



MEDICAL AND FIRST AID POLICY

Review date: January 2026

Next review date: January 2027

Staff responsible: Victoria Vautier-Morris (Healthcare Lead)

Chair of Directors: Ben Whitchurch

This policy should be read in conjunction with the following St George's policies:

- Safeguarding Policy
- Child Protection Policy
- Health and Safety Policy
- Intimate Care Policy

Rights Respecting School Statement

Our school's vision and values have, at their heart, the importance of treating each other as we would want to be treated ourselves. This is one of the reasons why the work of UNICEF and Rights Respecting Schools is so significant to us. We are committed to respecting, upholding and promoting the rights of every child. This policy links specifically to the following articles:

- **Article 2:** No discrimination
- **Article 3:** Best interests of the child
- **Article 4:** Making rights real
- **Article 24:** Health, Water, Food and Environment

Purpose

St George's Preparatory School is committed to the health, safety and wellbeing of every child, colleague and visitor. We aim to provide prompt, competent first aid, to manage medication safely, and to support pupils with short- or long-term medical conditions so that they can participate fully in school life. This policy brings together our First Aid arrangements and the administration of medicines into a single, practical document for staff, parents and Directors.

This policy sets clear standards for training, record-keeping, communication with parents, and preparation for emergencies. It reflects Jersey legislation and adopts elements of UK best practice.

Aims and Objectives

The aim of this policy is to provide a clear framework for effectively managing and responding to medical incidents, ensuring the health and safety of pupils and staff.

The objectives include:

- Ensuring that there is at least one qualified first-aid staff member on-site whenever pupils are present.



- Providing adequate and accessible facilities and equipment for administering first aid.
- Incorporating first aid information into new employee inductions and updating existing staff on any changes.
- Ensuring all staff, including temporary staff, are informed about the school's first aid arrangements.
- Ensuring that at least one paediatric first aid-trained staff member is present during Early Years Foundation Stage (EYFS) trips or visits.

Legal and Regulatory Framework

We operate within the [Health and Safety at Work \(Jersey\) Law 1989](#), which places duties on employers to protect employees and others on the premises, and we adopt the principles of the [UK Health and Safety \(First Aid\) Regulations 1981](#) as best practice for staffing, equipment and facilities. We also follow the [Education \(Jersey\) Law 1999](#) and the [Medicines \(Jersey\) Law 1995](#) for the safe management and administration of medicines.

There is no legal or contractual duty on school staff to administer medicines. Where staff volunteer and are trained to do so, St George's provides appropriate support and indemnity. Some support staff may have specific medical duties in their contracts.

Roles and Responsibilities

The Headteacher & Senior Leadership

- Ensure this policy is implemented across the school and reviewed regularly.
- Provide appropriate numbers of trained first aiders and paediatric first aiders.
- Ensure staff receive refresher training as appropriate (minimum every three years), updates and clear guidance.
- Suitable equipment and facilities are provided for first aid treatment
- Keeping an up-to-date register of all first aiders accessible to staff.
- All first aid treatments/accidents for pupils are recorded in the Engage parent portal.
- Ensuring employee accidents are recorded in a separate staff database.
- Support the development and review of Individual Health Care Plans (IHCPs).

The Healthcare Lead

- Manages the Medical Room, first aid kits and automated external defibrillator(s) (AED).
- Leads medication procedures, including receipt, storage, administration, audit and disposal.
- Maintains medical and first aid records and communicates with parents.
- Coordinates and reviews IHCPs; liaises with external clinicians; provides/sources staff training.



First aiders

- Provide prompt first aid within their training.
- Summon emergency services when needed.
- Record all treatment and escalate concerns
- Maintain up-to-date first aid qualifications.

All staff

- Know how to summon first aid and where kits/AED are located.
- Be familiar with relevant pupils' IHCPs and follow agreed arrangements.
- Send pupils to the Medical Room appropriately and communicate promptly with the Healthcare Lead about concerns.

Parents and carers

- Provide accurate medical information.
- Provide medicines in original, labelled containers with written consent.
- Update the school about any changes to medication or medical needs.
- Work in partnership to agree IHCPs where needed.

First Aid Provision

Numbers and competencies

We maintain a mix of First Aid at Work (FAW – 3 day), Emergency First Aid at Work (EFAW – 1 day) and Paediatric First Aid trained staff. Only EYFS staff must hold paediatric FA. Our aim is that each key area of the site and every school activity has swift access to a competent first aider.

Medical room and facilities

The Medical Room is the designated first aid room. It is equipped for assessment, treatment and short periods of observation, with handwashing, PPE, a mobile medical bed, and lockable medicine storage. Only trained staff may supervise pupils in the Medical Room.

First aid kits

First aid kits are clearly marked and located in the following locations:

- Medical Room
- School Office
- Kitchen
- Sports Hall
- Science Lab
- Nursery
- Pre-School
- Reception
- Stable Block/Music Rooms
- Maintenance Workshop

The Healthcare Lead checks and restocks kits regularly, replacing items after use.



Automated External Defibrillators (AED)

AEDs are held on site in the following locations:

- Swimming Pool
- Sports Hall (external)
- Medical Room

The Healthcare Lead checks these devices monthly and after any use.

First Aid Procedures

General

- All pupils feeling unwell or injured must first report to the School Office, having been referred by a member of staff, unless the situation is an emergency. Office staff will triage and decide whether the pupil should move to the Medical Room or remain in the office for assessment.
- Pupils should come to the School Office on their own wherever possible; visiting in groups is discouraged unless necessary for safety.
- Where the pupil needs to be seen by the Health Care Lead, they will be escorted from the School Office to the Medical Room by an appropriate member of staff.
- All accidents and first aid interventions must be logged on the Engage parent portal, with relevant staff and parents notified the same day.
- The Health Care Lead may telephone parents if they judge that the child's condition requires more detailed communication or monitoring.
- Between lessons or at the end of break, pupils must first report to the member of staff responsible for them at that time (e.g. class teacher) before coming to the School Office.
- During lesson time, any pupil arriving at the School Office must have staff confirm that their class teacher is aware of their location, ensuring pupils' whereabouts are always known.
- Nursery and Reception (EYFS) pupils must always be accompanied by a member of staff when reporting to the School Office or Medical Room.
- If a child appears too unwell to walk to the School Office, the class teacher will request assistance so the child can be safely escorted.
- For playground incidents, the Health Care Lead (or Office Staff if they triage first) will check that the duty member of staff was aware of the incident; if not, they will ensure they are informed.
- If a pupil is sent home, the School Office will ensure they are signed out on the register with the time of departure and that the school office has been informed.
- If the Health Care Lead determines a pupil is unfit for PE, the relevant PE staff and the Form Teacher where appropriate will be informed.
- Pupils are encouraged to remain in school where reasonably possible. **They should only be sent home if they are too unwell to participate or if remaining in school poses a risk to the pupil or others.**

Bruises, Sprains and Suspected Breaks

In the case of bruises, sprains, suspected fractures or significant bleeding, staff will act promptly to ensure the child's safety and comfort.

- **Urgent / serious cases**

If a pupil presents with symptoms suggesting a fracture, dislocation, severe sprain or significant haemorrhage, the Health Care Lead or school office staff will arrange for the pupil to be transferred directly to Accident and Emergency, and parents will be contacted to meet their child at the hospital.

- **Less urgent cases**

Where an injury appears less severe but still requires clinical assessment, the Health Care Lead or school office staff will telephone parents and request collection so the child can be taken to A&E. If the parent is unable to attend promptly and medical assessment is considered necessary, alternative arrangements will be made; the child will be accompanied to hospital by the Health Care Lead or a designated member of staff.

- **General care**

For minor sprains and bruises, appropriate first aid such as rest, ice, comfortable support or elevation will be provided, and parents informed where necessary. All injuries are recorded on the Engage parent portal.

Cuts and Grazes

Cuts and grazes are treated promptly in school to avoid infection and reassure the child:

- The wound will be gently cleaned with water or an appropriate cleansing solution, dried and covered with a suitable sterile dressing.
- Staff must wear protective gloves and any other necessary PPE when dealing with blood or bodily fluids.
- Injuries are monitored for signs of infection and parents informed if the injury is significant or requires follow-up care.

Head Injuries

Head injuries are treated with great caution, regardless of apparent severity.

- **Assessment**

All head injuries will be assessed by the Health Care Lead (or a designated first aider in their absence). Pupils will be monitored and appropriate first aid given up to 15 minutes or longer, depending on symptoms.

- **Parental contact**

Parents will be contacted for all head injuries from Reception upwards via e-mail or a phone call if deemed necessary.

In Nursery, staff or the Health Care Lead will contact parents directly by phone for any head injuries.

- **Monitoring and return to class**

After assessment, the Health Care Lead will either:

- return the pupil to class with instructions to monitor for changes, or

- require the pupil to be collected for monitoring at home. Parents may choose to come in to assess their child before deciding on next steps.
- **Escalation**
If symptoms are concerning or if there is any doubt about concussion, parents will be advised to take the child to A&E immediately.
- **Recording**
All head injuries are recorded explicitly under the “Head Injury” category in Engage, along with a clear plan of care. Staff supervising the child later in the day should remain alert to signs such as dizziness, headache, vomiting or unusual behaviour, and report these to the Health Care Lead at once.

Head Lice

Head lice are a common occurrence in school-aged children. If head lice are identified or reported, the Health Care Lead will discreetly inform parents so appropriate treatment can be started at home. Pupils do not need to be excluded from school once treatment has begun. Information may be shared with class parents, where appropriate, to encourage routine checking and reduce further spread.

Chicken Pox

If a pupil develops chicken pox during the school day, parents will be contacted to collect them. Children must remain at home until all spots have crusted over, which usually occurs 5–6 days after the onset of the rash. Where a case is confirmed, a notification will be sent to class parents for awareness, especially where siblings or vulnerable family members may be at higher risk.

Puncture Wounds Caused by a Bite (to a member of staff or another child)

Puncture wounds must be managed promptly to reduce the risk of infection. The wound should be encouraged to bleed briefly if appropriate, then washed thoroughly with clean water, dried and covered with a sterile dressing. Parents of the pupil who has been bitten will be informed on the same day. The Health Care Lead will advise if further medical assessment is recommended, depending on the depth or location of the wound

Sickness

St George's aims to balance the wellbeing of pupils with the importance of regular attendance. Staff are expected to monitor pupils for signs of illness throughout the day and refer them to the Medical Room where concerns arise. A temperature of 38°C or above indicates fever, and pupils who are unwell or whose symptoms cannot be effectively managed in school should be collected by a parent or carer. Children must remain at home for 48 hours after the last episode of diarrhoea or vomiting. The Health Care Lead will contact parents where a pupil appears significantly unwell, deteriorates, or presents symptoms that may require GP or emergency assessment.

Verrucae

Verrucae are a common, minor condition. Where a verruca is identified, parents/carers will be informed and advised that the pupil may continue to attend school. Pupils with verrucae should wear a waterproof verruca sock or waterproof dressing during swimming sessions to protect themselves and others. Staff do not carry out routine checks but may refer cases to the Health Care Lead where concerns arise.

Infection control

We promote hand hygiene, use PPE for contact with blood and body fluids, and maintain spill kits with disposable gloves/aprons, granules, scoop/scrapper and clinical waste bags. Contaminated materials are disposed of safely. Cleaning teams support larger spill management. School follows Government of Jersey guidance for infection prevention in Early Years and school settings.

Supporting pupils with medical conditions

Some pupils require an IHCP detailing their condition, medications, daily management, triggers, adjustments, and emergency actions. IHCPs are created with parents, the pupil where appropriate, health professionals and relevant staff. IHCPs are stored securely but are accessible to staff with a need to know. They are reviewed at least annually or after any change.

Training and awareness

Staff working with the pupil receive appropriate training (e.g. anaphylaxis, epilepsy, diabetes, asthma). Key information (medical alerts) is available to duty staff and trip leaders. Photocards may be displayed in staff-only areas where necessary.

Administration of Medicines

Oral or Inhaled Medicines

- The Health Care Lead, or school office staff, will administer medicines. This is a voluntary role and is undertaken only by appropriately trained staff.
- It should be the exception, not the norm, for medicines to be brought into school. Wherever possible, parents should arrange medication timings so doses can be given at home.
- Each request for medicine to be administered at school is considered individually. It is normally expected that parents administer medicines to their own children, and they should ask their GP to prescribe, where practical, medication that does not require dosing during the school day.
- The Health Care Lead acts in the best interests of the pupil and will consider the implications for both pupil safety and school staffing when deciding whether medication can be administered in school. If the Health Care Lead agrees that it is appropriate, they will ensure that all procedures set out in this policy are followed.
- All staff are made aware of the school's procedures for administering medication and providing first aid, particularly where pupils have known medical needs.
- Whether agreeing or declining to administer medication, the Health Care Lead's decision (made in consultation with the Headteacher where necessary) will be reasonable, proportionate and based on full consideration of the circumstances. The Headteacher retains an overarching duty of care and will consider the needs of the child alongside the safety and capacity of school staff.

Management of Oral or Inhaled Medicines

When the Health Care Lead, in consultation with the Headteacher, agrees that oral or inhaled medicines need to be administered in school, the following responsibilities apply:

- The Health Care Lead and the Headteacher are responsible for ensuring that all procedures in this policy are clearly understood and followed by staff involved in administering medicines.

- Day-to-day administration may be delegated to trained members of staff, but overall responsibility remains with the Health Care Lead and office staff.
- The term “parents” includes guardians and carers.
- Parents must attend the school office to complete and sign a medication administration form if they wish medicines to be administered at school. Requests must be made in person to the school office. Requests must not be sent via the child (see Appendix 1).
- Medicines must be provided in their original pharmacy-dispensed container, labelled with:
 - the child’s name
 - the name of the medicine
 - the dose to be given
 - the timing of the dose
 - any additional instructions
- The completed medication form (Appendix 1) must be retained by the Health Care Lead or designated staff member who is administering the medicine.
- Parents must notify the school and complete a new form if there are any changes to the medication, including dosage, timings, or discontinuation.
- Parents are responsible for supplying sufficient medication and replenishing it as required.
- Parents must give written permission for key medical information or allergy information to be shared with relevant staff, in line with confidentiality expectations, so that their child can be kept safe.
- All medicines must be handed directly to the Health Care Lead or office staff.
- **Pupils must not carry medicines themselves, except for approved emergency medication such as inhalers or adrenaline autoinjectors, in accordance with their Individual Health Care Plan.**

Prescription medicines and emergency medication

Prescription medicines are given strictly in accordance with prescriber instructions.

Emergency medicines (e.g. adrenaline autoinjectors, rescue inhalers, glucagon) must be immediately accessible and always accompany the pupil on off-site activities. The locations and arrangements are set out in the pupil’s IHCP where applicable.

Inhalers

Where appropriate, and with agreement from both parents and the school, pupils may be responsible for managing their own inhalers. All inhalers must be clearly labelled with the child’s name so they can be identified quickly in an emergency. To support pupil safety, parents are encouraged to provide a spare inhaler for school use, which is stored securely in the Medical Room by the Health Care Lead. This allows staff to assist promptly if a pupil’s primary inhaler is unavailable, damaged, or empty. **Inhalers must always accompany pupils on school trips, sports fixtures, and off-site activities** so they remain accessible at all times.

Storage and transport

Medicines are held in the Medical Room storage so they can be readily available for emergencies. Refrigerated storage is available if required. Pupils should not carry medicines on their person, other than agreed emergency medication (e.g. inhalers, autoinjectors) as detailed in the IHCP.



Self-administration

With written parental confirmation and in consultation with the Healthcare Lead, suitably mature pupils may self-administer certain medicines (e.g. inhalers) under agreed arrangements. Staff retain the right to supervise and to hold a spare where appropriate.

Medi-Alerts

Some pupils may wear medical alert bracelets or necklaces identifying conditions such as diabetes, epilepsy, severe allergies or other medical vulnerabilities. These items must remain visible and accessible during the school day. For PE or other activities where jewellery poses a safety risk, the item should be temporarily covered (e.g., with a soft band) but must not be removed without consultation with the Health Care Lead. This ensures that emergency information remains available to staff supporting the child.

Impaired Mobility

Pupils who temporarily require crutches, slings, or plaster casts should attend school where medically appropriate. Parents should share relevant medical advice, including any activity restrictions. The Health Care Lead will coordinate reasonable adjustments such as modified movement around the site, alternative seating, supervised access arrangements or adjusted timetable expectations ensuring both safety and inclusion. Staff must remain mindful of increased evacuation needs or risks associated with mobility impairment.

Conditions Requiring Emergency Action

Although detailed procedures are held in the Health Care Lead's guidance, serious symptoms such as breathing difficulty, altered consciousness, seizure activity, severe allergic reaction, uncontrolled bleeding or signs of shock require immediate first aid and calling 999. Trained staff will remain with the pupil, monitor airway/breathing/circulation, and follow any relevant IHCP. Parents are contacted at the earliest safe opportunity.

Analgesics

The school does not routinely administer over-the-counter (OTC) analgesics (paracetamol/Nurofen). If parents have previously completed a consent form for pain relief and provided this for school use, the Health Care Lead or office staff may administer age-appropriate pain relief. Before administering a call will be made to parents to establish if previous medication has been given and if it's appropriate to administer at the time. EYFS pupils will not be given analgesics unless directly prescribed. All analgesic administration follows the same consent, recording and safety procedures as other medication.

Allergy to Bee Stings and Nuts

A small number of pupils may have severe allergies to bee stings, nuts or other environmental or dietary triggers. These allergies can escalate quickly and may require emergency administration of adrenaline via autoinjector. Staff will receive training in recognising symptoms and administering prescribed emergency medication. Emergency sets must accompany the pupil at all times, including during outdoor learning, playground duty, sports fixtures and school trips. Parents are responsible for ensuring the school holds up-to-date autoinjectors for their child.

General EpiPens

There are generic EpiPens in school for in an emergency of first presentation anaphylaxis. One wall mounted case containing 2 under six junior EpiPens and 2 over six/adult EpiPens are situated easily accessible in the medical room.



One red case containing 2 over six EpiPens is in the medical room, to be taken out to forest school in the first aid bag, with the forest school lead.

One red case containing 2 under six EpiPens is situated in the medical box in pre-school. It is the responsibility of the forest school lead or trip lead to take it out in the first aid bag.

One red case containing 2 under six EpiPens is situated in the Nursery medical cabinet. It is the responsibility of the forest school lead or trip lead to take it out in the first aid bag.

Hypoglycaemia (Low Blood Sugar)

Pupils with diabetes may experience hypoglycaemia (a “hypo”), which can develop rapidly and requires prompt recognition. Common signs include sweating, pallor, shaking, sudden hunger, irritability, confusion or drowsiness. Fast-acting glucose (e.g., glucose tablets, GlucoGel or juice) should be given immediately where the pupil is conscious and able to swallow safely. Staff must follow the pupil's IHCP and inform the Health Care Lead. If the pupil becomes unconscious or cannot swallow, the emergency services must be called and glucagon administered if this has been prescribed and staff have been trained to do so. Emergency kits must accompany the pupil at all times.

Record keeping

- The label on the medicine container must always be checked against the completed parental consent form (Appendix 1) before any medication is administered.
- Any discrepancy must be clarified with the parent before the medicine is given. Medication should never be administered if information on the label and the consent form does not match.
- If a parent's written instructions differ from the pharmacy label, the parent must provide updated written confirmation before the revised dosage can be administered.
- Staff must follow the “Five Rights” of safe medication administration:
 - **Right child • Right medicine • Right dose • Right time • Right method.**
- A record of every dose administered must be entered in the pupil's Medication Record (Appendix 2). This forms the school's official record and must be completed immediately after administration.
- Within EYFS, medication may be administered by EY staff who have been briefed by the Health Care Lead. The staff member administering the dose will sign the medication form with the dosage and time given. At collection, the parent/carer must also sign the form, and the medication will be handed back to them. A copy of the administration record will still be added to the pupil's Medication Record (Appendix 2).

Disposal and return

Parents are asked to collect unused or expired medicines. The school does not keep stockpiles. Sharps and clinical waste are disposed of safely.

Medication errors or near misses

If an error or near miss occurs, staff inform the Healthcare Lead and Designated Safeguarding Lead (DSL) immediately, seek clinical advice where required, inform parents without delay, and complete an incident record. The school reviews learning and updates controls as needed.

Educational visits, fixtures and residentials

Trip leaders plan medical arrangements at the outset. The Healthcare Lead prepares tailored medical bags and action lists for the pupils attending. Medication expiry dates must be



checked by the trip leader before departure. At least one first aider accompanies each trip; for EYFS trips all staff are paediatric first aiders. Emergency medicines accompany the pupil at all times. Leaders hold emergency contact details and IHCP summaries and follow the same standards of record-keeping and communication as on site.

Safeguarding and Pupil Wellbeing

Frequent or patterned visits to the Medical Room may indicate wider pastoral or safeguarding needs. The Healthcare Lead will liaise sensitively with the Form Tutor and Designated Safeguarding Lead (DSL) as appropriate so that pupils receive joined-up support.

Data protection and confidentiality

Medical information is confidential and shared only with staff who need to know to keep the pupil safe. Records are stored securely in line with data protection legislation and retained in accordance with the school's retention schedule.

Indemnity

The school and its Directors indemnify staff who, in good faith, support pupils' medical needs and administer medicines within the scope of their employment, training and this policy. Indemnity does not extend to wilful neglect or actions outside policy and training.

Review

This policy is reviewed annually or earlier if legislation, guidance or school practice changes.



Appendix 1– Pupil Medication Record

Date: _____

Child's Name: _____

Class/tutor group _____

Name of medicine _____

How much to give (i.e. dose) _____

When to be given _____

Any other instructions _____

Name of persons able to administer medication _____

Phone no. of parent or adult contact _____

Name of G.P. _____

G.P. telephone No. _____

CONSENT

The above information is to the best of my knowledge accurate at the time of writing, and I give my consent to school staff administering the medication in accordance with the school's policy guidelines. The school will be notified immediately of any changes to the above.

Parent's Signature _____ Print Name _____

If more than one medicine is to be given a separate form should be completed for each.



Appendix 2 – Record of Medication Administration

Name of pupil _____

Class/Tutor _____

Name/Type of Medication Administered. _____

Expiry date _____

Date D/M/Y											
Time Given											
Dose											
Name of member Of staff											
Staff Initials											