ST DOMINIC'S GRAMMAR SCHOOL
EYFS AND EYFS TO SIXTH FORM

FIRST AID, MEDICAL CONDITIONS, MEDICINES, ALLERGY AND ANAPHYLAXIS POLICY

Academic Year 2026-2027

Document control	Details
Policy owner	Headmaster P McNabb
Operational lead	First Aid and Medical Lead – L Grigg
Safeguarding lead	Designated Safeguarding Lead (DSL) N Hastings Smith
Accountable body	Proprietor, supported by the Governing Body
Approved by	P McNabb
Approval date	__22-8-2026_____
Next scheduled review	August 2027, or earlier if law, guidance, needs or incidents require
Publication	Staff SharePoint and School website; accessible copy on request

STATUS: This is the School's combined operational policy. The separately identifiable allergy provisions within Parts E-F satisfy the School's commitment to a dedicated allergy-safety policy and may be published separately if required.

Contents

DOCUMENT RELATIONSHIP: This policy replaces the First Aid and Medication Overview Policy 2026-2027 and the School Allergy and Anaphylaxis Policy 2026-2027. Detailed local risk assessments, pupil IHPs, staff training records and equipment registers sit beneath it and must remain current.

Part A - Purpose, scope and framework

1. Purpose and aims

St Dominic's Grammar School will provide timely and competent first aid; support pupils with medical conditions so that they can access education safely and inclusively; administer medicines through reliable controls; and reduce, prepare for and respond to allergy and anaphylaxis risks.

- protect pupils, staff, visitors, volunteers and contractors on site and during School activities off site;
- ensure that no person delays calling 999 in a medical emergency;
- make reasonable adjustments and avoid unnecessary exclusion from learning, visits, sport, food activities and wider School life;
- provide clear accountability, competent training, accessible emergency medication and auditable records;
- learn from accidents, medication errors, allergic reactions and near misses.

2. Scope

This policy applies throughout EYFS, EYFS, Prep, Senior School and Sixth Form, including before- and after-school care, clubs, transport arranged by the School, educational visits, residential visits, fixtures, events, lettings and activities operated in the School's name. St Dominic's is a day school; boarding-house and on-site GP or nursing arrangements in the QE source policies have not been adopted.

3. Legal and regulatory framework

The policy has regard to the following principal requirements and guidance:

- Health and Safety at Work etc. Act 1974; Health and Safety (First-Aid) Regulations 1981; Management of Health and Safety at Work Regulations 1999;
- Education (Independent School Standards) Regulations 2014, especially paragraphs 11, 13, 14 and 16 and paragraph 23 premises requirements;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR);
- Equality Act 2010, Children and Families Act 2014 section 100 as relevant good practice, Human Medicines Regulations 2012 and Misuse of Drugs legislation;

- current EYFS statutory framework, including paediatric first-aid and medication requirements;
- DfE First aid in schools, early years and further education; Supporting pupils at school with medical conditions; Allergy safety in schools (July 2026); and guidance on emergency inhalers and spare adrenaline auto-injectors;
- Keeping Children Safe in Education 2026, effective 1 September 2026;
- Food Information Regulations 2014, food information amendment requirements for prepacked-for-direct-sale food, and current food hygiene law;
- current ISI inspection framework and the School's related health and safety, safeguarding, educational visits, attendance, SEND, equality, food safety and data-protection policies.

INDEPENDENT-SCHOOL POSITION: The July 2026 DfE allergy guidance states that its new statutory status does not yet extend to independent schools, while indicating future regulatory requirements. St Dominic's adopts its core safeguards now as authoritative best practice and evidence of effective implementation under the Independent School Standards.

Part B - Governance, roles and first-aid provision

4. Accountability and oversight

The Proprietor is accountable for ensuring that suitable policies, resources, accommodation, competent advice and assurance arrangements are in place. Delegation does not remove this accountability. The Governing Body scrutinises implementation and receives at least annual assurance.

The Headmaster is responsible for effective implementation and will appoint a competent First Aid and Medical Lead and a Designated Allergy Lead. The roles may be held by the same suitably trained person. Current named postholders and deputies are recorded in the controlled staff directory, not left dependent on this policy remaining unchanged.

Role	Core responsibilities
Proprietor	Ensure compliance, resources and corrective action; approve policy and receive serious-incident assurance.
Governing Body	Challenge and monitor provision, trends, training, incidents, complaints and overdue actions.
Headmaster	Implement policy; appoint leads; ensure staffing, cover, training, consultation and publication.
First Aid and Medical Lead	Complete needs assessment; coordinate trained cover, rooms, kits, AEDs, registers, records, audits and incident review.
Designated Allergy Lead	Maintain allergy register and IHP system; coordinate training, catering controls, spare AAI arrangements, drills and learning reviews.
DSL	Ensure medical presentations or injuries that may indicate abuse, neglect, self-harm, fabricated or induced illness, or unmet needs are assessed through safeguarding procedures.
Bursar / Estates Manager	Support procurement, premises, statutory reporting, maintenance and contractor/letting controls.
Heads and trip/activity leaders	Apply IHPs and risk assessments; ensure competent cover, medication, communication and emergency arrangements.
All staff	Know how to summon help, call 999, locate emergency equipment, protect dignity, record and report concerns.
Parents/carers	Provide accurate, timely information, consent, in-date labelled medicines/devices and updates.
Pupils	Contribute according to age and understanding; follow safety arrangements; never share medicines or food.

5. First-aid needs assessment and cover

The First Aid and Medical Lead will maintain a written first-aid needs assessment covering numbers and ages, EYFS, site layout, curriculum and machinery hazards, sport, laboratories, kitchens, swimming or off-site activities, previous incidents, foreseeable medical needs, staff and visitor needs, lone working, transport, remote locations, absence and holiday cover.

- Adequate trained cover must be available whenever pupils are present and during School-led off-site activities.
- At least one person with a current full paediatric first-aid certificate must be on the premises and available whenever EYFS children are present and must accompany EYFS outings.
- EYFS staffing qualifications and ratio-counting requirements for paediatric first aid must be met.
- Certificates, competence, expiry dates and refresher needs must be held in a central training matrix.
- First aiders must work within their training; professional medical help must be sought whenever needed.

6. Medical accommodation

The School will maintain suitable, readily available accommodation for medical examination and treatment and the short-term care of sick or injured pupils. It will include a washing facility and be near a toilet. It will not be used for teaching and will be appropriately equipped, supervised, clean, accessible and capable of protecting privacy while maintaining safeguarding.

Part C - First-aid response, equipment and recording

7. Immediate response

1. Make the area safe without placing yourself or others at unreasonable risk.
2. Assess responsiveness and breathing; summon a trained first aider and necessary emergency equipment.
3. Call 999 immediately for a life-threatening or potentially serious emergency. Any person may call; permission is not required.
4. Give first aid within competence, follow the emergency action card and the pupil's IHP where available.
5. Do not move a casualty unless necessary to prevent greater danger.
6. Arrange supervision of other pupils, access for the ambulance and a staff escort where appropriate.
7. Contact parents/carers as soon as practicable, but never delay emergency treatment.
8. Record the event before the end of the working day, escalate safeguarding concerns and preserve relevant evidence.

EMERGENCY THRESHOLD: Call 999 for unconsciousness, abnormal or absent breathing, suspected anaphylaxis, severe asthma not responding to the plan, seizure beyond the individual emergency threshold, severe bleeding, major trauma, suspected spinal injury, poisoning, chest pain, stroke signs, serious burns, or whenever the person's condition causes serious concern.

8. Consent, best endeavours and dignity

Where possible, explain what is proposed and obtain consent. In an emergency, staff will act in the pupil's best interests and use their best endeavours. Treatment must not be delayed because a parent cannot be reached. Staff should use a chaperone where practicable, protect dignity, use appropriate PPE and record intimate or sensitive care. Refusal by a competent pupil must be taken seriously, but urgent professional advice and safeguarding escalation may still be necessary.

9. First-aid kits, emergency equipment and AEDs

Provision and location will follow the current needs assessment. The controlled equipment schedule will identify each kit, responsible checker, frequency, seal or stock status and corrective action. Kits must be accessible, clearly marked, checked at least termly and after use, and contain no routine medicines.

- travelling kits for visits, sports, minibuses and remote areas;
- appropriate burns, eye irrigation and biohazard supplies for identified risks;

- AEDs with visible signage, ready access, recorded status checks and compatible pads;
- pupil-specific emergency medicines and authorised School-held spare emergency medicines;
- suitable PPE and arrangements for blood and bodily-fluid spills.

The existing operational register should include the First Aid Room/Sick Bay, Prep and Senior staff areas, Sixth Form, Dining Hall, EYFS/EYFS, relevant classrooms, laboratories, kitchens, Art/DT, Sports Hall and School vehicles. Exact live locations must be verified each term and displayed to staff.

10. Infection prevention and bodily fluids

Staff will use standard precautions: hand hygiene, appropriate disposable gloves and apron, safe sharps arrangements where relevant, approved spill procedures, secure waste disposal and cleaning/disinfection proportionate to risk. Blood contact, bites, needlestick or splash exposure to eyes or broken skin requires immediate first aid and prompt medical advice.

11. Accident, treatment and parent notification records

Every first-aid treatment or significant illness episode must be recorded promptly with the person, date/time, location, circumstances, injury or symptoms, assessment, action, medicine/device used, responders, witnesses, parent contact, onward care and follow-up. Records must be factual, legible, secure and capable of trend analysis.

For EYFS children, parents/carers must be informed of any accident or injury sustained and any first aid given on the same day, or as soon as reasonably practicable. The School will also meet any applicable notification requirements for serious accident, injury, illness or death.

12. RIDDOR and external reporting

The Bursar, advised by the First Aid and Medical Lead, will decide whether an event is reportable under RIDDOR 2013 using current HSE guidance. A pupil accident is not automatically reportable merely because an ambulance attended or hospital treatment followed; the applicable work-related tests must be met. Other required notifications may include the Proprietor, insurers, local authority, UKHSA, Ofsted/EYFS authorities, police or safeguarding partners depending on the circumstances.

Part D - Supporting medical conditions and administering medicines

13. Inclusive support and Individual Healthcare Plans

The School will work with pupils, parents/carers, healthcare professionals and relevant staff to identify needs and agree safe, proportionate support. Pupils with medical conditions will have full access to education and wider opportunities unless an evidenced clinical or safety reason requires adjustment.

An IHP is required where a condition is long-term, complex, fluctuating, potentially life-threatening, affects access or attendance, requires medicine or emergency intervention, or needs coordinated staff action. It should be agreed before admission or return where practicable, reviewed at least annually and whenever needs or treatment change, and immediately after a significant incident.

14. Accepting medicines

- Parents/carers must provide written consent and complete information.
- Prescription medicine must normally be in the original dispensed container, in date, labelled for the pupil and include clear prescriber/pharmacist instructions.
- The School will not alter dosage without written evidence from an appropriate prescriber or an agreed IHP.
- Non-prescription medicine will be given only under the School's approved protocol, with prior parental consent, age/contraindication checks and a clear health reason; aspirin will not be given to anyone under 16 unless prescribed.
- The School will not accept unlabelled, expired, shared or otherwise unsafe medicine.

15. Storage and access

Medicines must be securely stored according to manufacturer instructions, with access limited to authorised staff. Emergency medicines such as inhalers, AAIs, glucose and seizure rescue medication must be readily accessible and must not be locked away in a manner that delays treatment. Refrigerated medicines require secure temperature-controlled storage. Keys, access arrangements and out-of-hours provision must be reliable.

Pupils may carry and self-administer medicines where competent, authorised and documented in their IHP. A back-up supply should be considered. Staff must know where the medicine is and how to respond if self-management fails.

16. Administration: safe checks and recording

Only trained and authorised staff will administer medicines. Before every administration, check the right pupil, medicine, dose, route, time, reason, expiry date, label/instructions, consent and any previous dose. Check allergies and contraindications. Avoid interruption and do not guess.

- Record administration immediately, including date/time, dose, route and staff signature.
- Record refusal, omission, vomiting/spillage or inability to administer and inform parents/carers when appropriate.
- Never force a pupil to take medicine; assess risk and seek advice.
- Where two-person checking is required by the IHP, medicine type, risk assessment or controlled-drug procedure, both checks must be documented.
- If uncertain, do not administer until advice is obtained, unless emergency lifesaving action is required.

17. Controlled drugs

Controlled drugs may be held for the pupil for whom they are prescribed. They will be kept securely with restricted access, while remaining quickly accessible in an emergency. Receipt, administration, balance, return and disposal will provide a complete audit trail. A witness will be used where required by the School's risk assessment or procedure. A competent pupil may carry a controlled drug where this is agreed and lawful.

18. Errors, adverse reactions, disposal and returns

A medication error, near miss or adverse reaction requires immediate assessment of the pupil, first aid or 999 if necessary, prompt clinical advice (for example NHS 111, pharmacist or prescriber), parent/carer notification, safeguarding consideration and an incident report. Staff must not conceal an error. The lead will preserve records, investigate proportionately and implement learning without delaying care.

Unused, expired or discontinued medicines will normally be returned to the parent/carer for return to a pharmacy. They will not be disposed of in general waste or sinks. Sharps will be placed immediately in an approved sharps container.

19. Absence, reintegration and education

Medical absence must be managed with the Attendance, SEND and safeguarding procedures. Where absence is likely to exceed 15 school days, whether consecutive or cumulative, the School will liaise promptly with the local authority and support continuity of education and reintegration. No pupil will be penalised for disability-related or clinically necessary absence contrary to law or agreed support.

Part E - Allergy safety and risk reduction

20. Allergy-safety principles

- Every allergy is taken seriously; severity can change and previous mild reactions do not predict future reactions.
- Safety and inclusion are planned together; pupils are not unnecessarily excluded or singled out.

- Risk cannot be eliminated by labels such as “allergen-free” or “nut-free”; the School uses an allergy-aware, layered-control approach.
- Pupils’ voices, age, independence, anxiety and wellbeing are considered.
- Serious incidents and near misses are recorded, reviewed and used to improve systems.

21. Identification, register and plans

Allergy information will be collected at admission and parents/carers must update it immediately. The Designated Allergy Lead will maintain a confidential allergy register and ensure an IHP/allergy plan for pupils at risk. Essential information will be shared on a need-to-know basis with teaching, pastoral, catering, office, trip, transport, sports and relevant supply/cover staff. Photographs may be used with appropriate consent and secure handling.

A pupil prescribed an AAI should have two in-date, age/weight-appropriate devices available at all times, including on visits and fixtures, unless an individual clinician directs otherwise. The plan must identify symptoms, known allergens, device type, location, dose, second-dose instructions, positioning, ambulance action and parent contact.

22. Training and rehearsal

All staff will receive allergy-awareness and anaphylaxis-response training before or promptly after taking up duty and at least annually. Training will cover prevention, recognition, immediate AAI use, calling 999, positioning, second dose after five minutes if symptoms persist, and incident reporting. Staff with direct responsibility receive practical device-specific training. Competence and attendance are recorded; substitutes and new starters are briefed. Scenario rehearsals will be conducted at least annually and learning recorded.

23. Catering and food information

- Catering staff must have accurate allergy information and appropriate training, with named responsibility at each service.
- Menus, recipes, ingredients, substitutions and cross-contamination controls must be documented and communicated. Never guess allergen content.
- The 14 regulated allergens must be declared as legally required. Prepacked-for-direct-sale food must carry a full ingredients list with allergens emphasised.
- Pupil identification and meal handover controls must be age-appropriate and robust, particularly in EYFS/EYFS and for pupils unable to self-advocate.
- Last-minute substitutions require re-checking and communication before service.
- External providers, food trucks, events, cooking lessons, cake sales and food brought from home require prior allergy risk assessment and clear rules.
- Food must never be used in a way that exposes a pupil to an allergen for a lesson, experiment, craft or reward without assessed controls and agreement.

24. Food brought from home and restrictions

Parents, pupils and staff will follow School communications about restricted products required by current risk assessments. The School does not claim that the whole site is free of any allergen because this cannot be guaranteed. Where a pupil-specific risk assessment requires tighter controls for a class, area or event, those controls will be clearly communicated and enforced proportionately. Food sharing is discouraged and pupils must not pressure others to eat or touch food.

25. Activities and environmental allergens

Risk assessments must consider food, insect venom, latex, medicines, animals, pollen and other relevant allergens. Particular attention is required for cookery, science, art/craft materials, celebrations, rewards, fundraising, gardening, outdoor learning, animals, PE, packed meals and unfamiliar venues. Controls may include substitution, cleaning, seating, handwashing, separate utensils, supervision, access to medication and emergency communications.

Part F - Anaphylaxis emergency response

26. Recognition

TREAT WITHOUT DELAY: Anaphylaxis may occur without skin symptoms. If there is sudden breathing difficulty, throat/tongue swelling, persistent cough/wheeze, voice change, collapse, marked confusion or floppiness after possible allergen exposure, treat as anaphylaxis. If in doubt, give adrenaline.

Other symptoms can include widespread hives, flushing, swelling of lips/face/eyes, abdominal pain or vomiting. Skin or gastrointestinal symptoms alone require close monitoring and the pupil's plan, but any airway, breathing or circulation symptom makes the reaction an emergency.

27. Emergency sequence

1. Give adrenaline immediately using the pupil's own AAI. If unavailable, use an authorised School-held spare AAI suitable for the pupil.
2. Call 999 and say "anaphylaxis"; state that adrenaline has been given, the exact location and access point.
3. Lie the pupil flat with legs raised. If breathing is difficult, allow them to sit with legs extended. If pregnant, place on the left side. Do not let them stand or walk.
4. Note the time. If symptoms persist after five minutes, give a second AAI. A further device may be given after another five minutes if symptoms persist and one is available, following emergency-service advice.
5. Begin CPR and use the AED if the pupil becomes unresponsive and is not breathing normally.
6. Send used devices with paramedics, ensure a staff member accompanies the pupil where appropriate and contact parents/carers.
7. Hospital assessment is required after suspected anaphylaxis even if the pupil appears to recover.
8. Secure records, replenish devices and conduct a documented learning review promptly.

28. School-held spare AAIs

The School will maintain a documented arrangement for purchasing, storing and using spare AAIs in accordance with current guidance and the Human Medicines Regulations. Written parental consent and medical authorisation will be recorded for pupils who may receive a spare device. The register will identify device type/dose, stock location, expiry, temperature controls and checks. Spare devices supplement, not replace, the pupil's own two devices.

Spare AAIs must be quickly accessible, not locked away in a manner that delays treatment, clearly signposted and portable for higher-risk activities and off-site visits. Current live locations will be recorded in the emergency equipment schedule and communicated to staff; locations stated in the former plan must be verified before adoption.

29. Post-incident and near-miss review

The Designated Allergy Lead will review response timing, recognition, device availability and dose, 999 call, positioning, communication, catering/activity controls, IHP accuracy, staff support and pupil wellbeing. Actions will have owners and deadlines. Serious themes and completion will be reported to the Headmaster, Proprietor and Governing Body without disclosing unnecessary personal data.

Part G - EYFS, visits, sport, transport and events

30. EYFS and EYFS

- At least one current full paediatric first aider is on the premises and available whenever children are present and accompanies outings.
- Parents/carers are informed the same day, or as soon as reasonably practicable, of accidents/injuries and first aid given.

- Medicine is administered only with written parent/carer permission and recorded each time, except that emergency treatment must not be delayed.
- Medical, dietary and allergy information is obtained before attendance and updated; children at risk have an IHP and age-appropriate identification and meal controls.
- Providers notify relevant authorities of serious accident, injury, illness or death as required by the current EYFS framework and related regulations.
- Sleeping children, intimate care, nappy changing and administration of medicine are supervised and recorded in a manner consistent with safeguarding.

31. Educational visits and residentials

The visit leader must review medical and allergy information early enough to plan inclusion. The risk assessment and visit plan will address trained cover, IHP access, two pupil AAIs, spare AAI where authorised, inhalers/rescue medicines, refrigeration, controlled drugs, food and venue liaison, journey delays, mobile signal, nearest emergency care, parental updates and emergency contacts. Medicines stay with the group and are never packed in inaccessible luggage.

32. PE, fixtures, swimming and outdoor activity

Emergency medicines must remain immediately accessible at the activity location and during transitions. Staff must know the relevant pupils and emergency plan. Exertion, cold, heat, pollen, insect stings and remote access must be considered. A pupil must not be excluded solely because of a medical condition or allergy; safe adjustment is planned with the pupil, family and healthcare advice.

33. School transport

Where the School arranges transport, relevant staff will receive necessary information and know how to stop safely, summon emergency help and access medication. Medication must not be stored where heat, cold or delay could make it ineffective or inaccessible. Individual transport arrangements will be reflected in the IHP and risk assessment.

34. Events, visitors, contractors and lettings

The organiser must determine first-aid cover, emergency access, equipment, food/allergen controls and communication. External caterers must provide legally compliant allergen information and manage substitutions and cross-contact. Letting agreements will define responsibilities; the School’s pupil medication will not be assumed available for unrelated users. Visitors requiring support should be encouraged to identify needs confidentially.

Part H - Safeguarding, confidentiality, monitoring and complaints

35. Safeguarding and KCSIE 2026

Medical needs can increase vulnerability and health presentations can be indicators of abuse, neglect, exploitation, self-harm, eating disorder, suicidal ideation or fabricated or induced illness. Staff must not investigate safeguarding concerns themselves; they record facts and report immediately to the DSL or a deputy under the Safeguarding and Child Protection Policy. In an emergency, protect life first and make the safeguarding referral without delay.

Healthcare or intimate care must be delivered in a child-centred, dignity-preserving way with appropriate boundaries, visibility and recording. A concern about an adult’s conduct must be reported through the allegations or low-level-concerns procedure, not managed solely as a medical matter.

36. Confidentiality, information sharing and records

Health information is special-category personal data. The School will collect only what is necessary, use it lawfully, keep it accurate and secure, restrict access, and retain it under the records-retention schedule. Data

protection does not prevent proportionate information sharing to protect a child. Emergency responders and staff responsible for the pupil must receive the information needed to act safely.

37. Training, audit and assurance

Assurance item	Minimum evidence
First-aid needs assessment	Annual review and after significant change or incident
Training matrix	Role, course, provider, issue/expiry, refresher and cover gaps
Medical/IHP register	Current plans, consent, reviews, staff acknowledgement
Allergy readiness	Annual whole-staff training, practical competence, scenario drill and near-miss review
Equipment and medicines	Recorded location, checks, expiry, temperature and corrective action
Catering controls	Training, recipes, substitutions, PPDS labels, cross-contact checks and incident response
Incident oversight	Termly trend review; prompt serious-incident review; actions tracked to closure
Governance	Annual report to Proprietor and Governing Body, with material risks escalated sooner

38. Complaints and policy availability

Concerns should first be raised promptly with the Headmaster or relevant lead so that safety can be addressed. Formal complaints follow the School's Complaints Policy. This does not prevent a safeguarding referral, contact with emergency services, a regulator or other lawful external route. The policy is available to staff and parents, published as required and can be supplied in an accessible format.

39. Review

The Headmaster will ensure review at least annually and earlier after a serious incident or near miss, a material change in pupil need, premises or provision, updated law/guidance, an inspection finding, complaint, audit gap or evidence that controls are ineffective. Each review and approval will be recorded.

Appendix 1 - Emergency action cards

A. Anaphylaxis

1. Give AAI immediately - if in doubt, give it.
2. Call 999: “anaphylaxis; adrenaline given”.
3. Lie flat with legs raised; breathing difficulty: sit with legs extended. Never stand or walk.
4. Give second AAI after 5 minutes if symptoms persist.
5. CPR/AED if unresponsive and not breathing normally.
6. Hospital assessment; inform parents; record and review.

B. Asthma attack

1. Keep calm; sit upright; use the pupil’s reliever inhaler/spacer in line with the IHP or current emergency guidance.
2. Call 999 if severe, worsening, exhausted, unable to speak normally, blue/grey, or not improving.
3. Use the authorised spare emergency inhaler only for a pupil recorded as permitted.
4. Continue treatment while awaiting the ambulance; never leave the pupil alone.
5. Record, inform parents and review.

C. Seizure

1. Protect from injury, cushion the head, time the seizure and clear the area.
2. Do not restrain and put nothing in the mouth.
3. Follow the IHP and give prescribed rescue medicine only if trained and authorised.
4. Call 999 for first seizure, breathing difficulty, serious injury, repeated seizures, seizure beyond the IHP threshold or any serious concern.
5. Recovery position when convulsions stop and breathing is normal; stay and reassure.

D. Unresponsive/not breathing normally

1. Call 999 and send for AED.
2. Start CPR immediately and follow the 999 call-handler/AED prompts.
3. Continue until professional help takes over, normal breathing returns or you cannot continue.

E. Severe bleeding

1. Call 999; apply firm direct pressure with dressing/cloth and use PPE if available.
2. Do not remove embedded objects; press around them.
3. Use haemostatic dressing or tourniquet only if trained and indicated.
4. Treat for shock, monitor breathing and record.

Appendix 2 - Individual Healthcare Plan minimum content

- Pupil details, photograph where appropriate, condition, symptoms, triggers and functional impact.
- Pupil and parent/carer views; healthcare professional advice and contacts.
- Daily care, access arrangements, reasonable adjustments and attendance/learning support.
- Medicines/devices: name, dose, route, timing, storage, access, self-administration and back-up.
- Emergency signs, actions, trained staff, 999 threshold, positioning and parent contact.
- Allergy-specific allergens, reaction history, AAI type/dose and two-device arrangements.
- Food/catering, classroom, PE, trip, transport and event controls.
- Confidentiality and information-sharing arrangements.
- Training required and staff acknowledgement.
- Plan author, agreement date, review date and review triggers.

Pupil / plan reference

_____

Responsible lead

_____L Grigg_____

Date agreed / next review

_____Annual_____

Appendix 3 - Medicine administration and error records

Medicine administration record	Entry
Pupil / date of birth	
Medicine / strength / form	
Dose / route / reason	
Prescriber / label instructions	
Consent and IHP checked	Yes / No / N/A
Date and exact time	
Expiry checked	Yes / No
Outcome / refusal / omission	
Administering staff signature	
Second checker (if required)	
Parent/carer informed	Time / method / by whom

Medication error / near-miss record	Entry
What happened and when	
Pupil assessment and immediate action	
Clinical advice obtained	
Parent/carer informed	
DSL/safeguarding consideration	
People notified	
Contributory factors	
Learning/actions, owner and deadline	
Review and closure	

Appendix 4 - First-aid and incident record

Person, role/year group and date of birth

_____

Date, time and exact location

_____

What happened, including activity and witnesses

_____

_____

_____

Injury, illness or symptoms observed

_____

_____

Assessment, first aid and equipment/medicine used

_____

_____

_____

Emergency services / onward medical care

_____

_____

Parent/carer contact: time, method and outcome

_____

_____

Safeguarding or RIDDOR consideration and escalation

_____

_____

Follow-up, learning and actions

_____

_____

Responder name, qualification and signature

_____

Appendix 5 - Allergy and anaphylaxis readiness checklist

☐ Named Designated Allergy Lead (L Grigg) and deputy (C Rubery) confirmed.

☐ Allergy register reconciled with admission/medical information.

☐ IHPs current and accessible; staff acknowledge relevant plans.

☐ Two pupil AAIs available where prescribed; dose/type/expiry verified.

☐ Spare AAIs, consent register, signage, temperatures and checks current.

☐ Whole-staff annual training completed; practical competence and induction gaps addressed.

☐ Catering lists, recipes, substitutions, PPDS labelling and cross-contact controls checked.

☐ EYFS/EYFS meal identification, supervision and parent communication checked.

☐ Trip, PE, transport, clubs, events and lettings arrangements checked.

☐ Anaphylaxis scenario rehearsal completed and learning actions closed.

☐ Incidents and near misses reviewed; pupil wellbeing and anxiety considered.

☐ Annual report and approval completed.

Completed by / role

_____L Grigg __and C Rubery_____

Date / next check

_____1-9-2026_____

Actions and deadlines

_____

_____

_____

Appendix 6 - First-aid and emergency equipment schedule

Location / activity	Kit or device	Responsible checker	Frequency / last check	Action
First Aid Room / Sick Bay				
School Office / Reception				
EYFS / EYFS				
Prep area				
Senior School area				
Sixth Form				
Dining Hall / kitchen				
Sports Hall / playing areas				
Science / Art / DT high-risk areas				
School vehicles / travelling kits				
AED location(s)				
Spare AAI location(s)				
Other identified location				

CONTROL: This schedule deliberately requires live verification. It replaces reliance on static legacy location lists and must be displayed or distributed in the operational format staff use.

Appendix 7 - Adoption and annual assurance record

Adoption check	Owner	Evidence / completion
Named leads and deputies confirmed	Headmaster	
First-aid needs assessment current	First Aid and Medical Lead	
Medical room and equipment compliant	Bursar / Estates Manager	
Training matrix and EYFS PFA cover current	Headmaster	
IHP, consent and medicine records audited	Medical Lead	
Allergy and catering readiness verified	Designated Allergy Lead / Catering Lead	
Emergency equipment and spare medicines verified	Medical Lead	
Staff consultation and briefing completed	Headmaster	
Governance scrutiny recorded	Chair	
Policy approved and published	Proprietor	

Role	Name	Date
Chair of the Governing Body	Sir Michael Griffiths	30-8-2026
Headmaster	Mr Peter McNabb	22-8-2026
First Aid and Medical Lead	L Grigg	1-9-2026
Designated Allergy Lead	C Rubery	1-9-2026

Appendix 8 - Legal and guidance references

- **Education (Independent School Standards) Regulations 2014:** https://www.legislation.gov.uk/uksi/2014/3283/contents
- **DfE: First aid in schools, early years and further education:** https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education
- **DfE: Supporting pupils at school with medical conditions:** https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- **DfE: Allergy safety in schools, published 6 July 2026:** https://www.gov.uk/government/publications/allergy-safety-in-schools
- **DfE: Keeping Children Safe in Education 2026:** https://www.gov.uk/government/publications/keeping-children-safe-in-education--2
- **DfE: Early years foundation stage statutory framework:** https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2
- **HSE: First aid at work:** https://www.hse.gov.uk/firstaid/
- **HSE: RIDDOR in schools:** https://www.hse.gov.uk/riddor/
- **ISI inspection framework:** https://www.isi.net/inspection-explained/inspection-framework/interactive-version/
- **UKHSA: Health protection in children and young people settings:** https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

References should be checked at each review because guidance and operational links can change.