



Medina College



The Island VI Form

Medina College and The Island VI Form

First Aid Policy

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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 advice from the Department for Education (DfE) on [first aid in schools](#) and [health and safety in schools](#), and 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 Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed persons and primary first aiders are the Assistant Heads of Year (Medina College) and the Student Services Team and Office Manager (VI Form). They are responsible for:

- Taking charge when someone is injured or becomes ill
- Making sure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that parents and carers are contacted and an ambulance is summoned when appropriate.
- 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. This will always be approved by a senior leader.
- Completing appropriate documentation dependent on severity of injury (see section 6)

Our school's appointed person(s) and first aiders are listed in appendix 1. Their names will also be displayed prominently around the school site.

3.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but 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 trained first aid personnel 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. This may include the following:
 - **First Aid at Work** – Are qualified personnel who have received training and passed an examination in accordance with national standards. First Aiders are required to undergo refresher training to ensure their skills are maintained.
 - **Emergency First Aid** – Must receive training to enable them to provide basic lifesaving skills. This is a short course supplemented with additional time to cover the specialist
 - risk associated with specific types of workplaces.
 - **Defibrillator Training** – A short course for basic life support and use of a defibrillator.
 - **Anaphylaxis Training** – A short course in the use of EpiPens and anaphylaxis.

- 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 (see first aid procedures for detailed guidance)
- Making sure they know who the appointed person(s) and/or first aiders in school are
- Completing accident reports for all incidents they attend when directed to do so by the first aider or appointed person
- 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 and will follow the following procedure:
 - When first aid assistance is required staff should use the emergency alert to alert on-call and these are prioritised by the on-call staff.
 - Alternatively call Medina College reception on extension 300 or externally on 01983 526523 or The Island VI Form reception on extension 102 or externally on 01983 522886 stating your name and that first aid is required and the exact location.
 - Should a student feel that they require the assistance of a first aider, they should inform a member of staff who can report their request on their behalf, or where possible escort them to Medina College Student Hub or The Island VI Form Student Services office where a qualified first aider will be available to assist.
 - Should a member of staff require first aid assistance and is unable to request themselves, they should inform another member of staff asking for their assistance and to report on their behalf.
- 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 school 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, the school will contact parents/carers immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury

4.2 Off-site procedures

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

- 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 (via Arbor/provision maps)
- Parents/carers' contact details (via Arbor)

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 trip leader prior to any educational visit that necessitates taking pupils off school premises.

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 on school trips and visits.

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.

First aid kits are stored in:

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

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed 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
- For accidents involving pupils, a copy of the accident report form will also be added to the pupil's educational record by the assistant head of year or student services
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

6.2 Reporting to the HSE

The Head of Facilities 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 Head of Facilities 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 Head of Facilities 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)

<http://www.hse.gov.uk/riddor/report.htm>

7. Managing Medications (Medina College)

NB: The Island VI Form does not take responsibility for the administration of prescribed or over-the-counter medicines. The responsibility to carry medicines rests with students. Students are advised to bring in any required medications sufficient for the day and keep them safely about their person. The Island VI form will not store controlled drugs

The administration of medicines is the overall responsibility of parents/carers for students aged 16 and under. The Head is responsible for ensuring students are supported with their medical needs whilst on site, this may include the management of a student’s medication. Reasonable decisions about the level of care required to manage a student’s medication will be made in consultation with parents/carers and relevant health professionals as appropriate and documented accordingly. The day-to-day management and administration of medicines will generally be undertaken by the pastoral hub, Assistant Head of Year - medical.

Routine administration of medicines:

- Self-administration of prescribed and non-prescribed medication.
- In the majority of cases Paracetamol does not need to be carried by students as the school is able to supply it; see “School supplied” below.
- Students under 16 years are never to be administered medicines containing aspirin unless prescribed or authorised by a doctor.

If written parental consent has been obtained and documented on Arbor, age-appropriate doses of Paracetamol, as recommended by the British National Formulary for Children 2024, may be administered to students when appropriate. If this occurs in school (rather than on a trip) an email via Arbor will be sent to Primary Guardians providing details of the Paracetamol administration.

Procedure for students carrying medication for self-administration:

Due to the safety risks involved; students should not be carrying medication without the school’s knowledge and agreement. Therefore, before a student carries prescribed or non-prescribed medication, parents/carers must provide the school with a completed “Parental-School Agreement for the administration of medicines in school”. Each form will be considered individually as indicated previously and will include agreement that:

- The information is correct at the time of writing
- The student will only carry enough medication to cover one school day.

- The medication will be carried in the original packaging, clearly labelled with the student's name and in the case of prescribed medication will have the doctor's directions clearly visible on the pharmacy dispensing label.
- The student has been advised to store the medication safely and informed of the risks of sharing medications

Procedure where students require medications to be administered or supervised by staff

If parents/carers wish the school's staff to administer or supervise the administration of either prescribed or non-prescribed medication to their child, they must provide the school with a completed. "Parental School Agreement for the administration of medicines in school" form. Each form will be considered individually as indicated previously and will include an agreement that:

- The information is correct at the time of writing
- The parent/carer gives consent for a member of school staff to administer the documented medicine in accordance with the school policy.
- The school will be informed immediately, in writing, if there is any change in dosage or frequency of the medication or the medicine is stopped.
- The medication will be provided in the original packaging, clearly labelled with the student's name and in the case of prescribed medication will have the doctor's directions clearly visible on the pharmacy dispensing label.
- The student is responsible for attending the Medical room at the appropriate time to take the medication
- **Parents/carers are aware that school staff are not medically qualified.**

When any medication is administered to a student a record will be kept on file.

If a child refuses to take regular medication this will be documented and the parent/carer informed at the earliest available opportunity. Individual Healthcare Plans (IHCP) will be completed for students when deemed appropriate in discussion with the parents/carers and relevant health professionals where appropriate and possible and reviewed periodically to ensure their continuous suitability. More information is available in the school's policy "Supporting students with medical conditions" January 2026.

Medication administration in an emergency

Where there is the possibility that a student may require the administration of medication in an emergency the Headteacher will need to be consulted prior to the completion of the parental consent form. An IHCP or Action Plan/Card should accompany the form and be kept on file.

Examples of emergency medication include:

- Auto-injector of adrenaline for anaphylaxis
- Buccal (Oro mucosal) Midazolam in major epileptic seizures
- Hydrocortisone for adrenal crisis

Storage of Medications:

The receiving and storage of medicines is the overall responsibility of the Headteacher who will ensure that arrangements are in place to document and store medicines safely. Received medicines must be provided in the original packaging, clearly labelled with the student's name and in the case of prescribed medication will have the doctor's directions clearly visible on the pharmacy dispensing label. This information will be checked by the Assistant Head of Year -

Medical or Head of School against the instructions documented on the completed form “Parental-School Agreement on the administration of medications”.

It is the responsibility of the parents to provide medicine that is in date. Parents should also note the expiry date of medications and supply a replacement in good time. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities. The Assistant Head of Year - medical will do regular checks to ensure that all stored medication is in date; a prompt will be given to parents if this is not the case. The storage of medicines will be undertaken in accordance with product instructions

Disposal of Medications:

It is not the school’s responsibility to dispose of medicines. Medication no longer required or expired will be returned to parents/carer or students. It is the responsibility of the parents/carers to ensure that these medicines are returned to a pharmacy for safe disposal. ‘Sharps boxes’ will be used for the disposal of sharps in the medical room. Collection and disposal of the boxes will be locally arranged as appropriate.

8. Monitoring arrangements

This policy will be monitored by the Headteacher and reviewed every year.

At every review, the policy will be approved by the governing body.

The first aid provision will be reviewed by the Head of School at least annually.

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Policy on supporting pupils with medical conditions
- First Aid Procedures

Appendix 1: list of appointed persons(s) for first aid and/or trained first aiders

STAFF MEMBER'S NAME	ROLE	FIRST AID TRAINING
Zoe Barry	Medical & Mental Health Support	Emergency First Aid
Darren Biddlecombe	Data Manager	Emergency First Aid
Nick Binfield	Humanities	Emergency First Aid
Jody Blackmore	Head of Year 9	Emergency First Aid
Sian Bristow	Head of Year 11	Emergency First Aid
Claire Caddick	PE	First Aid at Work
Justine Cavnor	Reprographics	Emergency First Aid
Tom Dye	PE	Emergency First Aid
Suzanne Dunbar	Administration & Op Support	Emergency First Aid

STAFF MEMBER'S NAME	ROLE	FIRST AID TRAINING
Nadine Goring	Technology	Emergency First Aid
Gavin Gray	ICT	Emergency First Aid
Kirsty Johnson	Safeguarding & Transition Support	Emergency First Aid
Matthew Jones	Geography	Emergency First Aid
Sophie Keenan-Croad	Keystage 3 Pastoral Lead	Emergency First Aid
Alex Logan	Science	First Aid at Work
Gemma Long	Marketing Managing	Emergency First Aid
Damian Mobley	Art	Emergency First Aid
Joseph Murdoch	Associate Headteacher	Emergency First Aid
Kirstie O'Callaghan	Librarian	Emergency First Aid
Cameron Palin	Support	Emergency First Aid
Ian Rock	PE	Emergency First Aid
Roxanne Rogers	Keystage 4 Pastoral Lead	Emergency First Aid
Evelin Toth	Support	Emergency First Aid
Victoria Walker	HR	Full First Aid
Richard Wiseman	Director of Progress & Attainment	Emergency First Aid