



Millhouse

Primary School and Nursery

First Aid & Medical Policy

To be reviewed:	Spring Term 2026
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First Aid & Medication Policy

Appointed Person:	Sally Neame – Office Manager Jenny Haken – Head of School
First Aiders:	Updated list is kept in First Aid cupboard and with personnel manager.
First Aid Boxes:	The primary first aid box is kept in the school office. Every classroom has a basic first aid kit. First Aid boxes / bags are taken onto the playground for playtimes and lunchtimes (Each class takes out their own first aid kit). Ice packs are stored in the staff room, Nursery fridge and school office. There is a fully stocked First Aid kit kept in the EYFS department
Medical/First Aid Room:	The School Office doubles as a medical room. (First aid treatment takes place within the classroom or on the playground)
Accident Report Book:	An accident report book is kept in the School Office (school staff only). This must be used to report any accidents had by adults or visitors in the school. Each class has their own first aid record to record when first aid has been administered. This is taken outside with the class first aid kit.
PPE:	Plastic gloves are to be worn when dealing with all incidents. Bloods/soiled dressing and used gloves should be disposed of in the 'first aid waste' bin in the School Office (in the black lidded bins in the classroom).

Medications

- The school will administer medicines, as long as they have been prescribed by a doctor and require a dose **four** times a day. A 'medicine consent form' must be filled in and signed by the parent. A record is kept of all medicines administered at school. The parent must bring in and collect the medication. No medications will be given to a child to take home. Medicines will be administered by the school office staff unless a child's care plan states otherwise. Medicines will be stored securely in the school office unless a care plan states otherwise.

Procedures

See the attached appendix for school procedures.

Illness

The decision to send an unwell child home will be made by the Head of School. If neither are available the office staff will make an informed decision.

Children with Special Medical Conditions/Needs (including Asthma)

These children will have protocols in a health care plan which will be drawn up in consultation with the Inclusion Team, parents and medical professionals and will be circulated to staff as appropriate. These are to be reviewed annually or more often if necessary. A list of children with special medical conditions is issued to class teachers. (see separate policy regarding managing medical conditions)

Children needing personal changing/intimate care

We follow EYFS statutory guidance on meeting the needs of the individual child. We acknowledge that very young children will have toileting 'accidents' and, in rare cases, may still wear nappies. These children will be assisted in the class toilet area by two members of staff. The pupil's dignity will be considered and staff will encourage each child to do as much for themselves as they can. (see Intimate Care Policy)

Plans will be made for all children with regular requirements of an intimate nature. e.g. IEPs. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

Recording and reporting

All accidents and injuries will be recorded in the First Aid records. Injuries or first aid treatment given to pupils will be recorded in the class or outdoor first aid files. Injuries or accidents involving adults must be recorded in the Accident Reporting Book (in the school office).

If any injury causes concern, the parent will be rung by the office staff. Injuries resulting in an adult or child being sent for medical treatment will be recorded, following the latest Essex LA and RIDDOR (Reporting Injuries, Diseases and Dangerous Occurrences) guidelines.

Monitoring

This policy will be monitored by the senior leadership team in accordance with our procedures outlined below. It should be read and followed in conjunction with the Child Protection, Supporting Pupils with Medical Conditions, Intimate Care, Health, Safety & Wellbeing and Inclusion policies.

The Governing Board (CARS committee) will review the policy every three years.

MEDICAL AND FIRST AID PROCEDURES

Person with overall responsibility for medical and first aid in school:	Jenny Haken
Person responsible for storing and ordering First Aid equipment:	Sally Neame
Person responsible for specific individual healthcare plans:	Sam Durdle
Person responsible for asthma care plans:	Sally Neame
Person responsible for allergy identification and recording:	Sally Neame
Person responsible for allergy care plans (auto-injectors):	Jenny Haken
Main First Aid point location:	School Office
Other First Aid locations / facilities:	Each class has a small first aid kit containing plasters and wipes. First Aid kits are also taken outside at break and lunchtimes and on school visits
Location of Automatic External Defibrillator (AED)	Staffroom, next to cupboards
Appointed Paediatric First Aiders:	Jenny Haken, Sophie Jones, Lisa Nugent, Maria Rivers, Sally Neame, Denise Rebbeck, Lisa Phillips, Julie McKeon, Tracy Morse, Una Kerrigan
Appointed First Aiders:	All front office staff, LSAs and MDAs are first aid trained

Procedures – First Aid

Classroom	<ul style="list-style-type: none"> • Each class has a basic first aid kit containing wipes & plasters. • LSA (in class or year group) to deal with any minor first aid issues within the class • Any soft tissue injury can be treated in the classroom, following the procedures outlined below. • Class First Aid Record to be filled in after any treatment given (in the class or anywhere else) • Treatment letter to be sent home with child at the end of the day.
Playground – morning break time	<ul style="list-style-type: none"> • Member of staff on duty to take out first aid kit for year group use • Any first aid treatment given must be recorded on class first aid record • Treatment letter to be filled in by member of staff who carried out the first aid treatment and sent home with child at the end of the day.

Playground - lunchtime	<ul style="list-style-type: none"> • KS1 & EYFS MDAs to administer first aid for own class and record on class first aid record • KS2 - Member of staff on first aid duty to take out first aid kit • First aid will be set up under the pergola on the KS2 playground. • First aid treatment recorded in the lunchtime first aid record. • Treatment letter to be filled in by member of staff who carried out the treatment and given to class teacher or LSA to be sent home with the child at the end of the day.
Hall - lunchtime	<ul style="list-style-type: none"> • Member of staff on duty or responsible for child at that time to use first aid equipment in the school office. • First aid treatment needs to be initially recorded in the lunchtime first aid record but transferred to the class record at the end of lunchtime.

Procedures – specific injuries or conditions

Head injury	<ul style="list-style-type: none"> • Any head injury must be examined thoroughly. • Ask child to take their hair out of any bands etc. • An ice pack (not wet cotton wool) must be applied and child must sit with you for a minimum of 10 minutes. • Observe child during this time – if they appear ok (no dizziness, nausea and are not pale or clammy) they can carry on with play. • Make sure the class teacher knows. • Adults to keep observing during the day for any signs of concussion. • Record the injury and treatment on the class first aid record & let the office know about it. • Make a phone call to the child's parent to let them know. Parent may want to come and check their child – this is ok. • Send home a first aid treatment letter with the child at the end of the day (even if a phone call has been made).
Soft tissue injury (twist, sprain etc)	<ul style="list-style-type: none"> • This can be treated in class or on the playground – child does not need to come to the office. • If a child says they have twisted a part of their body examine carefully and observe their pain threshold.

	<ul style="list-style-type: none"> • Apply an ice pack if they are in significant pain and elevate/support the injured area. • Child needs to rest for a minimum of 10 minutes (use common sense). • Record the injury and treatment on the class first aid record & let the office know about it. • If the child is in a lot of pain, let the office know and someone will come and give a second opinion – DO NOT MAKE THE CHILD WALK TO THE OFFICE IF THEY HAVE INJURED THEIR FOOT OR LEG. • If the child is still in pain after 15 minutes or if the injury looks more serious, call the parent and ask them to collect the child and get them checked by a medical professional. • Send home a first aid treatment letter with the child at the end of the day (even if a phone call has been made).
Cuts & Bruises	<ul style="list-style-type: none"> • Clean cuts and grazes with water and gauze or a first aid wipe (NOT COTTON WOOL) • Apply pressure with gauze if the cut is bleeding heavily. • Apply a plaster if the wound is open or bleeding • Record in first aid records • Send home a treatment letter
Heavy knocks	<ul style="list-style-type: none"> • A heavy knock will need investigating – where & how did it happen? • Use an ice pack on heavy knocks to reduce swelling and bring out bruising. • If child is in a lot of pain, call the office for additional support and advice. • Support the injured area using a sling or other resources near by (child's uninjured arm/hand, table, stool, chair etc) • DO NOT MAKE A CHILD WALK TO THE OFFICE IF THEY HAVE INJURED THEIR FOOT OR LEG. • If the child is still in pain after 15 minutes or if the injury looks more serious, call the parent and ask them to collect the child and get them checked by a medical professional. • Send a first aid treatment letter home.
Choking	<ul style="list-style-type: none"> • Check child's mouth for any objects stuck (sweep fingers round) • Carry out back slaps as per training • Call 999 • If still choking after 5 back slaps – carry out abdominal thrusts • Call school office for support

Fainting, collapsing or seizures	<ul style="list-style-type: none"> • Follow recommended first aid treatment procedures (as in training) • Call 999 • If patient is not breathing – rescue breathes to be given • If patient has no heartbeat – use chest compressions and send for the defibrillator. • Call the school office for support
Asthma inhaler used by pupil	<ul style="list-style-type: none"> • Inhalers to be stored in child’s class (in first aid cabinet) or taken outside with them during playtimes, PE lessons etc. • Adult to check on healthcare plan what dosage is required. • Dosage recorded on individual treatment record.
Auto-injector used by pupil	<ul style="list-style-type: none"> • Auto-injector to be stored in child’s class in first aid cabinet and must be taken wherever the child is. • Staff to call 999 and ask for ambulance, explaining that a child was at risk or has gone into anaphylaxis shock and that an auto-injector has been used. • Phone call to parents after to inform of actions taken. • Use recorded on child’s individual treatment record.
Allergies to foods	<ul style="list-style-type: none"> • Allergy Information Form completed by parent. • School to create lanyard for child. • List of pupils with allergies given to each class teacher, office and kitchen staff. • Pupil wears lanyard at lunchtime; this is checked by MDA in servery area and kitchen staff before food is served.
Administering medications	<ul style="list-style-type: none"> • Staff must be present when children are taking medications and watch to ensure they take them correctly, following the care plan provided. • If child is using inhaler, in addition to normal dose, parents must be informed by the class teacher or office. • All medications administered must be recorded on the child’s individual record.

Procedures - FORMS

Class First Aid Treatment Record	<ul style="list-style-type: none"> • Every class has these in a green folder • To be completed every time first aid treatment is given.
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Specific medical conditions – individual treatment / medication record	<ul style="list-style-type: none"> • If a child has a specific medical condition and requires treatment or medication (asthma, anaphylaxis, diabetes, cystic fibrosis etc), they will have an individual medication record. • This must be completed every time they take any medication, including the use of asthma inhalers. • This form will also be used if a child has been prescribed medication for an illness or infection. • Depending on where the medication is given (class or office) will depend on where the record is kept.
Allergy Information Form	<ul style="list-style-type: none"> • This must be given to all new starters as part of the admissions process. • Information from this is transferred onto SIMS and the correct lanyard created and given to the child's class teacher.
Asthma Care Plan	<ul style="list-style-type: none"> • These must be completed by the parents for every child who uses an inhaler. • Copies must be kept in the school office, uploaded onto CPOMS and in the child's class green medical folder
Allergy / Anaphylaxis Care Plan	<ul style="list-style-type: none"> • These must be given to the GP to complete for all children who are prescribed an Auto-injector. • Copies must be kept in the school office, uploaded onto CPOMS and in the child's class green medical folder. <p><i>NB: There are different plans for different types of auto-injectors so make sure the correct one is completed.</i></p>
Lunchtime first aid record	<ul style="list-style-type: none"> • This is kept with the playground first aid kits and must be taken outside at lunchtimes. • MDAs are responsible for completing this when carrying out first aid treatment.
Parental Agreement for the Administration of Medicines	<ul style="list-style-type: none"> • Parents must complete this form if a child needs medicines at school (including asthma pumps, insulin etc). • Only medicines that are prescribed by a doctor and require 4 doses a day or a dose at a specific time during the school day are allowed to be administered in school. Parents must bring the medication to the school office and it must be in its original packaging, with dispensing information attached. • If other medication is required, parents may bring this to school and administer it themselves. • Copies of this form must be kept in the school office.

First Aid Treatment Letter	<ul style="list-style-type: none"> This must be completed for every child who receives any first aid and given to the child to take home.
Care Plans (including anaphylaxis & asthma)	<ul style="list-style-type: none"> Any child with a specific medical condition must have a care plan in place Copies of this must be kept in the school office and uploaded onto CPOMS and shared with relevant staff Care plans must be transferred with the child when they move schools. Care plans must be updated annually by SMT but reviewed each term by the class teacher to ensure everything is still relevant and correct.

Procedures – STORAGE OF MEDICATIONS ALL MEDICATION MUST BE KEPT SECURELY – IN A LOCKED CUPBOARD

Asthma inhalers	Kept in child's classroom in first aid cabinet. Taken with the child when outside for PE or on other activities.
Auto-injectors	Kept accessible to child at all times (wherever they are). Spare auto-injectors in school office.
Diabetes equipment and insulin	Kept accessible to child at all times (wherever they are). Spare insulin to be stored in fridge in school office.
Antihistamine (Piriton etc)	To be stored in locked cupboard in school office or in class medical cabinet (Kept locked). Medication must be in original packaging and be clearly labelled with child's name and the dosage requirements
Pain relief	To be stored in locked cupboard in school office. Medication must be in original packaging and be clearly labelled with child's name and the dosage requirements
Antibiotics (liquid)	To be stored in fridge in school office
Antibiotics (tablet form)	To be stored in locked cupboard in school office. Medication must be in original packaging and be clearly labelled with child's name and the dosage requirements
Any other medications	Check on packaging or healthcare plan for storage instructions
Expiry dates	<ul style="list-style-type: none"> All medication used must be in date. It is the parents' responsibility to provide the school with medication which is in date. Class teacher / LSAs will check medications every term and will notify the parents if medication is reaching or is past its expiry date. The class team will sign their class checklist to say this has been completed and JH/SN will double-check and record in office medical file.

NB: If auto-injectors, antihistamine or asthma inhalers are not in date, the school may not allow the child to be in school if it is felt that the child may be at risk of harm by not having medication on site.

Monitoring & Reviewing

Care Plans (inc. allergy and asthma plans)	<ul style="list-style-type: none"> • Updated annually by Sam Durdle / Jenny Haken • Review termly by class teacher with parent • Must be updated if any changes to medications, treatments or condition
Allergy list	<ul style="list-style-type: none"> • Updated / reviewed in July every year by office staff • New forms sent home if changes are needed
First Aid kits	<ul style="list-style-type: none"> • Class kits to be checked and re-stocked by class LSA • Office equipment to be checked half termly by office staff • Playground kit to be checked and re-stocked by lead MDA
Medications – asthma pumps, antihistamine, auto-injectors	<ul style="list-style-type: none"> • September – class LSA checks medication in class and reports to Sally Neame • Sally Neame to record on central list • If any is out of date, class LSA to contact the parent and ask for new medications.
Expiry Dates	<ul style="list-style-type: none"> • Checked termly (September, December, April) by class LSA • Parents contacted for new medications if needed (before they expire) • Office staff to monitor / audit checking process
First Aid records	<ul style="list-style-type: none"> • Checked by Jenny Haken each half term
General Audit	<ul style="list-style-type: none"> • Medical audit by SLT each term with a specific focus
Medical Conditions List	<ul style="list-style-type: none"> • Termly check with Jenny Haken, Sam Durdle and Sally Neame.