FIRST AID, MEDICAL NEEDS AND EMERGENCY RESPONSE POLICY

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Date of next review:	July 2028	**Owner:**	EMLM
Type of policy:	☒ Company-wide ☐ Tailored by unit	**Approval:**	
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1. Purpose

EMLM is committed to safeguarding and promoting the health, safety and wellbeing of all learners, staff, visitors and contractors. This policy establishes clear procedures for the provision of first aid, the management of medical needs and the school's response to emergencies, ensuring that appropriate care is provided promptly and consistently.

This policy supports the school's wider safeguarding, health and safety, inclusion and business continuity arrangements and reflects current statutory guidance and best practice.

The aims of this policy are to:

- protect the health, safety and wellbeing of learners, staff and visitors;
- ensure a timely, effective and coordinated response to accidents, illness and emergencies
- clarify roles and responsibilities for first aid and emergency response
- provide effective systems for recording, reporting and reviewing incidents
- support learners with medical conditions so they can access education safely and inclusively
- ensure that emergency planning arrangements consider the needs of all learners, including those with SEND and medical needs
- promote a culture of prevention, continuous improvement and shared responsibility.

2. Roles and Responsibilities

1.1 Head of School

The Head of School has overall operational responsibility for implementing this policy and will ensure:

- an appropriate number of trained first aiders are available at all times
- suitable first aid equipment and facilities are maintained
- Risk assessments are completed and reviewed
- emergency plans are understood and regularly practised
- arrangements are in place for lockdown, evacuation and business continuity incidents
- staff receive appropriate first aid and medical needs training
- reportable incidents are notified through the appropriate reporting systems
- lessons learned following incidents are shared to improve practice.

EMLM's first aiders are listed in **appendix 1**. Their names will also be displayed prominently around the school.

2.2 The Independent Executive Board:

The Independent Executive Board retains strategic oversight of health, safety and welfare arrangements and will:

- monitor implementation of this policy
- receive reports on significant incidents and trends
- ensure sufficient resources are available
- review this policy at least every two years or sooner if legislation changes.

2.3 Office Administration Team/Medical Room Lead

The Medical Room will be managed daily by a qualified First Aider who will work together with the Head of School to:

- maintain first aid supplies and equipment
- oversee learner medical records and Individual Healthcare Plans (IHP)
- coordinate emergency medical responses
- maintain accident records
- communicate medical information to relevant staff
- coordinate annual healthcare plan reviews
- arrange EpiPen and emergency asthma training.

2.4 Qualified First Aiders

Qualified first aiders will:

- respond promptly to accidents and illness
- assess the situation and provide appropriate treatment
- determine whether emergency services are required
- remain with the casualty until responsibility is transferred
- complete accident records promptly
- maintain confidentiality while sharing essential medical information with relevant staff.

2.5 All staff

All staff are responsible for:

- following this policy and associated procedures
- knowing how to summon a first aider
- acting immediately in an emergency
- reporting accidents, incidents and near misses
- supporting learners calmly and appropriately
- informing leaders of any health conditions which may affect their work.

3. Emergency Response Procedures

The safety of learners and staff will always be the primary consideration.

In any emergency:

1. Assess the scene for danger
2. Make the area safe where possible
3. Contact a qualified first aider immediately
4. Contact a qualified first aider immediately
5. Call 999 where required
6. Inform the Head of School or Leadership Team
7. Contact parents/carers as soon as practicable
8. Record the incident and review actions taken

Where emergency services attend, staff will:

- provide clear information
- provide Individual Healthcare Plans where appropriate
- Accompany a learner to hospital if a parent/carer is unavailable
- Remain with the learner until responsibility is transferred.

4. Major Incident and Emergency Planning

EMLM maintains emergency response arrangements which complement its Business Continuity Plan and Critical Incident procedures.

These arrangements include:

- evacuation procedures
- lockdown procedures
- shelter arrangements
- communication plans
- emergency contact lists
- arrangements for learners with medical needs or disabilities
- welfare and reunification arrangements
- post-incident recovery planning.

Emergency first aid equipment will be readily accessible during any evacuation or lockdown wherever it is safe to do so.

Following any significant incident, the Leadership Team will undertake a formal review to identify learning and improve future practice.

5. First Aid Procedures

see appendix 3

Where an injury occurs:

- the nearest member of staff will assess the situation
- a qualified first aider will be called where appropriate
- treatment will be provided within the limits of training
- emergency services will be contacted where necessary
- parents/carers will be informed as soon as reasonably practicable.

Learners who are unwell and unable to participate safely in learning will be collected by parents/carers.

Accident records will be completed on the same day wherever possible.

6. Off-site procedures

Educational visits will be supported by appropriate first aid provision.

Staff will ensure they have:

- a portable first aid kit
- emergency contact details
- learner medical information
- required medication including inhalers and adrenaline devices
- access to a school mobile telephone.

Visit risk assessments will identify first aid and medical requirements and include arrangements for emergency evacuation where necessary.

At least one appropriately trained first aider will accompany all visits.

7. First Aid Kit

First aid kits will contain equipment appropriate to the school's assessed needs and will include:

- sterile dressings
- bandages
- eye pads
- triangular bandages
- adhesive tape
- gloves
- antiseptic wipes
- plasters
- scissors
- burns dressings
- instant cold packs.

No medication will be routinely stored within first aid kits.

Supplies will be checked at least half-termly and replenished as required.

8. Supporting Learners with Medical Condition

EMLM is committed to ensuring learners with medical conditions can participate fully in school life.

Individual Healthcare Plans will be developed where required and will include:

- medical diagnosis
- symptoms
- medication
- emergency procedures
- staff responsibilities
- parental contact information
- review arrangements.

Individual Healthcare plans will be shared with relevant staff while maintaining confidentiality.

9. Emergency Asthma Inhalers and Adrenalin devices

EMLM maintains emergency asthma inhalers and adrenaline auto-injectors in accordance with current legislation.

Emergency medication will only be administered:

- where parental consent has been obtained;
- by appropriately trained staff;
- in accordance with healthcare plans and national guidance

Learners requiring inhalers or adrenaline auto-injectors are expected to have two in-date devices available in school.

Every use of emergency medication will be:

- recorded
- reported to parents/carers
- reviewed to identify any further support required.

10. Infection Prevention and Control

Universal precautions will be followed when dealing with blood or body fluids.

Staff will:

- wear appropriate PPE
- wash hands thoroughly
- clean contaminated surfaces using approved products
- dispose of waste safely
- report significant contamination incidents.

Clinical waste will be disposed of through approved waste contractors.

Sharps will be placed immediately into designated sharps containers.

Used adrenaline auto-injectors accompanying a learner to hospital will travel with the ambulance crew.

Learners experiencing vomiting or diarrhoea should remain away from school until they have been symptom free for 48 hours.

11.Mental Health First Aid and Post-Incident Support

EMLM recognises that emergencies and accidents may affect emotional wellbeing.

The school will:

- maintain trained Mental Health First Aiders
- provide trauma-informed support
- identify learners requiring additional intervention
- signpost families to appropriate services
- support staff wellbeing following significant incidents.

Debrief sessions may be offered following major incidents to identify learning and promote recovery.

12. Record Keeping and Reporting

Accidents will be recorded promptly and include:

- date and time
- location
- individuals involved
- circumstances
- treatment provided
- witnesses
- follow-up actions.

Records will be retained in accordance with statutory requirements and data protection legislation.

Near misses will also be recorded and reviewed to identify trends and preventative actions.

13. Reporting to the Health and Safety Executive (HSE)

EMLM will report incidents in accordance with RIDDOR requirements through the appropriate reporting system.

Reportable incidents include, but are not limited to:

- deaths
- specified serious injuries
- dangerous occurrences
- occupational diseases
- employee absences exceeding statutory thresholds.

The Head of School will ensure appropriate notifications are made.

14. Communication with Parents and Carers

Parents/carers will be informed:

- on the day of any significant accident or injury
- whenever emergency medication is administered
- when emergency services are called
- when a learner is sent home due to illness.

Communication will be timely, factual and sensitive.

15. Training

EMLM will maintain an appropriate programme of training including:

- First Aid at Work
- Paediatric First Aid where required
- Emergency First Aid
- Anaphylaxis awareness
- Asthma awareness
- Mental Health First Aid
- Infection prevention;
- Emergency response and critical incident procedures.

Training records will be maintained and monitored to ensure qualifications remain current.

16. Contractors and Visitors

All contractors and visitors will be made aware of emergency arrangements, evacuation procedures and first aid contacts upon arrival.

Accidents involving contractors or visitors will be managed and recorded in accordance with this policy.

17. Monitoring and Quality Assurance

The Leadership Team will monitor the effectiveness of this policy through:

- analysis of accident and incident trends
- review of near miss reports
- evaluation of emergency responses
- monitoring first aid provision and equipment
- compliance with staff training requirements
- review of Individual Healthcare Plans and medical needs
- feedback from learners, parents/carers and staff where appropriate.

Following any significant incident or emergency, the Leadership Team will undertake a formal debrief to identify lessons learned and implement any necessary improvements to policy, procedures, training or risk assessments.

This policy will be reviewed every two years or sooner if:

- there is a significant incident or emergency
- feedback from learners, parents/carers and staff where appropriate.

Following any significant incident or emergency, the Leadership Team will undertake a formal debrief to identify lessons learned and implement any necessary improvements to policy, procedures, training or risk assessments.

18. Links with Other Policies

This policy should be read alongside:

- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Supporting Learners with Medical Conditions Policy
- SEND and Inclusion Policy
- Behaviour Policy
- Risk Assessment Policy
- Educational Visits Policy
- Emergency Planning and Business Continuity Plan
- Fire Safety and Evacuation Procedures
- Infection Prevention and Control Procedures
- Staff Wellbeing Policy

19. Legislation and Guidance

This policy is informed by:

- Health and Safety (First-Aid) Regulations 1981
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Social Security (Claims and Payments) Regulations 1979
- Education (Independent School Standards) Regulations 2014
- Department for Education: Supporting Pupils at School with Medical Conditions
- Department for Education: Emergency Planning and Response for Education, Childcare and Children's Social Care Settings
- Health and Safety Executive guidance on First Aid and Incident Reporting

Review Cycle: Every two years, or sooner following changes in legislation, statutory guidance, organisational arrangements or following a significant incident.

Appendix 1: First Aiders at EMLM

Full Name	Training	Location	Date
Winsome Fletcher			
Jacqui Fullerton			
Valerie Nembhard			
Faith Olatunji			
Victor Smith			

Appendix 2: First Aid Needs Checklist

Issues to consider	Impact on First Aid provision	Notes
Hazards: The findings of the risk assessment(s) should be taken into account, along with parts of the workplace that may have different work activities or hazards and may require different levels of first aid provision.		
Are the hazards low level, such as those found in offices?	The minimum provision is: • An appointed person to take charge of first aid arrangements; • A suitable first aid box	
Are there higher-level hazards such as dangerous machinery, hazardous substances, or work involving confined spaces?	Consider: • Providing first-aiders; • Additional training for first-aiders to deal with injuries resulting from special hazards; • Additional first aid equipment; • Precise siting of first aid boxes; • Providing a first aid room; • Informing the emergency services	
Does the level of risk vary in different parts of the establishment/building/site?	Consider the provision of each building or site. Where several levels of risks exist, base the provision on the highest level of risk.	
Employees:		
How many people are working on site, or in the establishment/building?	Where there are small numbers of employees, the minimum provision is: • An appointed person to take charge of first aid arrangements; • A suitably stocked first aid box; • A first aid room.	
Are there any inexperienced staff, or trainees on site?	Consider: • Additional training for first-aiders;	
Are there any staff with disabilities, or particular health problems?	• Additional first aid equipment; • Local siting of first aid equipment. The first aid provision should cover any work experience trainees	
Accident and ill health record:		
What is the record of previous accidents or incidents of ill health? What	Ensure the first aid provision will cater for the type of injuries and illnesses that might occur. Monitor accidents and ill	

injuries and illnesses have occurred and where did they happen?	health and review the first aid provision as appropriate.	
Working Arrangements		
Do staff work out of normal office hours or work shifts?	Ensure there is adequate first aid provision at all times people are at work.	
Do staff travel to other sites, work remotely or work alone?	Consider: • The outcomes of the lone working risk assessment; • Issuing personal first aid kits; • Issuing personal communicators or mobile phone	
Does the work involve travel to other sites or locations with members of the public (clients, service users or pupils)?	Consider: • Ensuring the group is accompanied by a first aider; • Taking a first aid kit on the trip; • The medical needs of the clients, services users or pupils, particularly if they have a medical care plan.	
Is there sufficient first aid provision to cover absences of first-aiders, or appointed persons?	Consider: • What first aid provision would be required to cover for annual leave or other planned absences; • What would be required to cover for unplanned and exceptional absences?	

Overall Risk Rating based on information in table above (circle as appropriate):	**High**	**Medium**	**Low**

Number of persons on site:	
Name of person responsible for maintaining first aid boxes and kits:	
Name of person responsible for organising refresher training:	

Signed:	**Date:**	**Review date:**

Appendix 3: First Aid Guidance

Bumped head	If a learner receives a bump to the head a First Aider should be called immediately. A cold compress should be applied immediately and the learner assessed for any secondary signs and symptoms. The parent/carer is contacted by the office admin to observe in case their child complains of other symptom or their condition worsens e.g. increasing pain, nausea, sleepiness etc
Cuts & grazes	Cuts and grazes should be cleaned with water and paper towel and a plaster applied if required. **All plasters used at school should be hypoallergenic.** As the school is not permitted to use antiseptics or wound cleaning agents a parent or carer should be telephoned if a learner has received a more serious graze or if there is a lot of dirt embedded in the wound. This is in order to assess whether an adult can come and either clean the wound with an antiseptic for example, or whether the learner should be taken home to have the area cleaned thoroughly
Injury to Face	If a learner receives an injury to the face, i.e. an injury to an eye, lip or a bad graze or bump, then a parent or carer should be called. This should only be a courtesy call in order to inform an adult of the injury, in case there may be swelling or bruising before the end of the school day. The adult should be assured that you have explained to the learner to return to the medical room if they are at all worried or their symptoms change.
Splinters or stings	Staff can only remove splinters or stings if they are visible from the above the skin and can likely be removed with tweezers. If below the skin, a cold compress should be applied. The learner should be instructed to tell a parent at home time that they have been stung or have a splinter in situ. Multiple stings requiring cream or antihistamines should be dealt with by the child's parent or carer.
Injury to adult tooth	If a learner sustains an injury to an adult tooth the parent or carer must be contacted immediately. They should be encouraged to try to obtain an

	emergency visit with their dentist, even if there is no obvious damage to the tooth. A chip to the tooth, however small, can lead to infection and more serious damage. If a tooth becomes seriously damaged the remnants should be placed in a sealed bag of milk (available from the kitchen).
Eye injury	If a learner receives a serious eye injury the parent or carer must be called immediately. Foreign bodies should not be removed, and both eyes should be covered in order to protect them. Please note: - dust, dirt or eyelashes can often cause irritation and the learner should not rub at their eye. The learner may be able to blink and/or wipe their eye and carry on their day as normal. Members of staff are not allowed to wash out learner's eyes.
Sprain or strain	If a learner has received a sprain or strain a cold compress should be applied to the affected area and assessed after a few minutes. If the area is swollen or the learner is unable to walk they should remain seated and assessed again. A parent or carer should only be called if the learner is unable to continue their normal school day or if limping or swelling persists or worsens.

Appendix 4: Individual, Healthcare Plan

Name of school:					
Child's name:					
Group/class/form:					
Date of birth:					
Child's address:					
Medical diagnosis or condition:					
Date:					
Review date:					
Family Contact Information					
Name:					
Phone no. (work):					
(home):					
(mobile):					
Name:					
Relationship to child:					
Phone no. (work):					
(home):					
(mobile):					
Clinic/Hospital Contact					
Name:					
Phone no.:					
G.P.					
Name:					
Phone no.:					

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 5: Consent Form: USE OF EMERGENCY VENTOLIN INHALER
Learner showing symptoms of asthma/having an asthma attack

1. **I can confirm that my child has been diagnosed with asthma**
2. **My child has a working in-date inhaler, clearly labelled with their name, which they bring into EMLM**
3. **In the event of my child displaying symptoms of asthma, and if their inhaler is not available or us unusable, I consent for my child to receive salbutamol from an emergency inhaler held by EMLM for such emergencies**

Signed:		**Date:**	
Name in Full: (Print)			
Child's Full Name:			
Year Group:			
Family/Carer Address:			
Telephone:			
Email Address:			

Appendix 5a: Consent Form – USE OF EMERGENCY ADRENALINE AUTO INJECTOR

Learner having an epilepsy episode

I. **I can confirm that my child has been diagnosed with epilepsy**
II. **My child has an epilepsy pen, clearly labelled with their name, which they bring into EMLM**
III. **In the event of my child displaying symptoms of an epilepsy attack, and if their pen is not available or us unusable, I consent for my child to receive adrenaline from an emergency auto injector held by EMLM for such emergencies**

Signed:		**Date:**	
Name in Full: (Print)			
Child's Full Name:			
Year Group:			
Family/Carer Address:			
Telephone:			
Email Address:			