



First aid (including mental health) and medication policy

Independent school standards	Paragraphs 13 and 34.
Last updated by senior leaders	January 2026
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INTRODUCTION

- St. John's is committed to providing both effective emergency first-aid provision in order to deal with accidents and incidents affecting pupils, staff and visitors, as well as 'mental health first aid' to those requiring emotional support.
- We have suitably stocked first-aid equipment, which is checked weekly for stock by a named first aider, including expiry dates; equipment is kept in the break-time first aid bags found in each classroom, kitchen and in the medical room at the Preparatory School, and the school office, staffroom, each classroom, kitchen and medical room at the Senior School.
- Both school sites have many more trained first aiders (including paediatric trained first aiders in the EYFS and mental health first aiders) than required. First aiders are identified on our information posters at each school site. A record is kept of dates on which first aiders were trained, and refresher training is undertaken as required.
- Both of St. John's School's sites are nut free.
- First aiders actively consider the appropriateness of any first aid treatment given, for example allergies such as latex and plasters.
- The school's designated first aid/medical rooms are clearly marked by a sign on the door and are confidential rooms with access to washing facilities and a fully-stocked first aid supply. They are also near to toilet facilities.
- First aid is always administered, as far as practicably possible, in the designated first aid/medical rooms.
- All staff working at St. John's know that when in doubt, calling 999 is the most appropriate and safe course of action.

EMERGENCY PROCEDURE

- If an accident, illness or injury occurs on school site or during school hours, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling immediately for an ambulance or calling for a first aider. If summoned, a first aider will assess the situation and take charge of first aid administration.

Ambulances

- The first aider/appointed person/senior leader is to always call an ambulance on the following occasions:
 - in the event of a serious injury and/or any significant head injury.
 - in the event of a period of unconsciousness.

- whenever there is the possibility of a fracture.
- whenever the first aider is unsure of the severity of the injuries.
- whenever the first aider is unsure of the correct treatment.
- where there are open wounds requiring further medical attention.
- If an ambulance is called then the first aider in charge will ensure the ambulance has access to the injured person. Arrangements will be made to ensure that any pupil is accompanied in an ambulance by a member of staff until one of the parents or carers is present.

Managing bodily fluids

- First aiders will wear disposable gloves where bodily fluids are involved. Any dressings or materials which have been in contact with bodily fluids (such as blood or vomit) must be disposed of in the designated yellow bin in a first aid/medical room.
- Bodily fluids spilt should be cleaned up and bleached or disinfected. If the spillage is significant, pupils and staff should be removed from the area (where necessary) and premises staff should be called upon to clean the area professionally.

COMMON ILLNESSES

- If a pupil is ill, it is likely to be due to a minor health condition.
- A pupil with a minor cough or cold may attend school. However, if accompanied by a raised temperature, shivers or drowsiness the pupil should remain at home and further medical advice should be sought from their GP; it is then recommended that the pupil does not return to school until fully recovered.

Rashes

- Pupils with rashes should be considered infectious and assessed by their GP or a nurse. If a rash is noticed in school, then a parent should be contacted immediately.
 - **Chicken Pox** - should be assessed by GP and the pupil should not return to school until all vesicles have crusted over.
 - **Hand Foot and Mouth** - a pupil may attend school; however, the local authority should be contacted if a large number of HFM cases are reported.
 - **Measles** - a pupil may return to school after four days from the onset of the rash.

- **Ringworm** - a health care provider will prescribe antibiotic medication, and the pupil should stay home for 24 hours after starting treatment. Ringworm is contagious as long as the rash is there, but children with this condition may return to school if the area can be covered.

Head lice

- Parents are to be contacted and encouraged to collect their child as soon as the head lice are noticed. Pupils can return to school as soon as the lice are treated; this can be the following day if treated immediately and effectively.

Vomiting and diarrhoea

- Following a case of vomiting or diarrhoea, pupils must remain off school for the recommended time of 48 hours after the last episode of diarrhoea or vomiting has occurred.

Other infectious diseases

- [Please see the latest practical guidance for staff on managing cases of infectious diseases in children and young people's settings, including schools, here.](#)

MEDICATION

Administration of medication

- Parents are strongly encouraged to ask their child's doctor if it is possible for the timing of doses of any medication be set for outside school hours.
- Where it is not possible for parents of pupils requiring medication to come into school to administer the medication to their children, while there is no legal or contractual obligation on school staff to give medication to pupils, medication may be administered on-site after discussion with, and agreement from, the relevant Headteacher or Principal. However, this does not include agreement to treatment which requires intimate or invasive application of medicines (e.g. injections).
- All medication in school must be prescribed by a medical practitioner and dispensed by a chemist. This ensures the pupil's full name, date of birth and the correct dosage is on the label on the medication.
- Parents must provide written consent before any medication will be administered.
- Staff who administer medication will be trained first aiders and receive correct guidance and training before being allowed to administer medication to any pupil.

- Staff who administer medication to pupils will record its administration, including any refusal to take it.
- Any adverse effects experienced by the pupil following the administration must be reported to the parent and a senior leader (either immediately or at the end of the school day depending on severity).
- If the pupil refuses to take their medication, then they should not be forced to do so. Parents must be informed. If a pupil refuses medication in an emergency situation (for example: asthma inhaler during an asthma attack), then professional medical help must be requested and the parents informed immediately.
- Staff should ensure that the privacy and dignity of the pupil is maintained as best as possible, even in an emergency situation.

Asthma inhalers

- We ensure that all pupils with asthma feel secure and are encouraged to participate in all activities, notwithstanding any restrictions imposed by their condition.
- Pupils with asthma must carry their inhalers with them at all times (clearly labelled with their names) including their spacer for optimum delivery of the medication, if appropriate. They should be able to administer their own inhalers, however if a pupil is considered too young or immature to take personal responsibility, staff will make sure that it is stored in a safe but readily accessible place, that the child is aware of its location, the medication is clearly marked and labelled with the child's name.
- Where agreed with parents, a spare asthma pump can be kept on the premises in a labelled container in the school offices, which is made known to the pupil and all staff.

Anaphylaxis

- Anaphylaxis is an acute, life threatening, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances but may also happen after a few hours.
- An EpiPen is a pre-loaded pen device which contains a single measured dose of adrenalin (also known as epinephrine) for administration in cases of severe allergic reaction.
- An EpiPen will only be administered by first aiders who have been trained and designated by a relevant senior leader to use one.

- We are nut free. All ingredients used in the preparation of school lunches are checked regularly to ensure that no nuts are present. In the event that a pupil brings in a packed lunch, or lunch is taken off the School premises, every care is taken to check that no nut products are included.

Diabetes, epilepsy & allergies

- Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood levels. In most cases, the condition is controlled by insulin injections and diet. Insulin injections can only be administered by school staff who have been professionally trained in the procedure.
- Pupils with epilepsy and specific allergies have tailored care plans, agreed with families and health professionals in advance. These are shared through whole-staff training to ensure that every member of staff working with the specific child knows what to do in the case of, for example, an epileptic seizure.

Paracetamol, Aspirin and other over-the-counter medicines (OTCs)

- Pupils sometimes ask for painkillers, but school staff do not give any non-prescribed medication (also known as 'over the counter' medicines) to pupils under any circumstances.

Storage

- *Wherever possible* (and generally we appreciate that this is often not realistic), parents will be asked to provide the school with the amount of medication required for the school day only, rather than bringing in a full bottle of medicine or a full bottle/package of tablets.
- The school will not accept any medication which is not in its original container.
- All medication must be clearly marked with the pupil's name and date of birth.
- All medication will be kept in a locked cabinet/container including controlled drugs with the exception of asthma inhalers, medication which needs to be kept refrigerated, and medication which may be needed urgently in an emergency.
- Any medication which requires refrigeration will be stored in the fridge in the medical rooms. The medication will be kept in an airtight container which is clearly marked with the child's name, date of birth and class.
- Pupils considered mature enough to take responsibility for their asthma inhaler are allowed to carry them on their person provided that there has been an agreement between a senior leader and the parent. The staff team are made aware, particularly physical education teachers. During off-site activities, any medication which may be needed will be carried by the member of staff in charge of the activity or a member of staff with first aid training. Pupils who may

urgently require their medication should be in a group which is supervised by the member of staff carrying the medication.

- Staff should never transfer medication from its original container to another container except in the event of the original container being damaged. In such cases, the alternative container must be clearly labelled with all of the information held on the label of the original container. The parent will be notified in the event of any damaged containers.
- School staff must not dispose of any unused medication. This is the responsibility of the parent. Any unused medication must be collected by the parent on request. If the parent refuses or fails to do so within 5 school days, or in the case of a child having left the school, school staff will hand any unused medication to a pharmacist (it must never be disposed of).
- If a pupil's medication runs out or expires, it is the responsibility of the parent to replenish it. Expired medication must not be used or retained on school premises; staff must ensure that any medication used or retained is in-date.
- Health and safety checks will also check medication stores at both school sites.

Recording

- Staff record when and how much new medication is sent into school, so that at all times there is a record of the exact amount of medication held in school.
- Records of medication given to pupils will be kept and staff will sign a record each time medicine is administered.

Confidentiality

- All medical information is treated confidentially and access to this information will be provided on a 'need-to-know' basis in consultation with the parent and pupil, without compromising the pupil's health, dignity and wellbeing.

MENTAL HEALTH

- As a National Nurturing School, St. John's takes mental health as seriously as physical health, and as such ensures that in addition to the availability of our School Counsellor, there are trained mental health first aiders at both school sites. All have completed the full Youth Mental Health First Aid training with Mental Health First Aid England.

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

- We recognise the need to provide effective support for pupils in school who have a medical condition, with a focus on the needs of each child and how their medical condition impacts upon their school life.

Named people

- The Preparatory School Principal (Mrs. C Tardios) and Senior School Headteacher (Mr. A Tardios) are the named persons with overall responsibility for ensuring that this policy is implemented. This includes:
 - ensuring that all relevant staff are aware of a pupil's medical condition.
 - ensuring that sufficient staff are suitably trained.
 - ensuring that risk assessments for school visits, residentials and other activities outside of the school timetable reflect the medical needs of the pupil.
 - ensuring Individual Healthcare Plans (IHPs) are put in place as necessary and monitored regularly.
- However, supporting a pupil with a medical condition during school hours is not the sole responsibility of one person. At St. John's we work in partnership with pupils, parents, external agencies, healthcare professionals and local authorities in order to ensure that we provide effective support to all pupils with medical conditions.

Procedure following notification that a pupil has a medical condition

- It is the responsibility of the parent to provide the school with any relevant medical information, and to notify the school of any changes to their child's health.
- The named person will ensure that all relevant staff are made aware of the pupil's diagnosis.
- The named person will seek further information from the relevant medical staff working with the pupil.
- The named person will ensure that an Individual Healthcare Plan (IHP) is written for the pupil and any necessary arrangements are put in place by the start of the school term (for new pupils) or within two weeks (for existing pupils with a new diagnosis).

Individual Healthcare Plans

- Individual Healthcare Plans (IHPs) will be put in place if the school, healthcare professionals and parents agree that it is necessary.
- IHPs are developed by the SENDCo in consultation with the parent and are reviewed annually, or earlier if there is evidence that the pupil's needs have changed.
- IHPs aim to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. IHPs capture the key information about a child's medical condition,

the healthcare professionals that are supporting them, and anything that needs to be put in place to support them at school.

- Pupils' IHPs are accessible to staff on our shared Google Drive.

Staff training and support

- School staff providing support to pupils with medical needs will receive suitable training. This is provided by an external training provider. The school will arrange this training and ensure that staff members' training remains up to date.
- Sometimes, whole-staff awareness training may be necessary in order to ensure that all staff are aware of their role in supporting specific pupils with medical conditions.

Emergency procedures

- Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what should be done, including ensuring that all staff are aware of emergency symptoms and procedures. Other pupils should also be told what to do in general terms, such as informing a teacher if they think help is needed. If a pupil needs to be taken to hospital, staff should stay with the pupil until the parent arrives, or accompany a pupil taken to hospital by ambulance.

REPORTING

- All accidents or administration of first aid will be recorded on our online management system (for pupils) or the accident book (for staff), which are located in the school offices at each site.

Reporting to parents and carers

- In the event of accident or injury to a pupil at least one of the child's parents will be informed as soon as practicable. In the event of a minor injury requiring first aid, a first aid notification form will be filled out by the first aider who administered the first aid. This will be sent home to parents/carers at the end of the school day. It may usually be preceded/followed up by a phone call home, if it is deemed appropriate and/or necessary.

Reporting to the Health & Safety Executive (HSE)

- St. John's Preparatory and Senior School are legally required under the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(SI 1995/3163\) \(RIDDOR\)](#) to report the following to the HSE (most easily done by calling the Incident Contact Centre on 0845 300 99 23):

Accidents involving pupils and visitors

- Accidents where there is a fatality involving either a pupil or visitor or is taken from the site of an accident to hospital and where the accident arises out of or in connection with:
 - any school activity (on or off the premises)
 - the management or organisation of a social activity
 - the way a school activity has been organised or managed
 - equipment, machinery or substances
 - the design or condition of the premises.

Accidents involving staff

- Work-related accidents resulting in death or major injury (including as a result of physical violence) must be reported to the HSE immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs).
- Work-related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days.
- Certain cases of work-related disease and dangerous occurrences (i.e. near misses such as the bursting of closed pipes; electrical short circuit causing fire) are also reportable.