



JOHN WOOD SCHOOL & NURSERY

FIRST AID & MEDICINE POLICY

MAY 2026

Next Review Date: May 2027

Staff should make themselves aware of all policies and amendments or updates to policies and adhere to the same, which will be made available on relevant websites and internal data and computer systems.

John Wood School & Nursery is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Executive Summary - John Wood School & Nursery First Aid & Medicine Policy May 2026

This policy explains how John Wood School & Nursery provides first aid, manages medicines, supports pupils with medical conditions, and promotes both physical and mental wellbeing. The overarching aim is to ensure the health, safety and welfare of pupils, staff and visitors.

1. Policy Aims

The school is committed to:

- Carrying out first aid needs assessments.
- Providing appropriate first aid facilities, equipment and trained staff.
- Supporting pupils and staff with medical needs.
- Maintaining records of first aid and medication administration.
- Regularly reviewing first aid and medicine procedures.
- Promoting mental health awareness and support.

2. Roles and Responsibilities

Governors

- Have overall responsibility for first aid and health and safety.
- Ensure first aid risk assessments and provisions are reviewed annually.

Headteacher/Principal

- Conducts first aid needs assessments.
- Ensures adequate numbers of trained first aiders.
- Oversees staff training, risk assessments and compliance.
- Reports serious incidents to the Health and Safety Executive (HSE) where required.

Senior First Aider

- Administers first aid and medicines.
- Supports pupils with medical conditions and healthcare plans.
- Maintains first aid equipment and supplies.
- Assists with accident reporting and investigations.

Mental Health First Aiders

- Provide initial support and non-judgemental listening.
- Signpost staff to appropriate services.
- Promote positive mental health and reduce stigma.
- Maintain confidentiality, escalating concerns where there is a risk of harm.

3. First Aid Arrangements

- First aid kits are available in every classroom and office, with full kits in the reception area and outside the main hall.
- Medication is stored in the school office and classroom medical bags.
- Emergency medication includes:

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- Emergency EpiPens
 - Emergency Salbutamol inhalers
- Emergency medication accompanies school trips and after-school activities.

4. Early Years Provision

The nursery section has additional requirements:

- Sufficient paediatric first aiders must always be available.
- Relevant staff must obtain paediatric first aid certification within required timescales.
- Training is renewed every three years.
- The school aims to achieve the Millie's Mark Award to demonstrate high standards in paediatric first aid.

5. Accident and Emergency Procedures

When an accident occurs:

- A first aider attends and administers treatment.
- Details are recorded in Arbor and accident records.
- Parents/carers are informed where appropriate.
- Serious incidents may require hospital treatment and reporting to governors and HSE.
- Staff accompany pupils to hospital until parents arrive if necessary.

For pupils with Individual Healthcare Plans (IHPs):

- Emergency symptoms and actions are clearly documented.
- All relevant staff must know emergency procedures for those pupils.

6. Concussion Guidance

The policy reflects current UK concussion guidance:

- "If in doubt, sit them out."
- Anyone suspected of concussion should be removed from activity immediately.
- No return to sport within 24 hours.
- NHS 111 should be contacted within 24 hours of a suspected concussion.

7. Hygiene and Infection Control

- Staff must follow infection-control procedures.
- Disposable gloves and handwashing facilities must be used.
- Clinical waste bins are provided for contaminated materials.

8. Head Lice, Illness and Sun Safety

Head Lice

- Parents are informed of infestations.
- Children with live lice may be sent home for treatment and can return once treated.
- Persistent infestations are followed up by school leaders.

Vomiting and Diarrhoea

- Pupils must remain away from school for 48 hours after symptoms have stopped.

Sun Protection

- Parents should apply sunscreen before school.
- Children may bring labelled sunscreen and apply it themselves under supervision.
- Staff do not apply sunscreen to pupils.

9. Educational Visits

- Every visit requires a risk assessment covering medical and first aid needs.
- Healthcare plans and medication accompany pupils.
- Additional emergency medication is provided where needed.
- Residential visits must have appropriate first aid cover.

10. Administration of Medicines

Medicines are only accepted if:

- Written parental consent has been provided.
- They are in date.
- They are in their original labelled container.
- Clear administration instructions are supplied.

Additional requirements:

- Pupils should self-administer where appropriate and supervised.
- Records must be kept of all medication administered.
- Emergency medicines can only be administered by appropriately trained staff.
- Refusal of medication is respected and parents are informed.

11. Storage and Disposal of Medicines

- Medicines are stored in accessible locations and not locked away from pupils who may need them.
- Parents are responsible for ensuring medicines remain in date.
- Expired or uncollected medicines may be disposed of after one week.
- The school maintains emergency EpiPens and asthma inhalers for emergency use.

12. Support for Pupils with Medical Conditions

The policy specifically references support for pupils with:

- Asthma
- Epilepsy
- Severe allergies/anaphylaxis
- Diabetes

Support includes:

- Individual Healthcare Plans (IHPs) where required.
- Reasonable adjustments to ensure inclusion.

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- Staff training and awareness.
- Partnership working with parents and healthcare professionals.

13. Defibrillators

- Defibrillators are available on site.
- The local ambulance service has been informed of their location.
- Equipment is regularly maintained and checked.

14. Accident Reporting and Compliance

- Accident forms must be completed promptly.
- Parents are informed of injuries and treatment.
- Serious incidents may need reporting to:
 - HSE (RIDDOR)
 - Ofsted
 - Local Authority
- Records are retained in accordance with the Trust's Data Retention Policy.

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FIRST AID & MEDICINE POLICY

Introduction

Chancery Education Trust believes that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the Academy Schools.

We are committed to:

- ☐ Complete first aid needs risk assessments for every significant activity carried out.
- ☐ Providing adequate provision for first aid for pupils, staff and visitors.
- ☐ Ensuring that pupils and staff with medical needs are fully supported at the Academy Schools and suitable records of assistance required and provided are kept.
- ☐ First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- ☐ Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- ☐ Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the Academy Schools are appropriately insured and that staff are aware that they are insured to support pupils in this way.

The Trust also has a Control of Infections Policy which may also be relevant and all staff should be aware of.

This policy has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them.

This policy applies to all relevant Academy School activities and is written in compliance with all current UK health and safety legislation.

Roles and Responsibilities

The Local Governing Board

- The Governing Board has ultimate responsibility for health and safety matters - including First Aid in the Academy School.
- Ensure the first aid risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.
- Ensure first aid materials, equipment and facilities are provided according to the findings of the risk assessment.

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The Headteacher/Principal

- To carry out First Aid needs assessment for the school site, review annually and/or after any significant changes.
- Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes.
- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the Academy School at all times and that their names are prominently displayed throughout the Academy School.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of students.
- Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.
- Ensure first aid materials, equipment and facilities are provided according to the findings of the risk assessment.

The Senior First Aider

- The Academy School work in conjunction with the local borough healthcare professional to ensure pupils with medical conditions are identified and properly supported in the Academy School, including supporting staff on implementing a pupil's Healthcare Plan.
- The Headteacher/Principal/Senior First Aider/Pastoral Team/Inclusion Team will work with the borough healthcare professional will work with the Headteacher/Principal to determine the training needs of Academy School staff.
- Administer first aid and medicines in line with current training and the requirements of this policy.
- Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- Assist with completing an accident report forms and investigations.
- Notify manager when going on leave to ensure continual cover is provided during absence.

Appointed person(s) and first aiders

The Academy School have a number of staff who hold a current first aid and or paediatric first aid qualification. Posters with photos of all first aiders are on display in shared areas in the school. Refer to the Academy School office for a current list of members who are trained in First Aid.

The appointed persons are responsible for:

- a) Taking charge when someone is injured or becomes ill
- b) Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- c) Ensuring that an ambulance or other professional medical help is summoned, when appropriate

First aiders are trained and qualified to carry out the role and are responsible for:

- a) 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.
- b) Sending students home to recover, where necessary
- c) Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- d) Keeping their contact details up to date.

Mental Health First Aider

The appointed persons are responsible for:

- a) Provide mental health first aid as needed, at their level of competence and training
- b) Providing help to prevent mental health issues from becoming more serious before professional help can be accessed
- c) Promoting the recovery of good mental health
- d) Providing comfort to an individual with a mental health issue
- e) also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change
- f) Escalate and document any matters if required within a suitable timeframe.
- g) Ensure they maintain confidentiality as appropriate.
- h) Be carried away from their normal duties at short notice
- i) Listen non-judgmentally

Arrangements

First Aid Kits

First aid kits are located in:

- ☐ Every classroom and school office
- ☐ Full first aid kits are held in the office reception area /outside main hall

Medication

Pupils' medication is stored in:

- ☐ The Academy School Office cupboard
- ☐ Classroom medical bags

Emergency Medication

The Academy School has emergency medication in the event this is required.

The following are held:

- Emergency EpiPens
- Emergency Salbutamol inhalers

Emergency medication bags are taken on all trips and provided to after school club providers.

First Aid Needs Risk Assessment

- The Academy School will ensure a first aid needs risk assessment is completed to establish if there is adequate and appropriate first aid provisions in place.
- The Academy School will ensure this assessment is reviewed when significant changes occur.
- A sufficient number of staff will be trained in First Aid At Work and/or Emergency First Aid At Work as per the outcome of the first aid risk assessment. Re-fresher training will be provided as required.
- A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within student's individual health care plans.

Early Years Requirements

- The Academy School ensures first aid requirements set out in the statutory framework for early years foundation stage are in place.
- The Academy School ensure enough paediatric first aiders are in place as per the academy's first aid needs risk assessment and early years requirements.

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- The Academy School will ensure all staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within 3 months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years' setting.
- The Academy School will ensure paediatric first aid training is renewed every 3 years.
- The Academy School will aim to achieve the Millie's Mark Award (<https://www.milliesmark.com/>). The aim of Millie's Mark is to keep children safe and minimise risk and accidents by:
 - Raising standards in paediatric first aid.
 - Increasing number of paediatric first aid trained staff.
 - Increasing confidence and competencies in applying paediatric first aid – no matter what the situation.
 - Enabling trained staff to respond quickly in emergencies.
 - Raising the quality and skills of the early years' workforce and helping them with day-to-day first aid issues, such as allergies.
 - Providing reassurance to parents/carers.

First Aid Provision

In the case of a pupil accident, the procedures are as follows:

- The member of staff calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- The first aider administers first aid and if necessary records details on the child's medical section in Arbor.
- In more serious circumstances, the parent/carer will be contacted and details recorded in Arbor and on an accident form if appropriate.
- If the child has to be taken to hospital or the injury is 'work' related then the accident is reported to the Local Governing Board.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then as the employer the Governing Body will arrange for this to be done.
- In the event of illness, a staff member will accompany the pupil to the Academy School office.
- In order to manage their medical condition effectively, the Academy School will not prevent pupils from eating, drinking or taking breaks whenever they need to, unless advised otherwise by a medical professional.

Emergency Procedures

- Staff will follow the school's normal emergency procedures (for example, calling 999).
- For those pupils with an IHP, it will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- All staff must know which children have an IHP and what to do in emergency situations for that child
- If a pupil needs to be taken to hospital, staff will stay with the pupil until

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the parent arrives or accompany the pupil to hospital by ambulance.

Participants in Grassroots Sport – new guidance 28th April 2023

The Government and the Sport and Recreation Alliance has published a Concussion Guideline for Grassroots Sport which will help players, coaches, parents/carers, schools, National Governing Bodies and sports administrators to identify, manage and prevent the issue.

The guidelines, developed by an expert panel of domestic and international clinicians and academics in neurology and sports medicine, sets out steps to improve understanding and awareness of the prevention and treatment of concussion in grassroots sport where trained medical professionals are less likely to be routinely present. It is targeted at people of all ages.

'If in doubt, sit them out' is the strapline, making clear no-one should return to sport within 24 hours of a suspected concussion.

Players, parents/carers, coaches, teachers and administrators are now asked to read the guidance and familiarise themselves with the necessary steps to:

- RECOGNISE the signs of concussion;
- REMOVE anyone suspected of being concussed immediately and;
- RETURN safely to daily activity, education/work and, ultimately, sport.

The guidelines include a recommendation to call NHS 111 within 24 hours of a potential concussion, to rest and sleep as much as needed for the first 24 to 48 hours and avoid using devices which involve screen time.

UK Government Guidance Updated November 2024:

<https://sportandrecreation.org.uk/files/uk-concussion-guidelines-for-grassroots-non-elite-sport---november-2024-update-061124084139.pdf>

Plasters

Before applying plasters, First Aiders should try to make sure the child is not allergic to plasters. This can be checked on the medical register, which details all medical information of the children. If the First Aider is aware that the child is allergic to plasters the procedure is:

- If a parent has supplied the Academy School with an alternative type of plaster the first aider is able to use this
- If an alternative has not been supplied the first aider will:
 - Clean the wound
 - If bleeding ceases the child will be returned to their previous activity
 - If the bleeding cannot be stopped the parent is contacted to deal with the situation or an ambulance will be called if necessary.

Hygiene and Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand

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washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. Yellow bins are available at first aid stations to dispose of wipes/dressings with bodily fluids.

Managing Head lice in Schools

The Academy School will promptly notify parents/carers of active head lice infestations (**see Appendix 2**). Having head lice is not a reason for school absence as treatment can be administered quickly. However, should live head lice be noticed by a member of staff, a call will be made to the parent who will be asked to collect the child immediately. Thoroughly combing through the hair or applying a treatment quickly at home will enable the child to be back at school on the same day (unless of course parents/carers are notified late in the afternoon). If the infestation continues for more than three weeks, the Headteacher/Principal will call the parents/carers to discuss what is being done to eradicate the head lice.

Vomiting and Diarrhoea

A child with vomiting and/or diarrhoea should not be brought to school until 48 hours after symptoms have stopped and they are well enough to return.

If a child has a bout of vomiting and/or diarrhoea whilst in school, the parents/carers will be notified and asked to collect their child from school. The child should stay away from school for 48 hours after the symptoms have ceased and are well enough to return.

Sun Protection

During summer months, parents/carers should ensure their child brings to school a suitable hat and a water bottle.

Parents/carers should ensure their child has applied sunscreen to all exposed areas before coming to school. Children can bring their own sun cream into school, clearly labelled with their name. Staff will supervise children applying their own sunscreen, ensuring children do not share sunscreen. Staff cannot apply sunscreen to children.

Academy School Insurance Arrangements

JWSN: DfE 142610

Educational Visits

- All educational visits will have a risk assessment in place with specific first aid and medical needs section. This will detail pupils medical and health needs and any medication required. Copies of care plans will be taken on visits to ensure staff are able to access key medical and first aid treatment and plans.
- In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.
- In the case of **day visits**, the class teacher will carry a travel kit in case of need.
- Where identified within an educational visit's First Aid Needs Assessment, the

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Lead First Aider will arrange for additional equipment such as Epi-pens, inhalers as relevant to health care plans

Administering Medicines in the Academy School

Prescribed medicines may be administered in the Academy School where it is deemed essential and only if written parental permission has been received. Most medicines can be taken outside normal school hours and this will be expected where possible. If however, medicine does need to be taken during Academy School hours, procedures must be adhered to and the correct paperwork completed. Non prescribed medication will be administered in extenuating circumstances and at the discretion of the Headteacher/Principal. Pupils may be competent to manage their own health needs and medicines. We will discuss individual competencies with parents/carers and ensure the IHCP reflects the pupil's competencies for managing their own medicines and procedures.

We will only accept medicines if they:

- Are in-date
- Bare the original prescription label with the child's name
- Are provided in the original container as dispensed by a pharmacist
- Include instructions for administration, dosage and storage

Note: The exception to this is insulin, which must still be in date, but will generally be available to Academy Schools inside an insulin pen or a pump, rather than in its original container

Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents/carers accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available from the office.

Staff will ensure that records are kept of any medication given.

Emergency medication, including adrenaline auto-injectors (EpiPens), insulin, and other prescribed emergency treatments, may only be administered by staff who have received appropriate training for the specific medication and medical condition concerned.

Storage/Disposal of Medicines

Children will not be allowed to carry their own medicines/relevant devices, unless in exceptional circumstances. Children and staff must be able to access their medicines/relevant devices in the Academy School office and/or classroom for self-medication, quickly and easily. Pupils' medicine will not be locked away out of pupil's access; this is especially important on Academy School trips.

It is the parents/carers responsibility to ensure all medication for their child is 'in

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date' and is replaced by the parent/carer when nearing to end of life and not the Academy School's responsibility to remind parents/carers when this is.

It is not the responsibility of the Academy School to remind parents/carers to collect medicines that are no longer required or are out of date.

It is the responsibility of the parent/carer to collect all medicine if a child leaves the school or the medicine goes out of date. If a child leaves the Academy School or the medicine goes out of date and it has not been collected after a period of one week, the school will dispose of the medicine appropriately, without contacting the parent/ carer.

Adrenalin Auto Injectors and Asthma inhalers will be held by the Academy School for emergency use, as per the Department of Health's protocol. Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent or non-urgent hospital treatment, the Academy School will be responsible for calling an ambulance in order for the child to receive treatment. Parents/carers will also be informed. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

Parents/carers will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents/carers provide the Academy School with up-to-date contact names and telephone numbers.

Allergies

- Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).
- Arrangements are in place for whole-school awareness training on allergies.

Defibrillators

A Defibrillator is available within the Academy School as part of the first aid equipment. Some first aiders are trained in the use of defibrillators.

The local NHS ambulance service has been notified of its location.
The defibrillator is located in the school office.

Procedures are in place to maintain the equipment in accordance with manufacturers recommendations.

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The equipment is regularly checked by a designated member of the office administration team.

Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the Academy School, can take part in most Academy School activities, unless evidence from a clinician/GP states that this is not possible.

The Academy School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on Academy School visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

The Academy School will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of Academy School life. However, Academy School staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

Individual health care plans (IHP) and Education, Health and Care (EHC) plans will help schools to identify the necessary safety measures to support pupils with special needs and ensure that they are not put at risk. The Academy School appreciates that pupils with the same medical condition do not necessarily require the same treatment. Not all pupils with a special need will require an IHP or EHC. It will be agreed with a healthcare professional and the parents/carers when an IHP or EHC would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision. Where a pupil has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHP.

Parents/Carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents/carers, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Senior First Aider/Nurse/Healthcare Professional may also provide additional background information and practical training for Academy School staff.

Procedure that will be followed when the Academy School is first notified of a pupil's medical condition:

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A Parental Agreement for the Academy School to administer medicine form is filled out by the parent/carer. Staff are notified, via email and visuals placed in staff room, Academy School office and classroom medical bag.

This will be in place in time for the start of the relevant Academy School term for a new pupil starting at the Academy School or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to the Academy School mid-term. This is reliant on the parent/carer filling out the correct documentation and providing the medication.

No edible products can be bought into the Academy School and distributed by either teachers or pupils as we are unable to guarantee that they do not contain nuts or other food products that can cause allergic reactions.

Accident Recording and Reporting

First aid and accident record book

- a) An accident form will be completed by the relevant member of staff/first aider on the same day or as soon as possible after an incident resulting in an injury. A copy will be emailed to parents/carers/staff member/visitor.
- b) As much detail as possible should be supplied when completing the accident form – which must be completed fully.
- c) A copy of the accident report form may also be added to the student's educational record or staff members HR file.
- d) Records held in the first aid and accident book will be retained by the Academy School for a period of time as specified in the Trust Data Retention Policy.

Reporting to the HSE

- a) The Headteacher/Principal will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- b) The Headteacher/Principal will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences 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)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia

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- 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events 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.
- c) Information on how to make a RIDDOR report is available here:
<http://www.hse.gov.uk/riddor/report.htm>

Notifying parents/carers

The first aider who has administered the first aid check will inform parent/carer of any accident or injury sustained by the student, and any first aid treatment given, on the same day.

Reporting to Ofsted and child protection agencies

- a) The Headteacher/Principal will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in the Academy School care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.
- b) The Headteacher/Principal will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the Academy School care.

Mental Health First Aid

- The Academy School is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role in the Academy School is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. The Academy School's mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
- The Academy School's mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.
- The Academy School recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.

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- All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately
- Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to HR/Line Manager who will advise on the next steps to be taken.
- All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.
- If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or HR/Line Manager.
- The Academy School ensures all staff have access to supporting told and information. All staff are encouraged to access this information at any time.

Staff Training

Full staff medical training plans will be retained in the Chancery Education Trust central system to evidence medical training completed by staff throughout the year.

Conclusions

- This First Aid and Medicine policy reflects the Academy School's serious intent to accept its responsibilities in all matters relating to management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- The storage, organisation and administration of first aid and medicines provision is taken very seriously. The Academy School carries out regular reviews to check the systems in place meet the objectives of this policy.

Appendix 1

Forms

Form 1:	Contacting Emergency Services
Form 2:	Health Care Plan Template
Form 3:	Parental agreement for Academy School to administer medicine
Form 3A:	Record of regular medicine administered to an individual child
Form 4:	Indication for administration of medication during epileptic seizures
Form 4A:	Epileptic seizure chart
Form 5:	Emergency instruction for an allergic reaction - EpiPen®
Form 5A:	Emergency Instructions for an allergic reaction - Jext®
Form 6:	Symptom and Action flowchart for dealing with an asthma attack
Form 6A:	School asthma card

John Wood School & Nursery is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:
2. Give your location as follows (*insert Academy School address*)

3. State that the postcode is:
4. Give exact location in the Academy School (*insert brief description*)
5. Give your name: _____
6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

Form 2 - Individual Health Care Plan (IHCP)

1 CHILD/ YOUNG PERSON'S INFORMATION

1.1 CHILD/ YOUNG PERSON DETAILS

Child's name:	
Date of birth:	
Year group:	
Nursery/School/College:	
Home Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours	
Allergies:	
Date:	
Document to be updated:	

1.2 FAMILY CONTACT INFORMATION

Name (1):		Name (2):	
Relationship:		Relationship:	
Home phone number:		Home phone number:	
Mobile phone number:		Mobile phone number:	
Work phone number:		Work phone number:	
Email:		Email:	

1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD/YOUNG PERSON'S HEALTH NEEDS

	Name	Contact details
Specialist nurse: (if applicable)		
Key worker:		
Consultant paediatrician: (if applicable):		
GP:		
Health visitor/ school nurse:		
Link person in education:		
Class teacher:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Headteacher / Principal:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision:		

This child/young person has the following medical condition(s) requiring the following treatment:

Medical condition	Medicine	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	
Any medication will be stored	

2. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the child/young person's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

4. IMPACT ON CHILD'S LEARNING

How does the child's medical condition affect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

5. IMPACT ON CHILD'S LEARNING

	Time	Note
Arrive at school		
Morning break		
Lunch		
Afternoon break		
School finish		
After school club (if applicable)		
Other		

6. CARE AT MEALTIMES

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	

9. SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? If so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

Please use this section for any additional information for this child or young person.

Other healthcare professionals are:

	Name	Signatures	Date
Young person			
Parents/carers			
Healthcare professional			
School representative			
Discussed with School Nurse at Termly Review Meeting			

Form 3

Parental agreement for [ENTER ACADEMY SCHOOL NAME] to administer medicine

The Academy School will not give your child medicine unless you complete and sign this form.

All medicines must be in the original container, in date and with the label as dispensed by the pharmacy. One form to be completed for each medicine.

Name of Pupil _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Name/type and strength of medicine _____
(as described on the container)

Expiry date _____/_____/_____

Period of use _____

Time to be given _____

Dosage and method _____

Special precautions _____

Are there any side effects that we should know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to Pupil _____

Address _____

John Wood School & Nursery is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

I understand that:

- I must deliver the medicine safely to the office
- I give consent to staff to administer emergency medication (Auto Adrenaline Injectors and asthma inhalers) held by the Academy School if my child has already been prescribed any of these medicines/devices by their GP
- Children will not be allowed to carry their own medicines/relevant devices, unless in exceptional circumstances, that the office must be informed of, but will be able to access their medicines in the office and/or classroom for self-medication, quickly and easily. Pupils' medicine will not be locked away out of pupil's access.
- It is the parents/carers responsibility to ensure all medication for their child is 'in date' and is replaced by the parent/carer when nearing to end of life and not the School's/Academy's responsibility to remind parents/carers when this is.
- It is not the responsibility of the Academy School to remind parents/carers to collect medicines that are no longer required or are out of date.
- It is the responsibility of the parent/carer to collect all medicine if a child leaves the Academy School or the medicine goes out of date. If a child leaves the Academy School or the medicine goes out of date and it has not been collected after a period of one week, the Academy School will dispose of the medicine appropriately, without contacting the parent/carer.

The information I have provided is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained staff administering medicine in accordance with the Policy. I will inform the Academy School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I give consent that any unused or out of date medication may be disposed of accordingly by the Academy School office unless otherwise specified.

Parent's Signature _____

Print Name _____

Date _____

John Wood School & Nursery is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

FORM 3A

Record of regular medicine administered to an individual child

Pupil Name: _____

Class: _____

Date	Time	Medication Administered (state name and dose)				Sign	Notes	Parent Informed (if applicable)
		Asthma	Chamber Cleaned Y/N	Allergy	Other			

John Wood School & Nursery is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

FORM 4

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Pupil Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This procedure is agreed with parents/carers consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in the Academy School will be recorded. This procedure will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

FORM 4A

SEIZURE MEDICATION CHART

Pupil Name: _____

Medication type and dose: _____

Criteria for administration: _____

Date	Time	Given by	Observation/evaluation of care	Signed/date/time

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FORM 5 EMERGENCY INSTRUCTIONS FOR AN ALLERGIC

EpiPen®

bsaci
improving allergy care
www.bsaci.org

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in children's health

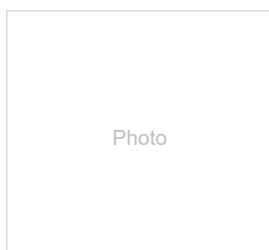
Allergy Action Plan

AC Anaphylaxis
Supporting people with severe allergies
AllergyUK

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)



2)



Child's Weight: Kg

PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

(PRINT NAME)

Date:

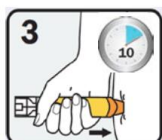
How to give EpiPen®



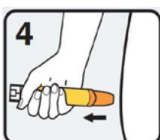
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

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Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: **CETIRIZINE 2.5mg**
- Phone parent/emergency contact 456- ,)2789- #"- 47\$7#28- *7:+

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

! " # \$ % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { | } ~ ¡ ¢ £ ¤ ¥ ¦ § ¨ © ª « ¬ ® ¯ ° ± ² ³ ´ µ ¶ · ¸ ¹ º » ¼ ½ ¾ ¿ À Á Â Ã Ä Å Æ Ç È É Ê Ë Ì Í Î Ï Ñ Ò Ó Ô Õ Ö × Ø Ù Ú Û Ü Ý Þ ß à á â ã

AIRWAY:

Persistent cough, hoarse voice
difficulty swallowing, swollen tongue

BREATHING:

Difficult or noisy breathing,
wheeze or persistent cough

CONSCIOUSNESS:

Persistent dizziness / pale or floppy
suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat: (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, **give a 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

If wheezy, give adrenaline FIRST, then asthma reliever puffer (blue inhaler) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____

Date: 20 Nov, 2017

John Wood School & Nursery is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

John Wood School & Nursery – First Aid & Medicine Policy – May 2026

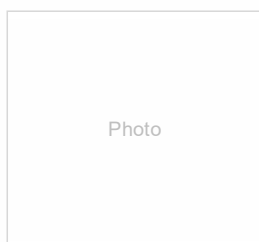
FORM 5B **Jext®**
EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION-Jext

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)



2)



Child's Weight: Kg

Jext®: Instructions for use



Grasp the Jext® injector in your hand with your thumb closest to the yellow cap. Pull off the yellow cap.



Place the black tip against outer thigh, holding the injector at a right angle to the thigh.



Push the black tip firmly into your outer thigh until you hear a 'click' then keep it pushed in. Hold in place for 10 seconds (a slow count to 10) then remove.



Massage the injection area for 10 seconds. (dial 999, ask for an ambulance and say 'anaphylaxis')

Keep your Jext device(s) at room temperature, do not refrigerate.
 For more information and to register for a free reminder alert service, go to www.jext.co.uk

Produced in conjunction with:



! The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / Pale or floppy
 Suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. **Lie child flat.** If breathing is difficult, allow to sit
2. **Give Jext®**
3. **Dial 999 for an ambulance*** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Jext®

After giving Jext:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes**, give a further Jext® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile.
 Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____

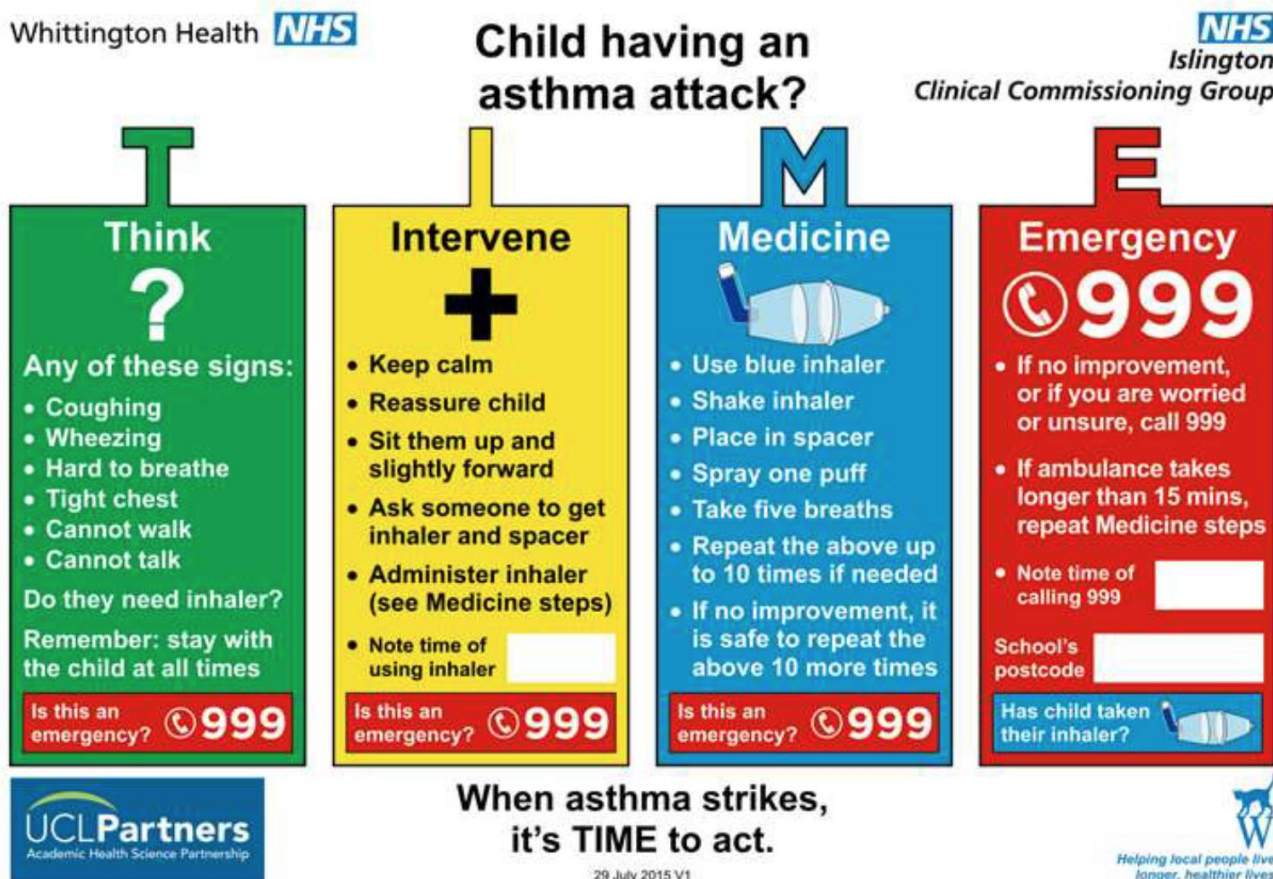
Date: _____

John Wood School & Nursery is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

John Wood School & Nursery – First Aid & Medicine Policy – May 2026

Form 6: Symptom and Action Flowchart for Asthma attack

Children are expected to administer their own asthma pump, but will be assisted if necessary.



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John Wood School & Nursery – First Aid & Medicine Policy – May 2026

Form 6A: School Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

☐ Yes ☐ No

If yes, please describe below

Medicine	How much and when taken

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked by doctor or nurse

Date	Name	Job title	Signature

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk



© 2016 Asthma UK. Registered charity number 1016944 in England and Wales, 802264 and in Scotland SC009222.

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John Wood School & Nursery – First Aid & Medicine Policy – May 2026



Appendix 2

Dear Parents & Carers,

HEAD LICE

There have been a couple of reports of head lice in school recently.

Please make it a regular habit to check your child's hair for head lice and treat if need be.

Treatment is only really effective if **EVERY** parent is vigilant in checking for head lice and treating appropriately.

Head lice like short or long hair, so even if your child has short hair, it is important to check accordingly.

Please see the notes on the reverse of this letter for further information on what to look for and how to treat.

Thank you for your co-operation.

Yours sincerely,

The Academy School Office

What are the signs and symptoms of lice?

Head lice are usually visible in the hair and on the scalp, especially during brushing. Some children might also feel itchy. The eggs are white in colour and can be found near the scalp. Head lice can reproduce and mature very quickly, so a few can quickly grow in number over a very short period of time.

How are lice normally treated?

If you suspect head lice, check the base of the hairs for eggs. They are oval, yellow or white, and tiny, less than one millimetre long. Also look carefully at the hair to see if you can spot adult lice. Favourite spots for infestation are behind the ears, and at the nape of the neck. If you can't see anything, try combing the hair with a fine-toothed comb over a piece of white paper to see if any lice drop out.

Most people prefer to try natural methods to treat this problem first. This is a good idea because lice are becoming increasingly resistant to chemical treatments. The most effective is wet combing but it is hard work and you'll need to be persistent.

The best procedure is as follows:

- Wash the child's hair and apply a generous amount of conditioner, which should be left in.
- Use a good quality fine toothed steel comb and comb the child's hair in small sections over a piece of paper so you can see the lice drop out. Wipe the comb clean on a piece of tissue between each stroke.
- Continue until you can't see any more lice or nits after combing. This will probably take at least half an hour.
- Repeat every three or four days for at least two weeks so you remove any hatching lice before they have the chance to lay new eggs. You can't remove the eggs by combing, only the lice.

Alternatively, you could try an insecticide lotion. You will need to apply the lotion to all areas of the child's scalp. It usually needs to be left in for up to 12 hours. For most brands, two applications a week apart are needed.

If lice are still present after the second application, they may be resistant to it. Try a different brand with different active ingredients. It can take several treatments to get rid of the eggs and lice completely. Medicated shampoos and lotions contain quite strong chemicals, so some people may have an allergic reaction to them. Some brands are not suitable for children with asthma.

What's going to help?

Cleaning combs and brushes regularly helps prevent transferring the lice back onto the scalp. Try not to share brushes with other people. Maybe have one for each child.

Check the rest of the family for signs of head lice and treat if necessary. Inform friends and family who may come into contact with a child with head lice.

Further Guidance

Allergy UK

Allergy Help Line: 01322 619898

Website: www.allergyuk.org

The Anaphylaxis Campaign

Helpline: 01252 542029 (Mon-Fri 9am to 5pm)

Website: www.anaphylaxis.org.uk and www.allergyinAcademys.co.uk

SHINE - Spina Bifida and Hydrocephalus

Tel: 01733 555988 (9am to 5pm)

Website: www.shinecharity.org.uk

Asthma & Lung UK (formerly the National Asthma Campaign)

Helpline: 0300 222 5800

Website: www.asthmaandlung.org.uk

Council for Disabled Children

Website: www.councilfordisabledchildren.org.uk

Contact a Family

Helpline: 0808 808 3555 (Mon-Fri 9.30am to 5pm)

Website: www.contact.org.uk

Cystic Fibrosis Trust

Tel: 0300 373 1000 or 020 3795 2184 (Mon-Fri 10am to 4pm)

Website: www.cysticfibrosis.org.uk

Diabetes UK

Careline: 0345 123 2399

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0370 000 2288

Website:

www.gov.uk/government/organisations/department-for-education-and-skills

Department of Health and Social Care

Tel: 0300 790 4007

Tel (out of hours): 0333 320 1654

Website: www.gov.uk/government/organisations/department-of-health-and-social-care

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc.org.uk

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Epilepsy Action

Freephone Helpline: 0808 800 5050

Website: www.epilepsy.org.uk

National Society for Epilepsy

Helpline: 01494 601400 (Mon & Wed 9am to 7.30pm, Tue, Thur & Fri 9am to 4pm, Sat 9am – 12.30pm)

Website: www.epilepsysociety.org.uk

Health and Safety Executive (HSE)

HSE Advisory Team: 0300 003 1747 (Mon-Fri 8.30am to 5pm, Wed 10am to 5pm)

Website: www.hse.gov.uk

The Health and Safety (First-Aid) Regulations 1981

<https://www.legislation.gov.uk/ukxi/1981>

Health Education Trust

Email: admin@healtheducationtrust.com

Website: www.healtheducationtrust.org.uk

Hyperactive Children's Support Group

Tel: 01243 539966

Website: www.anhinternational.org/campaigns/the-hyperactive-children-s-support-group/

MENCAP

Telephone: 020 7454 0454 (Mon-Fri 9am to 5pm)

Website: www.mencap.org.uk

National Eczema Society

Helpline: 020 7281 3553

Website: www.eczema.org

Psoriasis Association

Tel: 01604 251620

Website: www.psoriasis-association.org.uk/

[Gov.uk Head Lice \(Pediculosis\)](#)

[NHS Head Lice and Nits](#)

[Guidance on Infection Control in Schools and Other Childcare Settings](#)

Supporting Policies

- Asthma Policy
- Control of Infections Policy
- Educational Visits Policy
- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Data Retention Policy

John Wood School & Nursery is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Monitoring and Implementation Policy

The policy is reviewed annually, although the Trust may vary or amend it periodically to ensure that we fulfil our obligation around the First Aid & Medicine Policy. All proposed changes to this policy would be made following the approval from the Committee.

	Name	Date
Policy written by	Headteacher/Principal	May 2026
Reviewed by Committee	CET Board	June 2026
Approved by the Committee	CET Board	July 2026
Adopted by Governing Board	CET/LGB Board	October 2026
To be reviewed annually		
Review by	May 2027	

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