

Blossom Lower School and Upper House



FIRST AID MANAGEMENT PLAN

EYFS, Adapted Curriculum, Primary, Secondary, Post 16

Motspur Park | Euston | Wimbledon

Any additional adjustments to routine and procedure will be
shown on the School website (stored under Policies)

Last reviewed September 2025 by Katharine Gout & Cheryl
Rathmill
Next review due September 2026

(To be read in conjunction with EYFS Medical Policy)

1. STATEMENTS OF INTENT:

The School ensures that staff are properly trained to provide the support that pupils need.

The School ensures that all members of staff understand their responsibilities in the arrangements to support pupils at school with medical conditions or in need of first aid. Whole-school awareness training is regularly carried out and new staff are given induction training.

The School works with parents to maintain a successful collaborative working arrangement, ensuring that the needs of pupils are met. The School is aware that our pupils' communication difficulties mean that careful parent/school communication is crucial.

The School works to ensure that the progress, outcomes and also SMSC development of pupils with medical conditions and/or on long-term medication is carefully monitored as with all pupils.

First Aid:

It is a statutory requirement for an employer to make First Aid provision for all employees. At Blossom House School we recognise that the provision should cover all staff, pupils and visitors. Blossom House School is committed to providing a safe environment for everyone and will provide appropriate training for all staff who would like to complete a first aid training course. All office staff and P.E. teachers are required to complete a course every 3 years. The school provides the opportunity for other staff to complete first aid courses.

Medical conditions:

The school supports pupils with medical conditions (eg epilepsy) and pupils who are on medication for any long-term diagnoses (eg ADHD). All staff understand their role in this; this policy is on our website and is available in the school office. It is written with regard to the latest Department for Education guidance (***Supporting pupils at school with medical conditions December 2015***)

The school's insurance contains a healthcare extension, which covers administration of prescription medication.

2. AIMS:

- To provide First Aid treatment where appropriate to all staff, pupils and visitors.
- To have a clear procedure for dealing with and reporting minor and major accidents.
- To ensure that an ambulance is always called if Epileptic medicine is administered.
- To ensure that lists of names and numbers of first aiders are available around the school. (Admin office, computer system, main staff office)

- To ensure that there is a sufficient number of first aiders on site during term time, and that there is always a first aider on educational visits (see Educational Visits policy).
- To have first aid kits always available in the school, on school trips.
- To carry out risk assessments of the school premises in order to reduce the chances of an accident. (See Health and Safety Policy)
- To report any hazards or risks to reduce the chances of an accident. (See Health and Safety Policy)
- To ensure pupils with medical conditions are supported in the school and have clear risk assessments (kept on Safesmart).
- To have Individual Healthcare Plans where appropriate, which are formulated to fit the pupil's specific needs and agreed by all relevant people. The Healthcare Plan will include details of the medical condition, symptoms etc, medication.
- To ensure that sufficient staff are trained within the school to support pupils with medical conditions; to ensure that all staff are aware of pupils' conditions and needs.
- To ensure that pupils with medical conditions are not excluded from taking part in any aspect of school life. Risk assessments may need to be completed to ensure all risks in relation to medical conditions have been considered.
- To ensure up-to-date allergy and medical information for pupils is displayed in the First Aid Room and pupils medical information is accessible to all staff on Bromcom (school Management Information System).

3. ILLNESS:

Diarrhoea and/or vomiting

The school follows government guidelines. Parents are informed that pupils must be kept away from school for 48 hours from the last episode of diarrhoea or vomiting. Staff for 24 hours.

Parents are informed if their child seems unwell at school and may be asked to collect him/her.

4. FIRST AID / EMERGENCIES / MINOR AND SERIOUS INCIDENTS AND ACCIDENTS:

First Aid Kit Location: Motspur

- Main school office
- Science laboratory
- Food tech rooms
- Nursery kitchen
- Post 16 building
- Art and D&T rooms

First Aid Kit Location: Euston

- Main school office
- In DT rooms on first floor next to food tech, DT and Science

First Aid Kit Location: Wimbledon

- In the sick bay

Reporting

All accidents and injuries should be reported to the admin team at all sites. These can then be recorded on CPOMs and parents informed. Staff should also record accidents or injuries on CPOMs.

Admin staff will make an assessment and determine the best course of action.

Visitors, contractors and temporary or agency staff should inform HR and the admin team (Euston, Wimbledon or Motspur Pk). A log will be then written up by the HR team on Safesmart from the information gathered relating to the incident or accident. Depending on the outcome follow up action might be required.

First Aiders:

All first aiders must have an approved up to date certificate. Blossom House School provides regular courses in order to offer new staff the chance to be a first aider and to update certificates that have expired. A list of first aiders is in the office.

Blood and Body Fluids Spillage:

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practise good personal hygiene and be aware of the procedure for dealing with body spillages.

See *Health and Safety Executive OCE23*

<http://www.hse.gov.uk/pubns/guidance/oce23.pdf>

- Wash hands before and after potential contact and avoid hand to mouth contact
- Wear gloves when the contact with blood or body fluid is anticipated
- Protect skin lesions and existing wounds by means of waterproof dressings and/or gloves
- Avoid use of, or exposure to, needles and sharp objects, where possible. Sharps should be disposed of in a sharps bin.
- Avoid contamination of the person by waterproof or plastic apron
- Control surface contamination by blood and bodily fluids through containment and appropriate decontamination procedures; absorbent

disinfectant material should be used which can be placed over a bodily fluid spillage to soak it up before disposal.

- Dispose of all contaminated waste and linen safely. Waste must be placed in a biohazard bag and dealt with as clinical waste
- In the event of changing nappies or toileting pupils, staff should follow the hygiene guidelines outlined within the 'Hygiene- Toileting' policy.
- All appropriate precautions will be taken by staff when cleaning up after incidents involving blood, vomit, and other bodily fluids.

In the event of contact with a body fluid in the eyes, mouth or open wounds the following precautions should be taken by staff:

- Wash affected part thoroughly
- Encourage wounds to bleed
- Affected persons should go to A&E as soon as possible (within 1 hour if possible and certainly within 24 hours)

Accidents and injuries (minor or serious):

- Main School: the pupil should be brought to the Admin office or a first aider should be alerted. First Aiders will administer the appropriate treatment and will log it on CPOMs. In the event of pupils feeling unwell during lessons then they should be taken to the school office. Pupils who are taken to the medical room will be assessed and the Admin team will contact parents if a child needs to go home or is in need of further medical treatment. Parents will be contacted by phone for any serious injuries and/or injuries to the head area. For all non urgent medial incidents and treatments parents will receive an email. All staff with information or involved with an accident must fill in all the details on the accident report as soon as they get the opportunity.
- Early Years Foundation Stage: if the accident is minor (slight cut, bump or a graze) a first aid trained member of staff will administer the appropriate treatment and complete a CPOMs log. If that staff member requires a second opinion, they will either take the child to the office or ask an office member to come and see the child in the early years building. **A copy is printed out, signed by parents and kept on file.**
- Staff and visitors: any accidents or injuries must also be logged (minor or serious) on Safesmart/Smartlog.
Staff medical incidents - Staff should record the incident on CPOMs.
for visitors or temporary staff who are not on CPOMs they will need to be logged onto

Safe smart. Please come and talk to a first aider in the Admin team for any first aid needs.

- Parents are asked to inform the school if their child has hurt themselves at home, in case of delayed reaction.
- Head injuries protocol:

- **All injuries to the head area must be seen by a first aider.** Pupils must be brought to the Admin office or a first aider must be alerted.
 2. phone parent in all cases, however minor
 3. action dependent on severity: rest / parent to collect child / take to A&E (or call ambulance)

Other injuries protocol (suspected fracture, sprain or break, cut or bleeding injury):

 - 1. Pupils must be brought to the Admin office or a first aider must be alerted.
 - 2. phone parent in all cases
 - 3. dependent on severity: take to A&E or call ambulance. If taken to hospital the pupil should be accompanied by an appropriate adult, preferably one who knows the pupil well.

The Principal is always informed if a pupil has been taken to A&E.

Merton Early Years Team, LADO and Ofsted may need to be informed (see below).

If an accident involves a major injury, death, injury that involves being off for over 3 days or a disease (occupational ill health) then Blossom House School understands it has a duty under the '*Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013*' (RIDDOR- see Appendix A and also Health and Safety Policy and <http://www.hse.gov.uk/riddor/>) as follows:

Early Years Foundation Stage

- In the case of a non-serious/less serious accident or incident (ie child taken to the hospital but not as an emergency, and **is kept in overnight**) the school understands that it should notify:-

1. Merton Early Years team (020 8545 3800 / providers@merton.gov.uk) within 24 hours

2. OFSTED (0300 123 1231 / 08456 40 40 40/ cie@ofsted.gov.uk) within 14 days. Blossom House must provide OFSTED with a summary of how the accident happened, the action taken, and should include any action taken as a result to stop the accident happening again (where applicable). See Appendix B.

- In the case of a serious accident or incident where a child is very seriously injured (where 999 has been called or an emergency ambulance service is required); or involved in a serious incident as a result of extreme poor practice or extreme poor supervision; then Blossom House must contact the following:-

1. LADO 020 8545 3179 or LADO@merton.gov.uk (within 24 hours)

2. Ofsted 0300 123 1231 / 08456 404040 or CIE@ofsted.gov.uk (The registered person (Joanna Burgess) or representative calling on her behalf should do this directly within 24 hours)

3. The Early Years Team at 0208 545 3800 or providers@merton.gov.uk (marked confidential and urgent) (within 4 hours)

4. Health and Safety Executive following RIDDOR reporting (within 10 days)

Blossom House Lower School and Upper House and the post 16 provision

- In the case of a non-serious/less serious accident or incident (child taken to the hospital but not as an emergency, and is kept in overnight) the school will notify:-

1. Ofsted (0300 123 1231 / 08456 40 40 40) within 14 days. Blossom House will provide OFSTED with a summary of how the accident happened, the action taken, and should include any action taken as a result to stop the accident happening again (where applicable).

- In the case of a serious accident or incident where a child is very seriously injured (where 999 has been called or an emergency ambulance service is required); or involved in a serious incident as a result of extreme poor practice or extreme poor supervision; then Blossom House will notify:-

1. LADO 020 8545 3179 or LADO@merton.gov.uk ASAP

2. Ofsted 0300 123 1231 / 08456 404040 or
(The registered person (Joanna Burgess) or representative calling on her behalf should do this directly within 24 hours)

If the serious accident or incident calls into question any indication of negligence, poor practice or breach of legislation, which may result in a police or health and safety investigation, Blossom House must also notify:

1. The Health & Safety (H&S) Executive 0845 300 9923 (where there has been a serious accident)
2. Police (emergency) 999 (non-emergency) 101 (according to judgement)

If a child in the main school / Early Years dies as a result of an accident or incident at Blossom House then immediate contact must be made with:-

1. The LADO at LADO@merton.gov.uk 02085453179

2. The MASH team on 020 8545 4226/4227

3. Ofsted at cie@ofsted.gov.uk (marked urgent – child death/very serious injury) 03001231231/08456404040

4. The Early Years Team at 0208 274 5300 and at providers@merton.gov.uk

5. Police (emergency) 999 (non-emergency) 101 (if appropriate)

6. Health & Safety (H&S) Executive 08453009923 (follow up with RIDDOR within 10 days).

It is important that when you contact the above organisations you make it clear that a child has died (or has serious or life threatening injuries) and stress the urgency of the situation.

Where it is not possible to leave the area exactly as it was, then photos should be taken of all relevant areas and resources. Blossom House understands that it must not clean up or investigate the accident/incident. Everyone involved should provide a written account which they should sign as a true and accurate record. This should be in the person's own words and there should be no collaboration amongst those present prior to writing their accounts. An overview should be written detailing what happened, with a timescale, details of children and staff involved and the action taken to date. These will need to be made available should there be an investigation by the police, H&S, Ofsted or the local authority. Where it is clear that the accident or incident was the direct result of one particular person, arrangements will need to be made to safeguard children through Fiona Roberts (Designated Safeguarding Lead) and the wider Child Protection team.

You must not investigate the accident or incident however, you should arrange for everyone who was involved to provide a written account which they should sign as a true and accurate record. This should be in the person's own words and there should be no collaboration amongst those present prior to writing their accounts and no attempt by anyone to interfere in this process.

Blossom House should ensure that any relevant records are kept (e.g. attendance registers, child records, staff records, accident records, medication records, incident records, training records, relevant policies or procedures etc.) so that these may be included in an investigation.

Blossom House will wait for decisions to be made by the organisations contacted as to what will happen next, and will comply with any instructions given or decisions that are made.

Blossom House may decide to temporarily close the school / Early Years for a few days, and understand that Ofsted may also temporarily suspend registration.

Where it is clear that the accident or incident was the direct result of the actions of one particular person, Blossom House School understands that it should make arrangements to safeguard children, according to our safeguarding and child protection policies and procedures.

5. MEDICAL CONDITIONS AND MEDICATION

Early Years Foundation Stage

Medication procedures are covered in the Early Years Medical Policy. Please refer to this.

Blossom Lower School and Upper House and Post 16 provision

Parents give written details of their child's daily medication and allergy details when their child starts at Blossom House, and are required to update this when necessary. They also give details re any diagnosis of eg ADHD, epilepsy etc.

Certain pupils have an Individual Healthcare Plan (eg for epilepsy) written by the appropriate person which is kept in the pupil's file, and all school staff are made aware of it.

Appropriate information is kept in the sick room (with photos of pupils). Allergy and medication details are on the MIS system which is constantly updated.

Regular information and training sessions are given to all staff to ensure they are aware of pupils with specific allergies and diagnoses and how to manage these (eg use of epi-pen).

Pupils who take daily medication must store this in the office in the locked medical cupboard (except Early Years and Post 16). Autoinjectors and inhalers should also be stored in the cupboard (unlocked) unless a pupil has permission to keep their own (post 16). We have spare inhalers for emergency use; these are carefully washed after use. All inhalers and Autoinjectors are checked regularly to make sure that they are in date. Access to the main office medical cupboard is restricted to the office staff and Sonia.

A written record is kept of all medication brought into school and then administered to pupils, stating when and how much administered, and by whom.

We do not require parents to come to school to administer medication. However we always require the instructions on the medication container dispensed by the pharmacist which details how the medication should be taken. Parents should give written instructions for any necessary supporting information. Medication must be in-date, labelled, and in the original container as dispensed by the pharmacist. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent. Staff must not give prescription medicines without appropriate training.

We may give certain pain medication (Calpol or paracetamol) with written instructions from a parent.

We do not consider it appropriate or safe for our pupils to carry their own medication around the school with them with the occasional exception of Ventolin inhalers and this is assessed on an individual basis. Parents must let us know when sending replacement medication into school with their child, and should give it to the taxi driver or escort to bring to the school office.

Pupils' inhalers, daily medication etc must be taken when they go offsite on a trip or visit; knowledge of pupils' medical needs forms part of the risk assessment. Staff must sign medication out and back in. It is the responsibility of the member of staff who took the medication out of school to return it and sign the sheet.

A first aid kit must be taken on trips or visits. These are regularly checked.

Appendix A - RIDDOR

Types of reportable incidents

Deaths and injuries

If someone has died or has been injured because of a work-related accident this may have to be reported. Not all accidents need to be reported, other than for certain gas incidents, a RIDDOR report is required only when:

- the accident is work-related
- it results in an injury of a type which is reportable

Types of reportable injury

The death of any person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- 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 body
 - 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
 - requires resuscitation or admittance to hospital for more than 24 hours

For further guidance on specified injuries is available.

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must

keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non fatal accidents to non-workers (eg members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Further guidance on occupational diseases is available.
Specific guidance is also available for:

- occupational cancers
- diseases associated with biological agents

Dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

Appendix B - Summary of Ofsted requirements

'You must notify us about:

- *the death of a child whilst in your care, or later, as the result of something that happened while the child was in your care*

- *death or serious accident or serious injury to any other person on your premises (Childcare Register only)*
- *serious injuries (please see the section below for the definition of serious injuries)*
- *where a child in your care needs to go to an Accident and Emergency Department of a hospital (and requires hospitalisation for more than 24 hours), either directly from your provision or later, as the result of something that happened while the child was in your care*
- *any significant event that is likely to affect the suitability to care for children.*

We define serious injuries as:

- *broken bones or a fracture*
- *loss of consciousness*
- *pain that is not relieved by simple pain killers*
- *acute confused state*
- *persistent, severe chest pain or breathing difficulties*
- *amputation*
- *dislocation of any major joint including the shoulder, hip, knee, elbow or spine*
- *loss of sight (temporary or permanent)*
- *chemical or hot metal burn to the eye or any penetrating injury to the eye*
- *injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours*
- *any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours*
- *unconsciousness caused by asphyxia or exposure to harmful substance or biological agent*
- *medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin*
- *medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.*

You are not required to inform us of minor injuries, but you must keep a record of these incidents. You are also not required to inform us of general appointments to hospital or routine treatment by a doctor, such as the child's general practitioner, that is not linked to, or is a consequence of, a serious accident or injury.

We define minor injuries as:

- *sprains, strains and bruising*

- *cuts and grazes*
- *wound infections*
- *minor burns and scalds*
- *minor head injuries*
- *insect and animal bites*
- *minor eye injuries*
- *minor injuries to the back, shoulder and chest.'*