any other locations identified through the First Aid Needs Assessment.

The exact number, type and location of first aid boxes may be amended where necessary following changes to the premises, activities, pupil needs or the First Aid Needs Assessment.

The school's central supply of first aid materials is kept in the staffroom/designated first aid area. First aid boxes will be stocked in accordance with the school's First Aid Box Contents & Stock Reference Guide (AFPS 9.1), which sets out the school's agreed standard stock levels informed by current guidance and the First Aid Needs Assessment (AFPS 9).

The First Aid Equipment Lead is responsible for carrying out scheduled monthly checks of first aid boxes and equipment, replenishing boxes from the central supply and monitoring central stock levels so that additional supplies can be ordered as required.

Staff must inform the First Aid Equipment Lead promptly if first aid supplies are running low, missing, damaged, expired or otherwise require replacement. Staff must not wait for the scheduled monthly check where earlier replenishment is required.

School Minibus First Aid Kit
The school minivan will carry a clearly marked, readily accessible first aid kit containing the items specified in the school's First Aid Box Contents & Stock Reference Guide. The kit will form part of the monthly first aid equipment checks.

Spare Adrenaline Auto-Injectors (AAIs)
The school maintains spare AAIs for emergency use. Current agreed provision is:

- Early Years: 2 x 150 microgram spare AAIs – Nursery Office
- Main School: 2 x 300 microgram spare AAIs – Designated First Aid Area in the staffroom

The provision will be reviewed where pupil needs or relevant guidance changes. Spare AAIs are safely stored in clearly identified, unlocked locations that are readily accessible in an emergency and in accordance with the manufacturer's instructions.

The First Aid Equipment Lead will check monthly that the expected number is present, each device is within its expiry date, packaging/device appears undamaged, storage remains appropriate and replacement is arranged before expiry.
The school's spare AAIs do not replace pupils' own prescribed AAIs. Further arrangements are contained in the school's Allergy Safety Policy and the pupil's Individual Healthcare Plan/BSACI Allergy Action Plan.

Practical First Aid Arrangements

- First aid should normally be provided by an appropriately **qualified First Aider**. Where first aid is required, a First Aider should be contacted promptly. If the injured or unwell person cannot be safely moved, they should remain where they are and a First Aider should be called to them.
- First aid treatment will normally be provided in the **designated first aid area**, where appropriate. However, treatment may be provided at the location of the incident where moving the casualty would be inappropriate or unsafe.
- Staff providing first aid must follow appropriate **infection-prevention and hygiene procedures**. Hands should be washed before and after providing first aid, and disposable gloves must be worn where there is a risk of contact with blood or bodily fluids.
- Minor cuts and grazes should be cleaned appropriately using **clean water or sterile cleansing wipes**, as appropriate. Lotions, creams or other preparations must not be applied unless specifically required as part of an individual's agreed medical arrangements.

- Cuts or wounds should be covered, where appropriate, with a suitable sterile dressing or plaster.
- Following first aid treatment, **waste contaminated with blood or bodily fluids**, including soiled dressings, wipes and disposable PPE, must be disposed of safely in the school's designated **yellow clinical-waste bags**. The bag must be securely sealed and placed in the designated **clinical-waste bin located in the staff toilets**. Ordinary used PPE that is not contaminated with blood or bodily fluids may be disposed of in general waste. Staff must remove PPE safely and wash their hands thoroughly following first aid treatment and waste disposal.
- First aid treatment and accidents must be recorded in accordance with the Recording First Aid and Accidents section below.
- **All head injuries** must be appropriately recorded by the First Aider and reported promptly to SLT.
- Where an injury or illness is serious, deteriorates, or is beyond the competence of the First Aider, **appropriate professional medical assistance must be sought without delay**, including calling 999 where required.

Recording First Aid and Accidents
A written record must be made of accidents, injuries and incidents requiring first aid. Records should include, as appropriate:

- the date, time and place of the incident;
- the name of the injured or ill person;
- details of the injury or illness;
- details of the first aid provided;
- what happened immediately afterwards, for example whether the person returned to class/work, went home or required further medical attention; and
- the name/signature of the First Aider or person dealing with the incident.

Pupil Accident Records
Separate pupil accident records are maintained for different areas of the school:

- **Primary pupils** – Accident Record Book kept in the **Head Teacher's office**;
- **Reception pupils** – Accident Record Book kept in the **Reception classroom**; and
- **Nursery pupils** – Accident Record Book kept in the **Nursery**.

Parents/carers of an EYFS child will be informed of any accident or injury sustained by their child on the same day, or as soon as reasonably practicable, and of any first aid treatment given. The school applies the same principle across the school for significant accidents, injuries and first aid treatment.
All head injuries must be appropriately recorded by the First Aider and reported promptly to SLT. SLT will contact the child's parent/carer as soon as possible on the same day to inform them of the head injury and any first aid provided. Where the injury requires urgent medical attention, parents/carers will be contacted immediately; however, contacting parents must not delay necessary emergency treatment or the calling of the emergency services.

In addition to completing the relevant Accident Record Book, **all pupil accidents and injuries must also be recorded in the pupil's planner and on the designated Accident Log at the back of the planner**. This provides parents/carers with a written record of the injury and any first aid provided.
This is in addition to any direct communication with parents/carers required under this policy, including the school's procedure for head injuries.

Staff, Visitors and Other Adults
Accidents and injuries involving **staff, visitors, contractors or other adults on the school premises** must be recorded, as appropriate, in the school's designated **workplace Accident Book**, which is kept securely in the **main school office**.
Accident records must be completed accurately and stored securely to maintain confidentiality and comply with the school's data protection and record-retention arrangements.

Where an accident or incident meets the statutory reporting criteria under **RIDDOR**, the school's designated responsible person will ensure that the appropriate report is made.

Pupils Becoming Unwell During the School Day
Where a pupil becomes unwell during the school day and it is considered that they may need to go home, the **Head Teacher/SLT must be consulted** before arrangements are made for the pupil to leave school. The pupil's parent/carer will be contacted and appropriate arrangements made for collection.
The pupil must remain appropriately supervised while awaiting collection. Where there are concerns that the pupil requires urgent medical attention, appropriate medical assistance must be sought without delay.

Medical Needs and Medicines
Some pupils may have short-term or long-term medical needs requiring medication, additional support or an Individual Healthcare Plan (IHCP). The administration, storage and routine monitoring of pupil medicines will be managed in accordance with the school's medication arrangements and, where applicable, the pupil's IHCP, Allergy Action Plan or other agreed medical plan.

Administration of Medication
The school will only administer medication where a parent/carer has completed the Administering Medication Form (AFPS 10), providing the required information and consent for the medication to be administered.

When administering medication, designated staff must:
1. check the correct pupil's name;
2. check the name of the medication;
3. check the written instructions provided by the parent/carer and any relevant IHCP or medical plan;
4. check the correct dose and method of administration;
5. check the time/frequency at which the medication should be administered;

6. check the expiry date of the medication;
7. administer the medication in accordance with the agreed instructions;
8. record the administration of the medication on AFPS 10; and
9. ensure the parent/carer is informed via ClassDojo by the end of the school day that the medication has been administered.

Where there is any uncertainty about the medication, dosage, instructions or the pupil for whom it is intended, staff must **not administer the medication until clarification has been obtained**.

Storage and Access to Medication

- Medicines are not routinely stored within general first aid boxes.
- Medication brought into school must be appropriately labelled and handed to the **main school office by the parent/carer**, rather than being brought in by the pupil.
- Other pupil medicines will be stored securely in **the main school office** in accordance with the school's medication arrangements.
- Medicines requiring refrigeration will be stored in an appropriate designated refrigerator in accordance with the manufacturer's storage instructions.
- Emergency medicines must **remain readily accessible** and must not be stored in a manner that would prevent prompt access in an emergency.
- Prescribed **asthma reliever inhalers** are kept readily accessible in accordance with the pupil's individual arrangements and must accompany the pupil on educational visits and other activities away from the school premises.
- Pupils' prescribed **adrenaline auto-injectors (AAIs)** are kept in their designated individual emergency bags. These must remain readily accessible and accompany the pupil throughout the school day, including break and lunch times, PE, outdoor activities and educational visits. Responsibility for the emergency bag remains with staff and it must be handed directly from one responsible member of staff to another, rather than responsibility being placed on the child.
- Pupils should not routinely carry or independently manage medication unless this has been specifically agreed as appropriate for the individual pupil in accordance with the school's procedures and relevant medical arrangements.

Non-Prescription Medicines

Where a parent/carer considers it necessary for a pupil to have a non-prescription medicine during the school day, it must be appropriately labelled and handed directly to the main school office by the parent/carer. The required AFPS 10 must be completed before the school administers it. Parents/carers should avoid sending non-prescription medicines into school unless their use during the school day is necessary.

Ongoing Medical Needs

For pupils with ongoing or long-term medical needs, including asthma and allergies, appropriate medical information and parental consent must be obtained and reviewed in accordance with the school's procedures. Parents/carers are responsible

for informing the school promptly of any changes to their child's medication, dosage or medical needs.

Routine checking and monitoring of individual pupils' medicines is undertaken by **the designated person responsible for medicines** and is separate from the First Aid Equipment Lead's monthly first aid equipment check.

Pupils with Allergies and Anaphylaxis
Pupils with known allergies will be supported in accordance with the school's Allergy Policy and their Individual Healthcare Plan/BSACI Allergy Action Plan where applicable.

- administer the appropriate AAI without delay in accordance with the pupil's plan and staff training;
- call 999 and state that anaphylaxis is suspected;
- follow the pupil's emergency plan and monitor the pupil;
- if symptoms have not improved after five minutes, administer a second AAI where available and appropriate; and
- remain with the pupil until emergency medical assistance arrives.

Asthma Emergency
Staff should be alert to signs of an asthma attack, which may include **wheezing, coughing, breathlessness, chest tightness, difficulty speaking or the pupil's usual reliever inhaler not providing relief**.
If a pupil is having an asthma attack:

1. **Stay calm and reassure the pupil.** Sit them upright in a comfortable position. Do not make them lie down.
2. **Follow the pupil's individual Asthma Action Plan/Individual Healthcare Plan**, where available, and obtain their prescribed reliever inhaler promptly.
3. Where the pupil uses a **blue reliever inhaler (salbutamol)**, give **one puff every 30–60 seconds, up to a maximum of 10 puffs**, or until symptoms improve. Shake the inhaler between each puff and use a **spacer** where available.
4. **Call 999 immediately** if:
    - the pupil's symptoms are getting worse at any time;
    - the pupil does not improve after the maximum recommended dose;
    - the pupil does not have access to their reliever inhaler; or
    - there is any serious concern about their breathing or condition.
5. If the pupil has a different type of reliever inhaler, including an **AIR or MART inhaler**, follow the pupil's individual Asthma Action Plan/IHCP and the instructions for their prescribed medication.
6. While awaiting an ambulance, **remain with and reassure the pupil**, continue to monitor their breathing and follow the emergency call handler's instructions.
7. If the ambulance has not arrived after **10 minutes** and the pupil remains unwell, the blue reliever inhaler may be given again at **one puff every 30–60 seconds, up to a further 10 puffs**, unless the pupil's individual plan gives different instructions.
8. If the pupil becomes **unresponsive and is not breathing normally**, commence appropriate CPR and follow the school's emergency first aid procedure.

9. **Inform the pupil's parent/carer as soon as possible**, but this must not delay calling 999 or providing emergency treatment.

Any use of medication and the incident must be **appropriately recorded** in accordance with the school's procedures.

Choking Prevention – EYFS

The school will take appropriate measures to minimise the risk of choking during meals, snacks and food-related activities, particularly within Nursery and Reception.

- Food will be prepared and served in a manner appropriate to children's ages, developmental stages and individual needs, following current DfE safer eating guidance.
- Children will be appropriately seated and supervised while eating. EYFS children must always remain within sight and hearing of a member of staff.
- Staff will remain vigilant throughout mealtimes, recognising that choking can occur silently.
- Potential choking hazards, including food brought from home, will be identified and managed appropriately.
- A member of staff holding a current Paediatric First Aid qualification will be present in the room whenever EYFS children are eating.

Emergency Response to Choking – Whole School

Where a child is suspected of choking, staff must act immediately and follow their first aid training and current Resuscitation Council UK guidance.

- If the child is coughing effectively, encourage them to continue coughing and monitor them closely.
- If the child cannot breathe, speak, cry or cough effectively, shout for help and begin appropriate choking first aid.
- Where a child is unable to cough effectively or has a severe airway obstruction, shout for help and arrange for 999 to be called immediately, while appropriate choking first aid is commenced. If alone, use the phone's speaker function where possible. Do not delay first aid while seeking assistance.
- For children over one year old, give up to five back blows, followed by up to five abdominal thrusts if the obstruction remains. Continue alternating as necessary.
- For infants under one year old, give up to five back blows, followed by up to five chest thrusts if necessary. Abdominal thrusts must not be used on infants.
- If the child becomes unresponsive, place them on a firm, flat surface, ensure 999 has been called, open the airway and attempt five initial rescue breaths before continuing paediatric basic life support (CPR), in accordance with current Resuscitation Council UK guidance, staff training and emergency services instructions.
- Do not perform blind finger sweeps or attempt to remove an object that cannot clearly be seen.

Following a choking incident requiring back blows, chest thrusts or abdominal thrusts, appropriate medical assessment must be arranged, even if the obstruction appears to have cleared.

Recording, Parental Notification and Review
All choking incidents requiring staff intervention must be recorded promptly in the school's relevant Accident Record Book.

The record should include the date, time and location; food or object involved; circumstances and symptoms; first aid intervention; staff involved; medical advice or treatment; and parental notification.
Parents/carers must be informed as soon as practicable following a choking incident requiring intervention. Serious incidents must be reported to SLT immediately.
Choking incidents will be reviewed periodically by SLT and, where relevant, the EYFS management team to identify patterns, recurring risks and any improvements needed to food preparation, supervision, staff training or risk assessments.
These arrangements should be read alongside the school's Allergy Safety Policy and relevant EYFS safer eating arrangements.

Seizures
Where a pupil has a known seizure condition or epilepsy, staff must follow the pupil's **Individual Healthcare Plan (IHP) and/or individual emergency seizure plan**.
If a pupil has a convulsive/tonic-clonic seizure:

1. **Stay calm and note the time the seizure starts.**
2. **Keep the pupil safe.** Move nearby objects that could cause injury and move other pupils away to provide space and privacy. Do not move the pupil unless they are in immediate danger.
3. **Cushion the pupil's head** with something soft and, where possible, loosen tight clothing around the neck.
4. **Do not restrain the pupil** or try to stop the movements.
5. **Do not put anything in the pupil's mouth**, including fingers, and do not give food, drink or medication by mouth during the seizure.
6. **Time the seizure** and observe what happens so that accurate information can be provided afterwards.
7. Once the convulsions have stopped, **check the pupil's breathing and place them in the recovery position**, where appropriate.
8. **Stay with and reassure the pupil** until they have recovered. They may be confused, tired or need time to rest following the seizure.

Call 999 for an ambulance if:

- it is the pupil's **first known seizure**;
- the seizure lasts **longer than is usual for that pupil**, or **more than 5 minutes where their usual seizure duration is not known**;
- another seizure occurs **before the pupil has recovered** from the first;
- the pupil does not recover as expected afterwards;
- the pupil has **difficulty breathing** after the seizure;
- the pupil has sustained a **serious injury**;
- the pupil's individual emergency seizure plan instructs staff to call 999; or
- staff have any serious concern about the pupil's condition.

Where a pupil has been prescribed **emergency rescue medication**, such as buccal midazolam, it must only be administered by staff who have received the appropriate

training and **strictly in accordance with the pupil's individual written emergency protocol/IHCP**.
Parents/carers must be informed of the seizure as soon as possible in accordance with the pupil's individual arrangements. **Contacting parents/carers must not delay calling 999 or providing necessary emergency assistance.**
The seizure, any first aid provided, emergency medication administered and subsequent action must be appropriately recorded.

Diabetes and Other Medical Conditions
Pupils with diabetes must have an **Individual Healthcare Plan (IHCP)** setting out their individual needs, including blood glucose monitoring, insulin arrangements, signs and treatment of low and high blood glucose, emergency procedures and arrangements for PE, meals, trips and other school activities.
Staff providing diabetes care, including blood glucose monitoring or administering insulin, must have received appropriate **pupil-specific training** and be competent to undertake the required care.
Low Blood Glucose (Hypoglycaemia/"Hypo")
A hypo is generally when blood glucose falls below **4 mmol/L**, although the pupil's individual plan must always be followed. Signs may include shaking, sweating, hunger, pallor, dizziness, tiredness, irritability, confusion, difficulty concentrating or unusual behaviour.
If a pupil is experiencing or suspected of having a hypo:

1. **Treat the hypo promptly and follow the pupil's IHCP/individual diabetes plan.**
2. **Do not leave the pupil alone or send them elsewhere to obtain treatment.** Their hypo treatment should be readily accessible and brought to them where necessary.
3. Where appropriate, check the pupil's blood glucose level in accordance with their individual plan.
4. If the pupil is **conscious and able to swallow safely**, give the fast-acting carbohydrate specified in their individual plan, such as glucose tablets, glucose gel, fruit juice or a sugary non-diet drink. The appropriate amount for a child must be determined by their individual diabetes plan/healthcare team.
5. Allow the pupil to rest and **recheck their blood glucose as directed by their IHCP**, continuing treatment if required.
6. Once the pupil has recovered, follow their individual plan regarding any additional longer-acting carbohydrate, meal or snack required.

Severe Hypo
If the pupil becomes **unconscious, has a seizure, is unable to swallow safely or is otherwise seriously unwell**:

- **do not give food or drink by mouth;**
- place the pupil in the **recovery position** where appropriate and monitor their breathing;
- **call 999** for emergency medical assistance;
- where the pupil has been prescribed **glucagon**, it must only be administered by a member of staff who has received appropriate training and in accordance with the pupil's IHCP/emergency diabetes plan; and

- if the pupil becomes unresponsive and is not breathing normally, commence appropriate CPR and follow the school's emergency first aid procedure.

High Blood Glucose (Hyperglycaemia/"Hyper")

Signs of high blood glucose may include increased thirst, frequent urination, tiredness, blurred vision, nausea or abdominal pain.

Where high blood glucose is suspected:

- follow the pupil's **IHCP/individual diabetes plan**;
- allow the pupil unrestricted access to **water and the toilet**;
- blood glucose and/or ketones should be checked where required by the pupil's plan by the pupil or appropriately trained staff;
- insulin or other diabetes treatment must only be administered in accordance with the pupil's individual plan by the pupil or appropriately trained staff; and
- seek urgent medical advice or **call 999** where required by the pupil's IHCP or where the pupil becomes seriously unwell.

Parents/carers must be informed of significant hypo or hyper episodes in accordance with the pupil's individual arrangements. Emergency treatment or calling 999 must not be delayed while attempting to contact parents/carers.

All diabetes-related treatment or medication administered by staff must be appropriately recorded in accordance with the pupil's IHCP and the school's medication procedures.

Blood and Bodily Fluid Spillages

Spillages of blood and bodily fluids, including vomit, urine and faeces, must be dealt with promptly and safely to minimise the risk of infection.

Staff dealing with a spillage must:

- **keep pupils and other people away from the affected area** until it has been safely cleaned. Where necessary, the area should be cordoned off or an appropriate warning sign used;
- obtain the school's **bodily-fluid spillage kit** and use the appropriate cleaning and disinfecting products provided;
- wear appropriate **personal protective equipment (PPE)**. Disposable gloves and an apron should be worn where there is a risk of contact with blood or bodily fluids. Additional protection, such as eye/face protection, should be considered where there is a risk of splashing;
- use disposable absorbent paper towels, cloths or the appropriate materials provided within the spillage kit to absorb and remove the spillage;
- where **absorbent/disinfectant granules** are provided within the approved spillage kit, use them only in accordance with the manufacturer's instructions and for the type of bodily-fluid spillage for which the product is intended;
- clean and disinfect the affected surface using an appropriate product effective against bacteria and viruses, following the **manufacturer's instructions**, including any required dilution, contact time and surface compatibility;
- **never use a chlorine-releasing product directly on a urine spillage** where the product instructions prohibit this. Chlorine-based products must not be mixed with other cleaning or disinfecting products;
- dispose of waste contaminated with blood or bodily fluids, including soiled paper towels, dressings and contaminated disposable PPE, in the school's

designated **yellow clinical-waste bags**. Bags must be securely sealed and placed in the designated **clinical-waste bin located in the staff toilets**;
- dispose of ordinary used PPE that is **not contaminated with blood or bodily fluids** in general waste;
- remove PPE carefully after cleaning is complete; and
- **wash hands thoroughly with soap and water** after removing PPE and completing the cleaning procedure.

Body Fluid Spillage Kits

Designated Body Fluid Spillage Kits are provided in Primary, Reception and Nursery for the safe cleaning of blood, vomit, urine, faeces and other bodily-fluid spillages. Where a bodily-fluid spillage requires cleaning, staff must use the designated Body Fluid Spillage Kit and follow the school's Body Fluid Spillage Procedure. Appropriate PPE must be worn and the area cleaned and disinfected using the products and instructions provided.

After every use, staff must inform the First Aid Equipment Lead so that the kit can be promptly replenished. Do not wait until the monthly check to report used or missing items.

Educational Visits and Off-Site Activities

Appropriate first aid arrangements must be considered as part of the planning and risk assessment for all educational visits and off-site activities.

The Visit Leader/designated staff member must ensure that:

- an appropriate first aid kit is taken. Depending on the nature and circumstances of the visit, this may be an appropriate classroom first aid box or a designated travelling/off-site first aid kit;
- the first aid kit is checked before departure and is appropriately stocked for the visit;
- consideration is given to whether additional first aid equipment or supplies are required, taking account of the nature, location and duration of the activity, the number and ages of pupils, identified hazards, access to emergency assistance and known medical needs;
- sufficient appropriately trained staff are available for the activity and the pupils attending;
- EYFS outings meet the applicable Paediatric First Aid requirements;
- required pupil emergency medication, including prescribed inhalers and AAIs, accompanies the pupil and remains readily accessible in accordance with their Individual Healthcare Plan and the school's medication arrangements;
- relevant pupil medical information and emergency contact information is available to appropriate staff; and
- following the visit, any first aid kit used is returned to its designated location and any used or missing items are promptly replenished.

Calling Emergency Services

Where a serious illness or injury requires emergency medical assistance:

- **Call 999** (or **112**) and request an ambulance.

- Give the call handler the **school's full name, address and postcode**, together with clear information about the location of the casualty within the school.
- Provide details of the casualty's condition and follow the instructions given by the emergency call handler.
- Where appropriate, provide the school's **what3words location** as additional location information if requested or helpful.
- Arrange for a member of staff to meet the ambulance/emergency services at the appropriate school entrance and direct them promptly to the casualty.
- Ensure access routes and gates are kept clear for the emergency services.
- The casualty must remain appropriately supervised and first aid should continue, where required and within the First Aider's competence, until professional medical assistance arrives.
- The pupil's parent/carer must be contacted as soon as possible. **Contacting parents/carers must not delay calling 999 or providing necessary emergency assistance.**
- Where a parent/carer cannot reach the school before the ambulance departs, an appropriate member of staff should accompany the pupil to hospital where necessary, in accordance with the school's emergency arrangements.

RIDDOR

The school will comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Not every accident at school is reportable. The responsible person will determine whether an incident meets the applicable reporting criteria and make any required report to the Health and Safety Executive. School accident records will be maintained irrespective of whether an incident is RIDDOR-reportable.

Related Documents and Records

- Allergies & Medication Central Record
- AFPS 10 - Administrating Medication Consent Form
- AFPS 9.1 - First Aid Box Contents & Stock Reference Guide
- AFPS 9 - First Aid Needs Assessment
- AFPS 9.2 - Monthly First Aid Equipment & Spare AAI Check
- AFPS 9.3 - Body Fluid Spillage Staff Procedure
- Individual Healthcare Plans/BSACI Allergy Action Plans, where applicable