



Nourishing the fitrah of each unique child

First Aid and Medicines Policy

The Prophet (peace and blessings be upon him) said:

“Every disease has a cure. If a cure is applied to the disease, it is relieved by the permission of Allaah Almighty.”

(Ṣaḥīḥ Muslim 2204)

Updated: January 2026	Review date: January 2027	First Aid and Medicines Coordinator: School Administrator
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Adopted: January 2026

Review date: January 2027

First Aid and Medicines Policy

The health and safety of all members of the Unique Academy's school community and visitors to the school is of utmost importance. This first aid policy is created with the aim of ensuring that all staff members, visitors to the school, pupils and parents are aware of standard first aid procedures that will be followed in the event of any major or minor illness, accident or injury, and how they can contribute to the effective resolution of such incidents.

In addition to this, Unique Academy recognises that under Section 100 of the Children and Families Act 2014 it has an additional duty to make arrangements for supporting pupils at their school with medical conditions. This is done through the creation of a list of pupils with medical conditions. These will be drawn up using the information supplied by parents to ensure that the needs of children with medical conditions are effectively supported and that no pupil will be excluded from full access to education, including school trips and physical education on the grounds of their medical condition.

The school expects all staff and pupils to be familiar with this policy, as with all school policies.

Staff should always dial 999 for emergency services in the event of a serious emergency, medical or otherwise, before implementing the terms of this policy.

Legislation

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions - DfE March 2015
- Guidance on the use of adrenaline auto-injectors in schools DoH September 2017 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Covid-19 Government, HSE, and Public Health England Guidance

Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school because they are on a course of medication

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs and disability (SEND) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0- 25 SEND Code of Practice and the school's SEND policy / SEND Information Report and the individual healthcare plan will become part of the EHCP.



Roles And Responsibility

The Trustees hold the overall responsibility for ensuring that the school has an up to date first aid policy, and effective first aid provision, personnel, and equipment in place. However, it is the school headteacher and senior leadership team that are in the best position to monitor the first aid provision in the school on a day-to-day basis.

The Headteacher

The Headteacher is responsible for:

- Ensuring that first aid provision is up to standard on a day-to-day basis. If this task is delegated to another member of staff, the headteacher is responsible for ensuring that the member of staff is adequately equipped, qualified and willing to carry out this role.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of all children that they teach who have medical conditions.
- Ensuring that sufficient trained numbers of staff are available to implement the policy

First aiders

First aiders are members of staff who have completed an approved first aid course and hold a valid certification of competence in Paediatric First Aid. First aiders receive updated training every 3 years and first aiders must make sure that their certificates are kept up to date through liaison with a member of the school leadership team. First aiders are required to give immediate first aid to staff, pupils and visitors to the school when it is needed and ensure that emergency services are called when necessary. First aiders are not paramedics.

The names of current school first aiders will be displayed at prominent places around the school.

There will be at least one first aider on the school site when children are present.

School staff

School staff who are not designated first aiders still have responsibility for first aid provision throughout school. All staff should be aware of this policy, the school's **health and safety policy**, and basic first aid. Staff should:

- ensure that they are familiar and up to date with the school's first aid policy and standard procedures
- keep their line managers informed of any developments or changes that may impact on the school's first aid provision, including any incidents that have already occurred
- ensure that relevant activities that carry risk in school that they are supervising, or organising are risk assessed, and in line with the school's health and safety policy, to reduce the risk of accident or injury (i.e. trips/visits, class experiments etc)
- cooperate fully with the employer to enable them to fulfil their legal obligations. Examples of this would be ensuring that items provided for health and safety purposes are never abused and that equipment is only used in line with manufacturers' guidance
- ensure that any equipment used is properly cared for and in the proper working order, including first aid boxes around the school. Any defects should be immediately reported to the school administrator and that piece of equipment should not be used.
- be aware of the needs of pupils with medical conditions that they teach



- know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- staff will not be asked to administer prescription medicines or undertake healthcare procedures without appropriate training. The school recognises that a first aid certificate is not appropriate training in this instance.

Volunteers at the school have the same responsibilities for health and safety as any other staff and will be expected to be familiar with the school's health and safety policy and procedures.

Pupils

Pupils at Unique Academy should be aware of who the school staff first aiders are. If they are unsure, they can ask a member of staff. Pupils can help the school ensure first aid provision is effectively put into practice by:

- reporting any medical emergencies or incidents to a member of staff immediately.
- reporting anything that they feel to be a hazard to health and safety on or near the school premises
- make sure that staff members are aware of any of their own health conditions or ailments that may require first aid assistance (*for example diabetes, epilepsy*). This is particularly important in circumstances where pupils will be travelling off the school premises, for example for a school trip
- all pupils are expected to act in a way which demonstrates a positive awareness to the needs of those with medical conditions and be aware of their responsibility for informing a member of staff if a fellow pupil is unwell.

Parents

Parents can help the school maintain effective first aid provision by:

- alerting the school to any ongoing or temporary medical conditions that their child has that may require first aid. This is extremely important, and parents are required to notify the school in such circumstances. Where medicine has been prescribed either for a set timescale or as an ongoing provision, the school must be notified. This medicine will be kept by the school administrator in the medical room, unless there is a specific reason for the child to have it on them at all times. It is important that parents do not send their children to school with prescribed medicine or other types of medicine without the knowledge of school staff
- making the school aware of anything that they feel to be a hazard to health and safety on or near the school premises
- familiarising themselves with this policy so that they understand the steps that will be taken if their child requires emergency first aid for any reason.

Visitors to the school

Visitors to Unique Academy are expected to take care around school and have reasonable responsibility for the safety of themselves and other members of the school community. Visitors with a first aid emergency will be seen to by a named first aider to the school.

First Aid Boxes

A first aid box is kept in the reception area and in the medical room. Each first aider is responsible for the first aid kits in their classrooms. The Headteacher is responsible for replenishing the first aid kit in the office area and the medical room. It is the Headteachers responsibility overall to oversee the schools first aid provision.



First aid boxes should only be used by qualified first aiders and can be used in the time it takes for the school administrator or emergency services to arrive.

For off-site activities, first aid boxes should be taken from the classroom and returned back to the same place upon return from the off site visit.

Information On Pupils

Parents must give consent for the administration of first aid and medical treatment by Unique Academy staff during the school registration process.

Unique Academy takes pupil privacy and confidentiality very seriously. In the interim, the Headteacher will be responsible for sharing medical information to other staff on a need-to-know basis – for example, ensuring that information regarding pupil allergies is shared with staff taking a class on an off-site trip. Pupil medical records will be kept secure.

Staff will be made aware of which pupils have access to asthma inhalers, EpiPens, injections, or similar medical equipment. This is important in order that staff are prepared to deal with medical emergencies relating to these conditions no matter where in school the child is.

Policy For Pupils With Medical Conditions That Are Known To The School

This covers pupils with medical conditions such as diabetes, epilepsy, and asthma. When Unique Academy is notified by a parent that a pupil has been diagnosed with a medical condition or will be transferring to Unique Academy or returning after prolonged absence, the school administrator will complete the individual healthcare plan (see Appendix A). Unique Academy is conscious that it is vital to ensure that all staff are always prepared for a medical emergency as far as is practicably possible. The points below outline the provision in place for preparing for this type of an emergency:

- A record of all pupils who have access to asthma inhalers, EpiPens, injections, or similar medical equipment; this type of medication will be kept in the medical room, suitably labelled and easily accessible in case of an emergency. Staff will be made aware of each individual's circumstances however, under no circumstances will a pupil be prevented from accessing their inhalers and medication and administering their medication when and where necessary
- All staff will ensure that pupils will always be permitted to drink, eat or take toilet or other breaks whenever they require in order to manage their medical condition effectively. Where a pupil becomes ill and needs to visit the school office/medical room they will always be accompanied by a responsible escort.
- In the case of a medical emergency, the school administrator and Headteacher should be contacted whether the pupil carries their own medication or not. Emergency services should be contacted where they are needed or thought to be needed.
- If a pupil becomes unwell (e.g. has an asthma attack, suffers a hypo etc) during the course of the school day the parents will be informed as soon as possible. The child will be supervised by a teaching assistant in the medical room if they need to lie down or at the reception area with the teaching assistants.
- If a pupil needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.



Managing Medicines On School Premises

Unique Academy is only responsible for administering medicines when not to do so would be detrimental to the pupil's health or school attendance and as such pupils will have a medical plan while in school. Unique Academy requires that parents should always notify the school of any side effects of any medication to be administered at school. The following key points guide the school's policy on managing medicines in accordance with the statutory guidelines for [Supporting Pupils at School with Medical Conditions](#).

- A record of all medication administered will be kept and logged in each instance. This will also show who administered the dose and to whom (see Appendix for this log).
- No pupil will be given prescription medicines without their parent's consent.
- Unique Academy will only accept prescribed medicines that are in-date and labelled. They must include instructions for administration, dosage and storage. It is accepted that insulin will be provided in pen/pump form.
- Medicines will be stored safely. The school administrator will provide access to any pupil who needs their medication swiftly in an emergency.
- Where a child has been prescribed a controlled drug, this will be administered by a member of staff in accordance with the prescriber's instructions. Staff administering medicines should do so in accordance with the prescriber's instructions.
- Any medication which is no longer required will be returned to the parent to arrange for safe disposal.
- The school recognises that any pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to administer it themselves, however it acknowledges that passing it to another child for use is an offence.

Procedure In The Event Of An Illness

If a pupil falls ill while in a lesson, they should immediately tell the member of staff in charge, who will assess the situation and decide the best course of action. They will be accompanied to the teaching assistant if appropriate. Pupils who are clearly in pain, are distressed, or are injured will never be required to be unaccompanied.

A first aider will administer the appropriate first aid, and parents will be called to pick up their child if they are too unwell to complete the rest of the school day. If a parent or carer is unable to get to the school to pick up the child, the child will remain in the administrator's office or in the medical room until they are able to get there at the end of the school day or arrange for another family member or carer to collect them.

If a child who is sent home early is still too unwell to attend school the next day, parents should follow the procedure outlined under the subheading below. The school aims to reduce the risk of a spread of infection or illness and asks parents to keep their child at home where there is risk. Staff will work with pupils who have missed classes to ensure that they are able to catch up on all the classwork that has been done in their absence.

If a member of staff is unwell, he or she may visit the administrator throughout the school day but should ensure that the Headteacher is aware of class cover that has been arranged or needs to be arranged either for a single lesson or for a prolonged period of time.



Reporting continued absence due to illness

Most cases of absence due to illness are short term, but parents will need to make a phone call, email or write a letter to alert the school on the first day of absence. When the child returns to school, they should bring a note from their parent explaining the absence – this is for the school records.

For prolonged absence due to illness, parents may be asked to provide the school with medical evidence such as a note from the child's doctor, an appointment card, or a prescription paper.

Procedure In The Event Of An Accident Or Injury

In the case of an accident or injury, the member of staff in charge should be informed immediately. They will assess the situation and determine whether or not emergency services need to be called. The Headteacher should be called for as soon as possible and should be informed of the injury, even if their assistance is not required.

A first aider should be called if the Headteacher is unavailable for any reason. First aiders are not paramedics, and if the first aider feels they cannot inadequately deal with the injury then they should arrange for access to appropriate medical care without delay.

Emergency services

An ambulance should always be called by staff in the following circumstances:

- a significant head injury
- fitting, unconsciousness, or concussion
- difficulty in breathing and/or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture
- in the event that the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, or if they are unsure of the correct treatment.

If an ambulance is called, the member of staff in charge should ensure that access to the school site is unrestricted and that the pupil can be easily accessed by emergency services when they arrive.

Pupils who are taken to hospital in an ambulance will be accompanied by a member of staff unless parents are able to reach the school site in time to go with their child themselves. Ambulances will not be delayed for waiting for parents to arrive at the school. Parents will be informed immediately of any medical emergency and told which hospital to go to.

All accidents and injuries must be reported to parents and parents just be called straight away in the event of a head injury.



Procedure In The Event Of Contact With Blood Or Other Bodily Fluid

Unique Academy understands the importance of ensuring that the risk of cross-contamination is reduced as far as is reasonably practicable, and the training that staff and first aiders undertake outlines the best practice for this. It is important that the first aider at the scene of an accident or injury takes the following precautions to avoid risk of infection to both them and other pupils and staff:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or other bodily fluids
- wash hands after the procedure.

If the first aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids that are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water
- wash splashes out of eyes with tap water or an eye wash bottle
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- record details of the contamination
- report the incident to the Headteacher and take medical advice if appropriate. A first aider will then arrange for the proper containment, clear-up and cleansing of the spillage site.

First Aid During Physical Education And Off-Site Provision

The risk of injury is increased during increased physical activity. It is the responsibility of the teacher to ensure that the first aid box is available during this session and is kept fully stocked.

For off-site activities, the first aid box will be returned back at the end of the visit.

It is good practice for staff who are in charge of off-site activities to check with the host school/ venue that there is adequate first aid provision in place. Risk assessments should be carried out. If an accident or injury does occur, first aid should be sought from the host school's first aiders. If the student must visit the host-school's administrator's office or be given first aid treatment elsewhere, a member of staff from our school should be always with them. Where necessary in an emergency situation, students should be taken to the nearest Accident and Emergency Department.

Injuries that occur off-site should be reported to the Headteacher.

Reporting Accidents, Emergencies, And First Aid Administration

Any first aider who has administered first aid or medication should fill out an **incident report form**. This can be found in the appendices of this policy. Incident report form and are used to record **all** incidents, both major and minor. Each page is used for a separate incident and stored securely in a First Aid file. All members of staff supervising at the time of the incident should make a separate report.

Accidents that fall under health and safety issues should also be reported in line with procedures outlined in the school **health and safety policy**.



All injuries that have occurred, and first aid that has been carried out both on and off-site should be reported to the Headteacher. The school administrator is responsible for ensuring that all incident report forms are filled out accurately and stored properly. The Headteacher will review the First Aid file to ensure that it is an effective method of record keeping, and that all incidents are being recorded as is school policy. A written record should also be kept of all medicines that are administered to children.

The school administrator is also responsible for ensuring that parents are kept up to date as is appropriate regarding the health of their child at Unique Academy, injuries that they have sustained, and medical treatment that they are receiving. In an emergency situation or in the case of a serious injury, parents will be informed as soon as is practicably possible.

The school administrator should report to the Headteacher on the effectiveness of the first aid provision, to ensure that the school is continuously on top of first aid best practice and incidents and accidents can be avoided as far as is reasonably practicable.

Serious Incidents

Serious incidents will also be recorded by senior leaders. The Trustees will review cases of serious incidents and determine what, if any, steps could be taken in order to ensure that the same accident does not happen in the future.

Minor accidents will be reported and reviewed by the senior leadership team in meetings to discuss what actions need to take place in order to ensure that such an incident is avoided in the future.

Reporting to HSE

We are legally required to report certain injuries, diseases and dangerous occurrences to the HSE. Where there is a death or major injury this should be reported by calling the Incident Contact Centre (ICC) on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5pm). All other reportable injuries should be reported online [<http://www.hse.gov.uk/riddor/report.htm>].

It is the responsibility of the Headteacher to report to the HSE when necessary. Incidents that need to be reported include but are not limited to:

Involving staff

- work related accidents resulting in death or major injury (including as a result of physical violence) must be reported 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 that prevent the injured person from continuing with his/her normal work for more than seven days. which must be reported within 15 days (note that even though over-three-day injuries do not need to be reported, a record must still be retained)
- cases of work-related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
- certain dangerous occurrences (near misses – reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substances that may cause injury to health).

Involving pupils, parents, or school visitors

- accidents which result in the death of a person that arose out of or in connection with the school's activities



- accidents which result in an injury that arose out of or in connection with the school's activities and where the person is taken from the scene of the accident to hospital.

Incident Investigations

An investigation may be launched in the case of accidents or incidents that fall under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Accident reports will be reviewed, and witnesses may be interviewed.

Senior leaders may decide to conduct internal investigations into less serious incidents to ensure that policy and procedures are being used correctly and effectively, and that future incidents of a similar nature can be avoided.

Signed by

H.Mbombo

Headteacher Date: 01/01/2026

This policy will be reviewed:

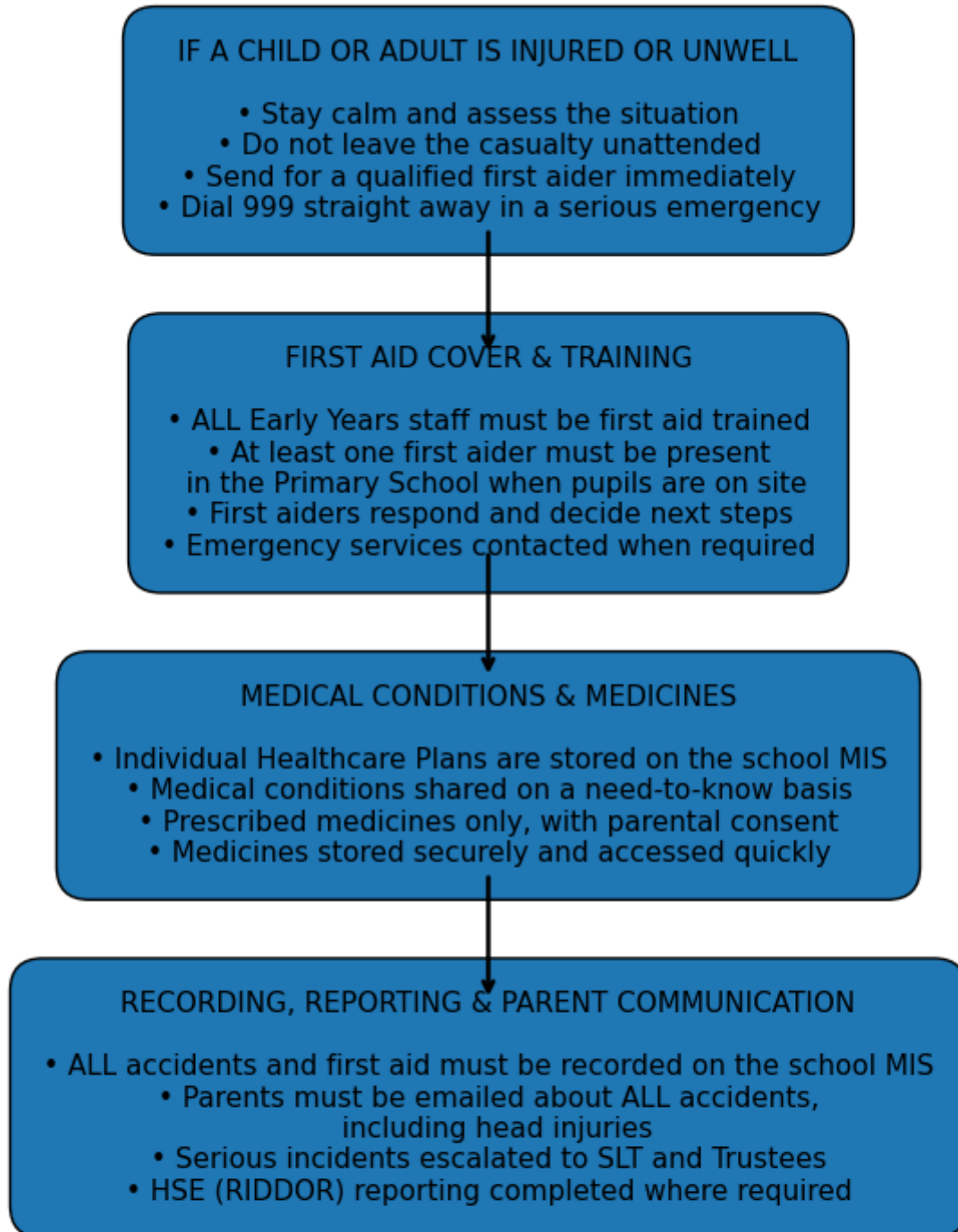
- at regular intervals
- after major accidents, incidents and near misses that have first aid implications
- after any significant changes to workplace, working practices or staffing



Appendix One

First Aid and Medicines Protocols

First Aid and Medicines Coordinator: School Administrator



This diagram summarises the First Aid Policy and clearly sets out staff responsibilities for response, recording and communication.



Appendix Two - Individual Medical Plan

Child's name:	
Date	
Date of birth	
Class	
Medical condition	
School Intervention	
Family Contact Information	
Name	
Phone (Home)	
Phone (Work)	
Phone (Mobile)	
Emergency Contact	
Name	
Relationship to child	
Phone (Home)	
Phone (Mobile)	
Phone (Work)	
GP Contact Information	
Name	
Phone Number	
Follow up	



FIRE ACTION NOTICE



Raise or sound the alarm



Alert the Fire Brigade
Dial: 999



Only attack the fire if it is safe and you have been trained to do so



Leave by the nearest fire exit



Go to the assembly point at

Car Park



Do not use lifts.

Do not run
Do not return into the building
Only return when authorised to do so

Site Personnel with Fire Safety Responsibility

Responsible Person: Hawwa Mbombo

Fire Safety Manager: School Administrator

Site Manager: Mohammed Hamani

Fire Wardens and Marshals:

Hawwa Mbombo, Sanaa Arshad, Ayan Ahmed, Rukshan Baool

Emergency Contacts

Dial 999 or 112

for Ambulance, Fire or Police

Be ready to provide the following information:

- * Location of the emergency
- * Nature of the incident
- * Your name

<u>Emergency Service</u>	<u>Telephone</u>
Hospital: West Middlesex	02085602121
Doctor: Cranford Medical Center	02085648696
Ambulance: West middlesex	999
Police: Hounslow Police station	02085771212
Fire Brigade: Heston and Isleworth	02085551200
Health & Safety Enforcing Authority:	02085835555

FIRST AID

Name(s) and Location of nearest First Aider(s) or Emergency First Aider(s)

Hawwa Mbombo
Sanaa Arshad
Ayan Ahmed
Rukshan Baool

Name(s) and Location of nearest Appointed Person(s)

Hawwa Mbombo
(Headteacher)

Location of First Aid Kit(s)

School Office Year 1 / 2 Class
Nursery Class Year 3 / 4 Class
Reception Class Year 5 / 6 Class
Medical Room

Location of First Aid and Treatment Records

Medical Room



Appendix Four - Record of Medicine Administered to all children

Date	Child's full name	Year group	Time	Dose given	Signature	Print name



First Aid Equipment Checklist

Appendix Five

Location of First Aid Kit :

This checklist can be used to ensure that first aid kits are suitably stocked. This is a suggested minimum contents list. Your First Aid Risk Assessment will indicate if additional items are required. Add the additional items to the list.

Medication (tablets, mixtures, creams, sprays etc) should **not** be kept in first aid boxes or kits, nor should they be issued by 'First Aiders' or 'Appointed Persons'. Antiseptic should be in single use sachets; tubes of antiseptic cream are not suitable.

ITEM	STANDARD CONTENTS	REPLACEMENT CONTENTS REQUIRED [Year]											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Guidance Card	1												
Individually wrapped sterile adhesive dressings (Plasters)	20												
Sterile eye pads, with attachment	2												
Triangular bandages	4												
Safety pins	6												
Medium sterile individually wrapped (12cm x 12cm) un-medicated dressings	6												
Large sterile individually wrapped (18cm x 18cm) un-medicated dressings	2												
Non powdered disposable gloves	1												
Missing or Out of Date Items Replaced													
INITIALS													



Appendix Six - Vomiting Diary

Child Name _____

Class _____

Witness Signature _____

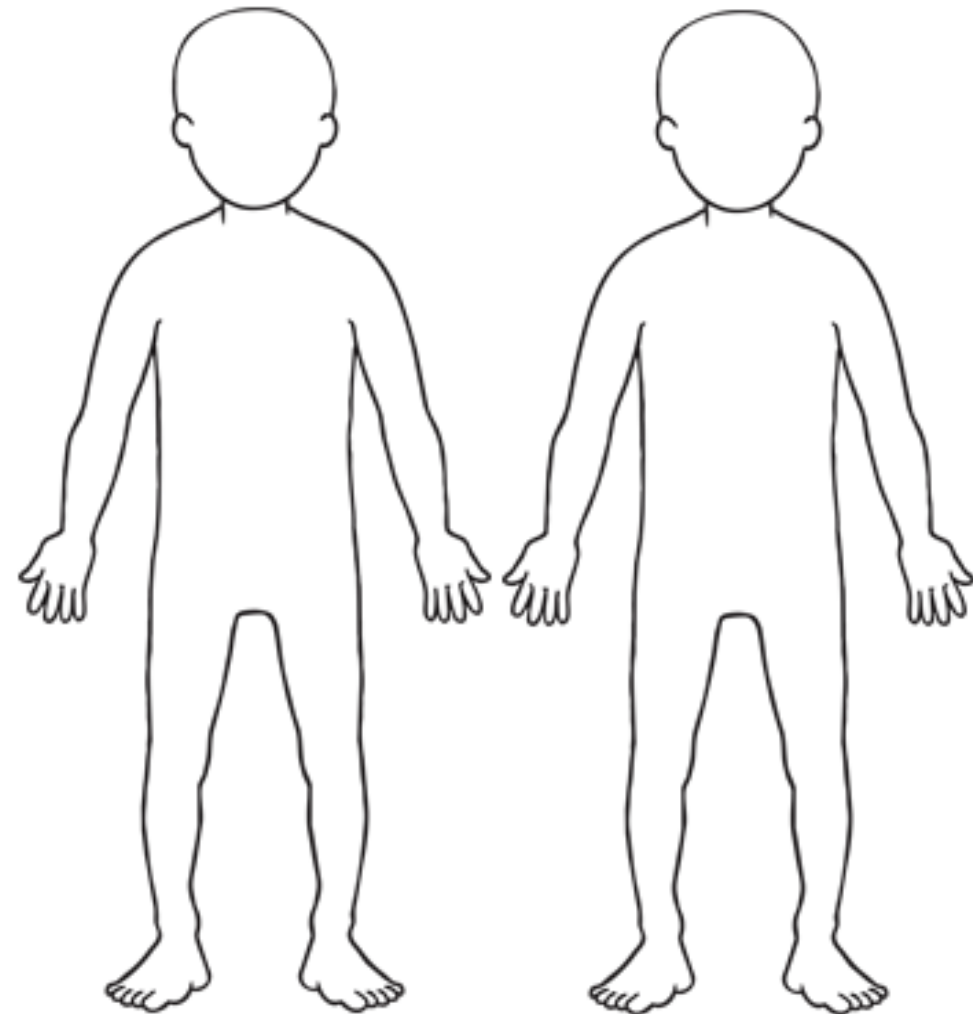
Day	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date: Time of Day: Place (home, school, outside): People present:					
Describe the Vomiting How much? (ounces) Food or mucus? Lasted how long? (minutes)					
Triggers for Vomiting 1. Doing what just before the vomiting started? 2. Any stresses before the vomiting (within 1 hour) 3. Feelings (upset or afraid) before the vomiting (within 1 hour) 4. Food eaten before the vomiting (within 4 hours) 5. Afterwards: What did it keep your child from doing?					
Treatment What did you do to help your child feel better?					
Your Observation What do you think <u>caused</u> the vomiting this time?					



Accident Report Form

Child's Name:	Date of birth:
Date and time of the accident:	
Name of the witnesses/adults present:	Place accident occurred:
Description of how the accident occurred (what happened):	
Condition of the child following the accident:	
Actions taken:	
First Aid Administered:	
Adults signature:	Date:

Body Map



Front

Back

Record injuries here



Appendix Eight - Existing Injuries Form

Child's Name:

Date of Birth:

Reported to setting by:

☐

Parent

☐

School

Other

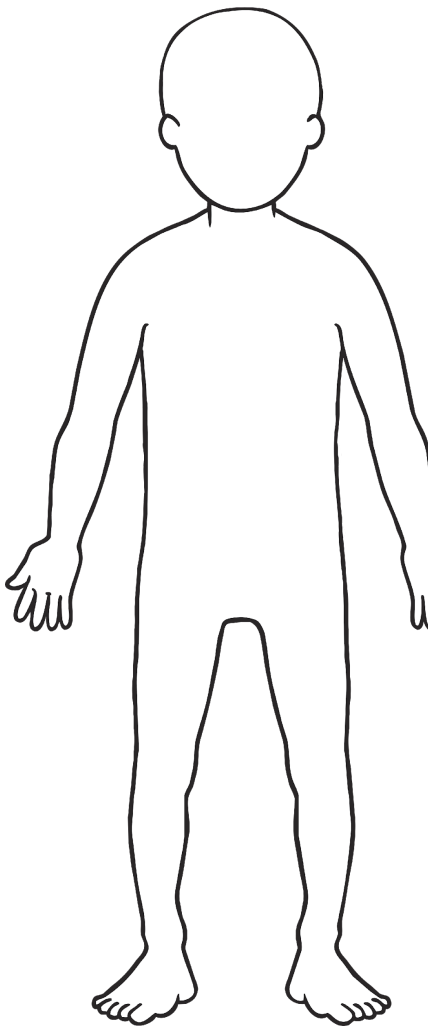
Date and time injury occurred:

Place injury occurred:

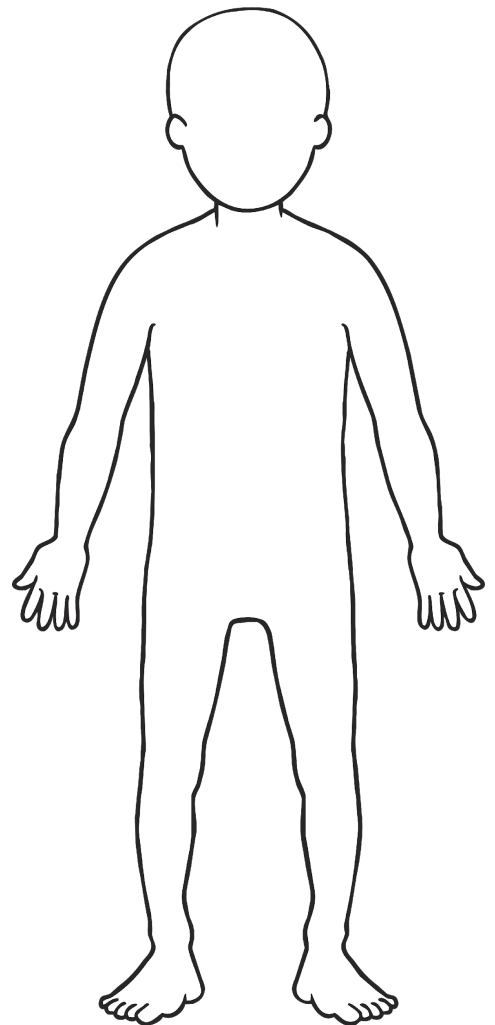
Name of witnesses/adults present:

Description of how the injury occurred:

Description of the injury:



Front



Back

Record injuries here



Condition of child following the injury:

Medical treatment or advice sought: ☐ Yes

☐ No

If yes, please describe below:

Other comments:

Practitioners notified of existing injury at the start of the session: ☐ Yes

☐ No

Practitioners notified of existing injury during the session: ☐ Yes

☐ No

Was this injury noticed during the session? ☐ Yes

☐ No

If yes, please describe how the injury was found, why it is believed it is in fact an existing injury and that it has not occurred at the setting.

Attending adult's signature:

Date:

Leader's signature:

Date:

Parent's signature:

Date:

Parent Copy

☐

Paper

☐

Email

☐



Appendix Nine - Head Injury Notification

Dear Parent or Carer,

..... bumped his/her head at the Unique Academy today.

Today's date:

Time that the injury occurred:

Approximate location of bump:

Although your child seems well at the moment, in any case of head injury the condition of the child may become more serious at any time, particularly in the first 48 hours. You should therefore keep watch for any of the following signs which may be important:

- Increasing drowsiness or actual unconsciousness which can be detected by you being unable to rouse the child
- A headache which becomes more severe
- Repeated vomiting or nausea
- Dizziness
- Any weakness of arm or leg
- Disturbed vision (eg loss of focus/double vision)
- Sensitivity to bright light
- Any change in the child's condition which you are not satisfied with, such as restlessness, irritability, loss of concentration, increasing loss of memory.

If you notice any of these signs there is no need for alarm but you must seek medical advice AT ONCE. Contact your GP or seek help from your local Accident and Emergency Department.



Appendix Ten - Incident Report Form

Child's Name:	Class:
Date and time of incident:	
Name of witness/adults present:	
Description of the incident (what happened):	
Actions taken:	
First Aid Administered:	
Attending adult's signature:	
Leaders signature:	

Appendix Eleven - First Aid Accident Log

Tracking the cause or location of an accident can help to reduce the risk of similar incidents occurring in the future.

[illegible]



Appendix Twelve - First Aid Incident Log

Tracking the cause or location of an accident can help to reduce the risk of similar incidents occurring in the future.

[illegible]



Appendix Thirteen - First Aid Head Injury Log

Tracking the cause or location of an accident can help to reduce the risk of similar incidents occurring in the future.

[illegible]

Appendix Fourteen - Existing Injuries From Home

[illegible]



Appendix Fifteen - Health Protection for Unique Academy

Infection	Symptoms	Exclusion period	Comments and actions
Athlete's foot	The person will have scaling or cracking of the skin, especially between the toes, or blisters containing fluid; it can be very itchy	None	Athlete's foot is not in a serious condition. Advise the case to visit their GP for advice and treatment.
Chicken pox (Shingles)	Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash. The rash starts with blisters which then scab over. Shingles presents a rash in the area supplied by the affected nerve. Usually one side of the body is affected and there is severe pain in the affected area with 'flue like' symptoms.	Five days from onset of rash and all the lesions have crusted over	Send the child home and advise parents to consult their GP. For shingles, a decision will need to be made depending on whether the rash is weeping and whether the rash can be covered.
Coronavirus (COVID-19)	Persistent cough, high temperature/fever, shortness of breath, loss of taste/smell	Yes. Until all symptoms have cleared and tested negative	Promote hand washing Advise parents to contact NHS 111 and keep child at home COVID-19 pupil to be isolated in medical room with a member of staff wearing PPE until parents are called to take them home. More COVID cases confirmed must be reported to the local authority and school will need to be closed.
Cold sores (herpes simplex)	Reddening and swelling of the infected area resulting in a fluid filled blister, or sometimes a group of them, which can be very painful and uncomfortable. They break down to form ulcers, which weep and crack. They then dry up and crust over.	None	Advise the case (and their carers) to avoid spread by not touching the cold sore, breaking or picking the blisters. They should not touch their eyes. Avoid kissing the case or sharing things like cups, towels and facecloths. Cold sores are generally mild and heal without treatment
Conjunctivitis	The eye(s) becomes reddened and swollen and there may be a sticky yellow or green discharge. Eyes usually feel itchy and 'gritty'.	None	Advise parents that topical ointment can be obtained from the doctor or pharmacy to treat the infection. Encourage children not to rub their eyes and to wash their hands frequently.
Diarrhoea and vomiting	Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.	Whilst symptomatic and 48 hours after the last symptoms.	Encourage staff and children to practise good hand hygiene at all times
Diphtheria *	Difficulty breathing and swallowing, headache, sore throat, feeling sick, high temperature, swollen glands, thick grey-white coating at the back of the throat	Exclusion is essential.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Influenza is a respiratory illness and commonly has a sudden onset. Symptoms include headache, fever, cough, sore throat, aching muscles and joints and tiredness.	Until recovered	Encourage children and staff with flu like symptoms to stay at home until they have recovered Ask children to cover their noses and mouths with tissue when coughing and sneezing and discard tissues after use Ensure regular hand washing with water and soap, especially after coughing and sneezing Report outbreaks to your local HPT.
Glandular fever	Severe tiredness, aching muscles and sore throat, fever, swollen glands and occasionally jaundice (yellowing of the skin and eyes).	None	Child may feel unwell for some months There is no specific treatment, only symptom management. Promote hand hygiene to reduce the risk of spreading
Hand foot and mouth	The child usually develops a fever, reduced appetite and generally feeling unwell. One or two days after these symptoms a rash will develop with blisters on their cheeks, hands and feet. Not all cases have symptoms.	Yes	Ensure that any tissues used for the nose and throat are disposed of immediately. Promote hand washing. Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	Tiny insects which hatch eggs which are grey or brown and about the size of a pinhead; are glued to the hair, close to the scalp and hatch in 7 to 10 days. Empty egg shells (nits) are white and shiny and are	None	Treatment recommended only when live lice are seen. Dimeticone, a silicone oil (like Hedrin) or malathion, an insecticide are recommended treatments. Alternatively, lice can be physically removed by combing



	found further along the hair shaft as they grow out		through hair that has been lubricated with a conditioner using a fine-toothed detector comb.
Hepatitis A*	Abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice (yellowing of the skin and eyes), dark urine and pale faeces. Jaundice is not common in children under 5 years.	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	Promote good hand hygiene to reduce spread. Clean kitchen and toilet areas regularly. In an outbreak of hepatitis, A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	General tiredness, nausea and vomiting, loss of appetite, fever, dark urine and older children and adults may develop jaundice (a yellowing of the eyes and skin)	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	A bacterial skin disease. Common on children, particularly during warm weather. Symptoms can appear anywhere on the body.	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Ensure toys and play equipment are thoroughly cleaned. Towels and facecloths or eating utensils should not be shared by pupils Promote hand hygiene to reduce risk of spreading. Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Runny nose; cough; conjunctivitis (sticky eye); high fever and small white spots (Koplik spots) inside the cheeks. Around day 3 of the illness, a rash of flat red or brown blotches appear, beginning on the face and spreading over the body.	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP
Meningococcal meningitis*/ septicaemia*	Fever, severe headache, photophobia, drowsiness, non-blanching rash (see glass test box). Not all the symptoms will be present, and cases can have symptoms of meningitis and septicaemia	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Fever, severe headache, photophobia, neck stiffness, non-blanching rash (see glass test box below), vomiting, drowsiness	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	Headache, fever, gastrointestinal or upper respiratory tract involvement and in some cases a rash.	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded. Parents to consult GP
MRSA	Commonly found on the skin and nostrils. Minor cases may cause skin infections and boils.	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Infected wounds should be covered.
Mumps*	Raised temperature and general malaise. Followed by stiffness or pain in the jaws or neck. The glands in the cheeks and under the jaw swell up and cause pain.	Five days after onset of swelling	Send the child home if unwell. Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk).

Infection	Symptoms	Exclusion period	Comments and actions
Ringworm	A fungal infection of the skin, scalp, hair or nails.	Not usually required.	Treatment is needed.
Rotavirus	Severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever	Until 48 hours after the symptoms have subsided	Send the child home if unwell and advise parents to see their GP. Encourage good hygiene practices at all times.
Rubella (German measles)	Rash is the first indication, although there may be mild catarrh, headache or vomiting at the start. The rash takes the form of small pink spots all over the body. There may be a slight fever and some tenderness in the neck, armpits and there may be joint pains.	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Acute inflammation extending over the pharynx or tonsils including high fever, difficulty swallowing and a rash	Exclude until 24hrs of appropriate antibiotic treatment completed	Send the child home from school if unwell. Ask parents to take the child to their GP. A person is infectious for 2-3 weeks if antibiotics are not administered. Inform HPT if there is an outbreak.
Scabies	Rash varies but tiny pimples and nodules are characteristic. Secondary infection can occur if the rash has been scratched. The scabies mites are attracted to folded skin such as the webs of the fingers	Yes. Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	A mild feverish illness which escapes notice but in others a rash appears after a few days. The rose-red rash makes the cheeks appear bright red. The rash may spread to the rest of the body but unlike many other rashes it only rarely involves the palms and soles.	None (once rash has developed)	Advise parents to visit the GP Parents should be advised to inform the school of the diagnosis of the fifth disease.
Threadworms	Intestinal infection	None	Treatment recommended for child & household Parents to consult GP
Tonsillitis	Sore throat, difficulty swallowing, hoarse or no voice, high temperature, coughing, headache, feeling sick, earache, feeling tired	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Cough, loss of appetite, loss of weight, fever, sweating particularly at night, breathlessness and pains in the chest. TB in a part of the body other than the lungs may produce a lump or swelling which can be painful.	Yes. Can return to school after 2 weeks of treatment if well enough. Non pulmonary TB does not require exclusion	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread Always consult your local HPT BEFORE disseminating information to staff/parents/carers
Warts and verrucae	Small lumps on the skin	None	Verrucae should be covered in swimming pools, gyms and changing rooms Advise parents to consult GP for treatment
Whooping cough (pertussis)*	Similar to a heavy cold with a temperature and persistent cough. The cough becomes worse and usually, the characteristic 'whoop' develops. Coughing spasms are frequently worse at night and may be associated with vomiting.	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Advise parents to contact GP. Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

Guidance On Managing Specific Infectious Diseases by Public Health England, Updated March 2019:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>