

Sydenham School

First Aid Policy

(Includes Administering Medicine
and Supporting students with
Medical Conditions)



Approved by: Full Governing Body

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1. Aims

- Ensure the health and safety of all staff, students and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

The governing body and SLT will implement this policy by:

- Ensuring staff are appropriately trained to meet the needs of students with medical conditions
- Ensuring staff are aware of student medical conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Ensuring that individual healthcare plans (IHCPs) are created, applied and monitored as required.

2. Legislation and statutory responsibilities

This policy is based on advice from the Department for Education (DfE) on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [The Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records

This policy should be read in conjunction with the following policies:

- DfE Statutory guidance [Supporting students at school with medical conditions](#) (updated 2017)
- Sydenham School Attendance and Punctuality Policy
- Sydenham School Safeguarding and Child Protection Policy
- Sydenham School SEND Policy

- Sydenham School Health and Safety Policy
- Sydenham School Education Visits Policy

3. Roles and Responsibilities

3.1 Governors

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.2 Headteacher

The headteacher is responsible for the implementation of this policy, including:

- Making sure that an appropriate number of trained first aid personnel are present in the school at all times
- Making sure that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Making sure all staff are aware of first aid procedures
- Making sure appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or making sure that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Making sure that adequate space is available for catering to the medical needs of students
- Reporting specified incidents to the HSE when necessary

3.3 First Aid Administrator

The First Aid Administrator is responsible for:

- Taking charge when someone is injured or becomes ill
- Making sure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Making sure 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:
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending students home to recover, where necessary
- Filling in an accident report on the same day as, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

3.4 First Aiders

First Aiders are responsible for

- Acting as first responders to any incidents or accident; assessing the situation where there is an injured or ill person and providing immediate and appropriate treatment.
- Ensuring that parents are contacted regarding students involved in incidents and accidents.
- Sending students home to recover where necessary, with the explicit agreement of the Headteacher.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.

Our school's First Aid Administrator and First Aiders are listed in Appendix 1. Their names are displayed prominently around the school.

3.5 Staff

Staff are responsible for:

- Ensuring they have read the information shared with them about student medical conditions.
- Knowing what to do and responding accordingly when they become aware that a student with a medical condition needs help.
- Being aware of the need for confidentiality.
- Ensuring that any concerns are shared with the person responsible for supporting students with medical conditions.

3.6 Parents

Parents are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs
- Being involved in the development and review of their child's IHCP
- Carrying out any actions they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are always contactable.
- Informing the First Aid Administrator if their child will require prescription or nonprescription medication to be taken over a specified period at the school, and of any changes to the medication required.

3.7 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

4. In-school procedures

4.1 First Aid Procedures

In the event of an incident or accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified First Aider, if appropriate, who will provide the required First Aid treatment.
- The First Aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The First Aider will decide what treatment is required and whether the injured person should be moved or placed in a recovery position.

The decision will vary from case to case, but it is strongly advised to administer First Aid and call an ambulance as below and in Appendix 4.

First Aiders are expected to call an ambulance if someone:

- Appears not to be breathing.
- Is having chest pain, difficulty breathing or experiencing weakness, numbness or difficulty speaking.
- Experiencing severe bleeding that you are unable to stop with direct pressure on the wound.
- Is struggling for breath, possibly breathing in a strange way appearing to 'suck in' below their rib cage as they use other muscles to help them to breathe.
- Is unconscious or unaware of what is going on around them.
- Has a fit for the first time, even if they seem to recover from it later.
- Is having a severe allergic reaction accompanied by difficulty in breathing or collapse.
- If someone has fallen from a height, been hit by something travelling at speed or has been hit with force.

First Aiders are expected to be aware of the appropriate response in these specific scenarios, in which an ambulance must be called:

- Where an auto-adrenaline pen has been used for a severe allergic reaction, an ambulance must be called, and the word anaphylaxis must be used when calling emergency services.
- Where an asthma attack does not abate following treatment with a salbutamol inhaler an ambulance must be called, and the words asthma must be used when calling the emergency services.

- If someone is burnt and the burn is severe enough that it is likely to require dressing – treat the burn under cool running water and call an ambulance. Keep cooling the burn until the paramedics arrive and look out for signs of shock.
- If you suspect that someone may have sustained a spinal injury- call an ambulance, do not attempt to move them, and keep them still whilst waiting for an ambulance.

This is guidance, not an exhaustive list.

If emergency services are not called but the First Aider judges, in discussion with leadership, that a student is too unwell to remain in school, parents will be contacted by office staff and asked to collect their child. Upon their arrival, the First Aider will recommend the next steps to the parents.

If emergency services are called, the parents will be contacted immediately by a member of staff.

In the case that a child/student needs to be assessed at hospital, but the child's/student's contact cannot be reached, then a member of senior staff and a first aider will transport the child to hospital whilst the office team continue to attempt to contact family members.

The member of staff who treated the incident will complete the necessary accident reporting forms (see Appendix 5, 6 and 7).

4.2 Infection control

To manage infection control, First Aid Staff must:

- Ensure all their own injuries are covered with waterproof dressings before commencing treatment.
- Wash their hands before and after applying dressings.
- Only use mouth pieces when administering mouth-to-mouth if trained to do so.
- Use disposable gloves whenever blood or other bodily fluids are handled.
- Use disposable materials such as paper towels and sanitizing powder to clear up spills of bodily fluid.
- Dispose of blood and bodily waste in a way that does not allow others to come into contact with it. (Seek medical advice if contact is made with any other person's bodily fluids).

5. Off-site procedures

When taking students off the school premises, staff will ensure they always have the following as a minimum:

- A school mobile phone
- A portable First Aid kit
- Information about the specific medical needs of students
- Parent/carer contact details

Risk assessments will be completed by the visit leader prior to any educational visit that necessitates taking students off school premises, in accordance with the Educational Visits Policy.

6. Equal Opportunities

Staff at Sydenham School are clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Staff at Sydenham School will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

7. Individual Health Care Plans (IHCPs)

The school will consider the needs of each individual student and how their medical condition impacts on their ability to participate in lessons and in school life in general; the school will take steps to help increase students' confidence and ability to manage their own medical condition or needs.

Where a student has long-term or complex medical condition or health needs, in the first instance parents/carers should provide a IHCP in consultation with medical professionals such as hospital consultants; as an alternative the school will produce an IHCP for that student. A template IHCP coversheet can be seen in Appendix 10.

The IHCP will be prepared following consultation with the parents/carers, the student (where appropriate) and school nurse and/or any other relevant healthcare professional. Where there are healthcare professionals leading on the long-term treatment for the student, they should be responsible for writing the IHCP as they hold the relevant expertise, i.e. where a child has an asthma care nurse, or the GP has prescribed emergency medicine for severe allergies

Where appropriate, the IHCP should be linked with a student's Education, Health and Care Plan (EHCP). Where a student has special educational need, but does not have a statement or EHCP, their special educational need should be mentioned in their IHCP.

The IHCP will be presented to the parents/carers for approval prior to its implementation to ensure the school holds accurate information about the medical condition of any student with long-term needs.

Once the IHCP is approved the First Aid Administrator

will be responsible for its maintenance and implementation. The IHCP will be reviewed at least annually or more frequently if a student's needs change.

8. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so and
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, staff make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

Students will not be given medicine containing aspirin unless prescribed by a doctor.

Our schools will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

Where students require medication for pain relief (i.e. Calpol, Paracetamol, Ibruprofen etc) for a specific medical or health issue, parents/carers need to bring this to the school office and complete an 'Agreement for School to Administer Medicines' form (Appendix 11). The school will need to know the time when the last dose was given at home in order to agree to give subsequent doses. Unless otherwise stated in an IHCP or similar plan, the medicine will need to be brought in each morning and collected each afternoon. This will allow for communication between parents/carers and school about the doses that have been administered, both at home and at school.

9. Controlled Drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone. A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

10. Administration of medication

Where a student requires supervision to take their medication or where such medication will be administered by staff, students must be made aware of when and where they should attend to receive their medication during the course of treatment. The First Aid Administrator will inform the students of the times to take the medication when the medication is submitted to the medical room.

Students will attend the First Aid room to take the medication.

All medicines supplied to the school by parents/carers must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Before providing the medicine to the students, staff administering medication will check:

- The student's full name
- The name of the child on the label
- The name of the medication
- The prescribed dose
- The expiry date
- The method of administration
- The time/frequency of administration
- Any side effects
- The written instructions on the container
- When any previous dose was given

If staff are in any doubt over the procedure, including where a child might be sick after taking medication, the parents/carers will be contacted before action is taken.

If a student refuses their medication, staff will record this and report it to parents/carers as soon as possible.

No member of staff will administer more than the stated dose in the time period stated for any reason. (This does not include the emergency use of inhalers or auto-adrenaline injectors for those with IHCPs for these medical conditions).

11. Storage of medication

Medicines are always securely stored in accordance with individual product instructions. The school will carry out a risk assessment to consider any risks to the health and safety of the school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely. Non-emergency medicines will be stored in a locked door, not easily accessible by students. Where such medicines need refrigeration, the medicine will be put in a sealed plastic container, particularly necessary if the fridge also contains food. All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

Medicines other than inhalers, unless otherwise specified in an IHCP, will be kept in the Medical Room.

Emergency medication such as inhalers, adrenaline pens and blood glucose testing meters will not be locked away to ensure quick access in an emergency.

Students who do not carry and administer their own medication understand which members of staff will administer their medication.

12. Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHCPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible.

Staff will not force a student to take medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHCP and inform parents so that an alternative option can be considered, if necessary.

13. Information about students with medical needs

Any information (IHCPs) about any of our students who require additional support for health and wellbeing is stored on the school's secure management system and updated regularly (as condition or medicines change) as well as annually.

Any information is dated in order to ensure that current details are followed.

All IHCPs and plans are stored in the same area in order that the doses given are recorded immediately after the medication is given.

All such documentation is stored with good data protection practice in mind.

14. Training

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

All staff will be made aware of the terms of this policy and the school's arrangements for supporting students with medical conditions and their role in implementing the terms of this policy.

All new starters will be made aware of the terms of this policy during their induction.

Staff must not give medication or undertake healthcare procedures without appropriate training.

All staff will receive training in school procedures for supporting students with medical needs as part of safeguarding children.

Any staff responsible for the administration of medicine will have access to students' IHCPs.

If the administration of medication involves technical, medical or other specialist knowledge, appropriate individual training tailored to the individual student will be provided to appropriate staff by the school nurse and/or a qualified health professional.

For the avoidance of doubt, a first aid certificate does not constitute appropriate training in supporting students with medical conditions.

15. Insurance

Lewisham Council will ensure that there is adequate insurance in place which appropriately reflects the level of risk at the school. Lewisham maintains records of the Risk Protection Arrangements for the school.

All staff who are required to administer medicines or to provide support to students with medical conditions are covered by the school's liability insurance. A copy of the relevant insurance policy is available to all staff on request.

16. Emergency procedures

In the event of an emergency related to the administration of medicine, the First Aid Administrator should be called as soon as possible, if not already present. If he/she does not consider that he or she is able to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not, however, affect the ability of any person to contact the emergency services in the event of a medical emergency.

Staff should always dial 999 for the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the school site. All action taken should reflect the details outlined and agreed in the student's/student's IHCP if one is in place.

If someone appears to be having a severe allergic reaction (anaphylaxis) any of the members of staff present must call 999 without delay, even if the person has already used their own AAI device or a spare one.

17. Off-site visits and sporting events

The school actively supports all students with medical conditions to access and enjoy the same opportunities at the school as any other student, which includes ensuring that they are able to take an active role in school trips and sporting activities, unless it is contraindicated by a medical professional involved in a student's care (such as his or her GP).

If a student attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy. Any treatment or action required will be documented in the Risk Assessment for the visit.

All students requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff will carry the medication, individually labelled, along with the written agreement/plan. All doses administered by staff will be recorded on the plan/record.

Secure storage for medicines will be available at all short-term accommodation used by the school.

18. Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the student's IHCP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs
- If the student becomes ill, send them to the school office or First Aid Room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their students, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine in school toilets

19. Supporting a student with health needs who cannot attend school

If the school makes arrangements:

- Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.
- The Attendance and Welfare Co-ordinator in conjunction with the Year Team will be responsible for making and monitoring the arrangements.
- This might include sending work home or making a referral to the Local Authority Hospital Outreach Programme.
- Additionally, the school may support students with health difficulties by drawing up an Individual Health Care Plan with professionals.
- We will consult parents/carers and children at all stages about any changes in arrangements and will fully support the student to reintegrate into school successfully.

If the local authority makes arrangements:

If the school can't make suitable arrangements, Lewisham Council will become responsible for arranging suitable education for these children. In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents/carers to ensure the best outcomes for the student
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the student is as effective as possible and that the child can be reintegrated back into school successfully When reintegration is anticipated, work with the local authority to:
- Plan for consistent provision during and after the period of education outside the school, allowing the student to access the same curriculum and materials that they would have used in school as far as possible
- Enable the student to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

20. Complaints

If parents/carers or students are dissatisfied with the medical support provided at the school, they should raise these in the first instance with the Headteacher.

If the Headteacher cannot resolve the issue, then a formal complaint can be raised via the school's complaints procedure.

21. Safeguarding

Where there are any concerns about a child's wellbeing, including frequent use of medication, staff will speak with the Designated Safeguarding Lead or their Deputy about such concerns.

22. Staff Medicines

Where staff are taking medication for their own medical conditions, these will be stored securely, locked away, and out of reach of children.

We are aware of the serious implications of children accessing medicines not prescribed for them. The arrangements for this school are that staff will keep all personal medication in the staff room (not accessible to children) and will only bring such medication that is necessary for the working day.

If staff are taking medication which may affect their ability to care for children, they must seek medical attention and speak with their line manager.

23. Record Keeping and Reporting

23.1 First aid and accident record reports

The step-by-step process of recording and reporting incidents and accidents can be seen in Appendix 5 and 6.

General minor injuries will be recorded in the Incidents and Accidents log by the First Aider as soon as possible after an incident resulting in an injury that is managed within school. At times a CS2 form will be appropriate, as in Appendix 7.

As much detail as possible should be supplied when reporting an accident. Records held in the First Aid and accident book will be retained by the school in accordance with the Records Management Policy.

23.2 Reporting to the HSE

The first aid administrator will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The first aid administrator will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this

case, the first aid administrator will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Students and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

23.3 Notifying parents

The First Aid Administrator will inform parents of any significant accident or injury sustained by a student, and any First Aid treatment given, on the same day, or as soon as reasonably practicable.

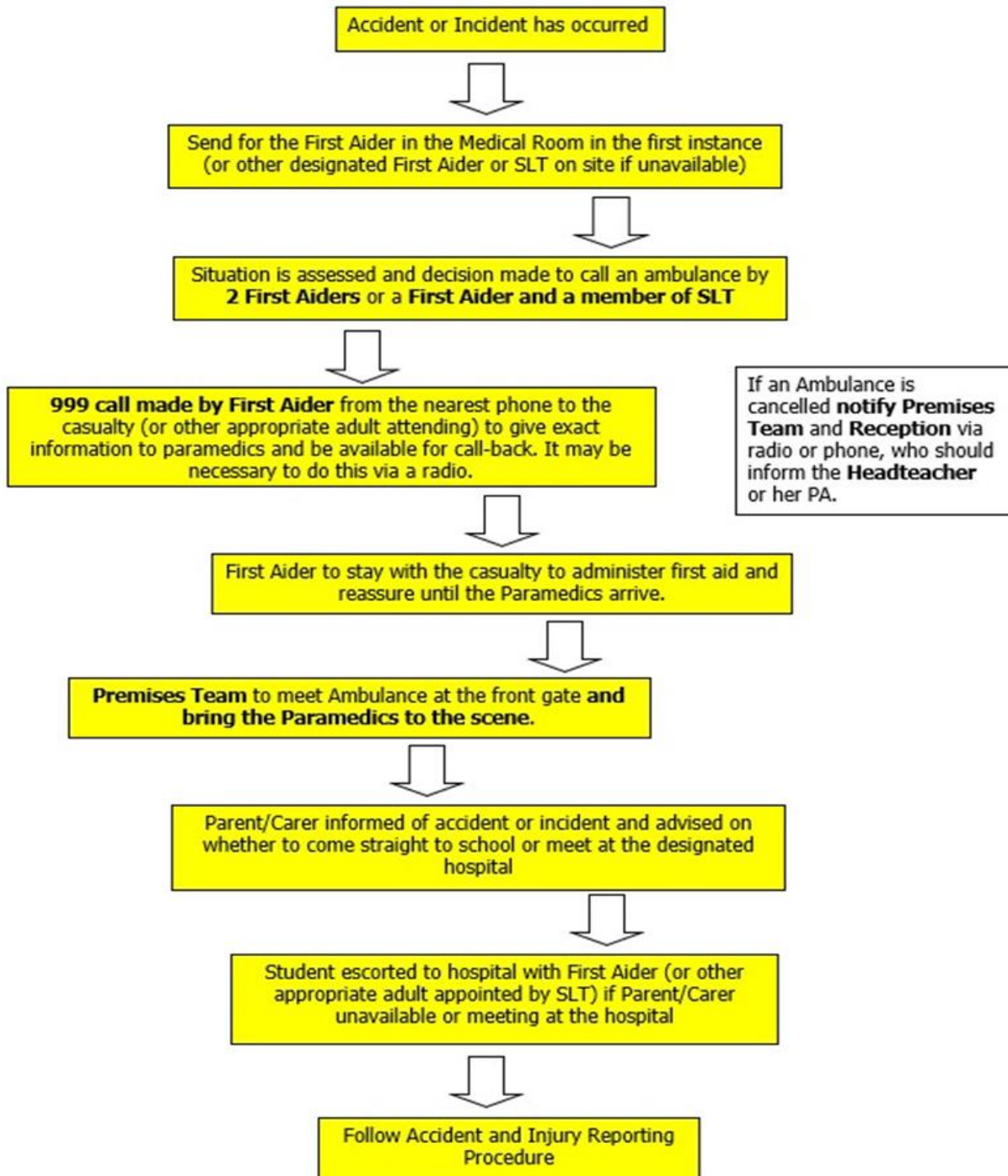
23.4 Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Designated Safeguarding Lead will also notify the LADO of any serious accident or injury to, or the death of, a student while in the school's care.

Appendix 1: Procedure for calling an ambulance at Sydenham School

Procedure for Calling an Ambulance at Sydenham School



Appendix 2: Accident Reporting: step-by-step

Action	Person responsible	Notes	When
1. First aid requested	Member of staff teaching lesson/ supervising activity	By calling ext. 591, 443, 437 or sending a student/colleague to first aid, reception or premises – whichever is closest. Reception is staffed until 17:30 and there will always be a first aider in Premises while the school is open.	Immediately
2. Student treated by first aider	First Aider	SLT and Premises to be alerted if there is an impact on movement of other students around the building	ASAP
3. Headteacher and School Business Manager informed of accident	First Aider		ASAP – same day
4. Parent/carer of student contacted by phone – for information, or to collect student if necessary	JSR/ First Aider		ASAP - same day
5. CS2 Accident report form completed	Member of staff teaching lesson/ supervising activity or First Aider if student was unsupervised – additional statement attached if needed		Same day
6. Form passed onto JSR and Headteacher for review	First Aider/JSR		Same day
7. Follow up action agreed, form countersigned	Headteacher and Facilities Manager		Within 24 hours

and returned to JSR			
8. Follow up actions passed on to relevant colleagues via email	JSR	Follow-up actions must include JSR requesting that the relevant member of teaching staff contacts home to check on the student's recovery.	Within 24 hours
9. Complete online reporting and upload CS2 as attachment	JSR / First Aid Administrator		Within 24 hours

Appendix 3: Accident Reporting Checklist

					Record YES when complete				Record YES when complete			
Date	Student Name	Student Year Group	Name(s) of Staff witnessing/reporting	Name of first aid staff attending	Headteacher and Business Manager informed of accident	Parent carer contact made	CS2 Accident form completed	Form passed onto JSR and Headteacher for review	Follow up actions agreed (list here and share with other staff as required)	Form passed onto JSR and Headteacher for review	Follow up actions passed on to relevant colleagues via email	Complete online reporting and upload CS2 as attachment
					YES	YES	YES	YES	1 Relevant teaching staff asked to contact home to check on student's recovery (usually next day)	YES	YES	YES
									2			
									3			
									4			

Appendix 4: CS2 Form

Appendix 3: CS2 Form

CORPORATE HEALTH AND SAFETY TEAM (CS2)



About the Person involved

Full name of the person involved _____

Male Female Date of birth _____
Employee Contractor Client Pupil Member of the Public

Directorate _____ Employee Number _____

Job Title _____ Service Area _____

Address of incident _____

Place of Work/School _____

Date of Occurrence ____/____/____ Time of Occurrence _____

Please tick the box indicating the source of injury

- Exposure to or contact with a harmful substance
- Slip, trip or fall on same level
- Contact with moving machinery or material being machined
- Occupational disease or illness
- An accident involving a vehicle
- Exposure to fire/explosion or hot material
- Fall from a height
- Struck by moving, including flying or falling object, person
- Fight/Assault
- Repetitive strain or muscular pain, ache ect
- Contact with electricity or an electrical discharge
- Trapped by something collapsing or
- Contact with something fixed stationary or sharp
- Injured whilst handling, lifting or carrying
- Near Miss
- Asphyxiation
- No injuries
- Verbal Abuse

About the Person Reporting

Full name and phone number of the person reporting _____

Name of Line Manager _____

About the incident/accident
Briefly describe what happened including type of injury ie, broken bone and part of body injured. Please attach additional information if required

First day absence _____ Last day absence _____ No lost time

First Aid Medical Treatment Over 24 hrs in Hosp. Major Injury Fatality

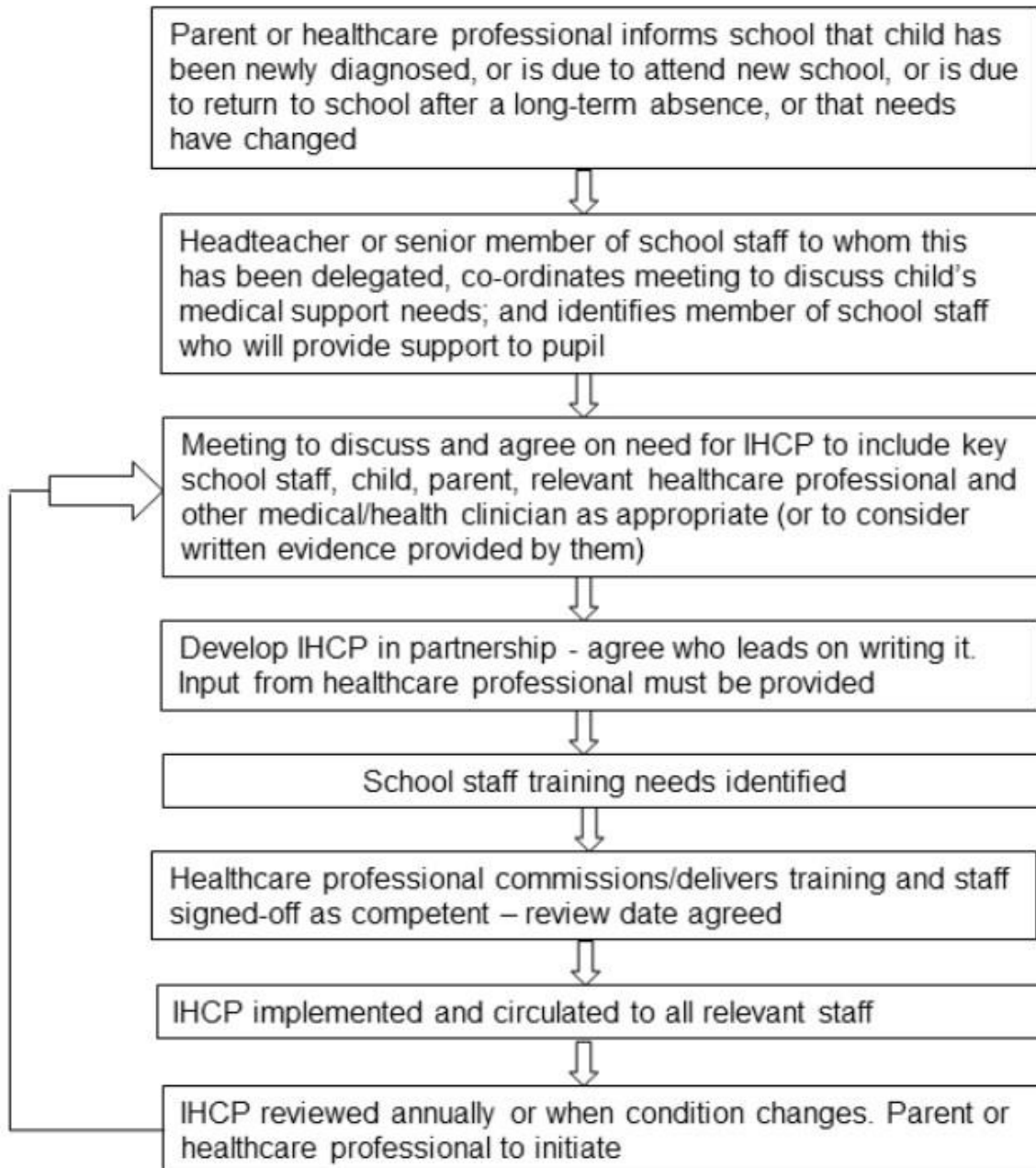
Was it investigated? Yes No Who investigation _____
Contact Number _____

Classification This classifies if the injury is subject to RIDDOR legislation, and as such must be reported to the Health and Safety Executive. See guidance document <http://www.hse.gov.uk/riddor/index.htm>

Action: To Prevent Reoccurrence _____


Sign _____ Date ____/____/____

Appendix 5: Model process for developing Individual Health Care Plans



Appendix 6: Template IHCP

Care Plan Coversheet

<p>Student Name:</p> <p>Tutor Group:</p> <p>Date:</p>	<p>Photo Box</p> 
<p>Ongoing Medical Issues:</p>	
<p>Plan going forward: Confidence, and Management going forward</p>	
<p>Emergency Contact</p>	
<p>Name:</p> <p>Contact number:</p> <p>Relationship:</p>	
<p>Next Review Date</p>	

As Parents/Carer I agreed to inform the School when there is a change to the treatment / management that requires the care plan in school to be updated

This care plan has been agreed by:

Parent/Carer: _____ (Sign/date)

School/ Medical Room: (Sign/date)

Appendix 7: Agreement for the school to administer medicine form

Student Name:	
DOB:	
Tutor Group:	
Condition/Illness:	
Name of Medication(s):	
Duration of Medication(s)	
Directions for Use	
Help Required?	Is your daughter able to self-administer? Yes/No
Comments	

Signed: **Parent/Guardian**

Address:

Daytime Tel No: **Date:**