

Blossom Lower School and Upper House



FIRST AID MANAGEMENT PLAN

Adapted Curriculum, Primary, Secondary, Post 16

Please note: The EYFS policy is attached at the end of this document. It must be read and followed for all pupils in the Early Years Foundation Stage

Motspur Park | Euston | Wimbledon

Reviewed January 2026 by Cheryl Rathmill & Katharine Gout

Next review due January 2027

STATEMENTS OF INTENT:

Blossom House School believe that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the school.

We are committed to:

- ensuring that staff are properly trained to provide the support that pupils need.
- ensuring 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.
- working 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.
- We are committed to ensuring 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.

AIMS:

- The aims of our first aid policy are to:
- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff are aware of their responsibilities with regards to health and safety
- Ensure that staff are trained to support and are aware of pupils with medical conditions and needs.
- Ensure that pupils with medical conditions are not excluded from taking part in any aspect of school life
- Provide a framework for responding to an incident and recording and reporting the outcomes

ROLES AND RESPONSIBILITIES

- a) The Principal has ultimate responsibility for health and safety matters - including First Aid
- b) The school ensures that the first aid needs risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.
- c) The school provides first aid materials, equipment and facilities according to the findings of the risk assessment.
- d) The school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

THE PRINCIPAL

- a) Carries out a first aid needs assessment for the school site & reviews it annually and/or after any significant changes.
- b) Ensures that an appropriate number of appointed persons and/or trained first aid personnel are always present in the school and that their names are prominently displayed throughout the school.
- c) Ensures that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- d) Ensures that all staff are aware of first aid procedures.
- e) Ensures appropriate risk assessments are completed, and appropriate measures are put in place.
- f) Ensures that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- g) Ensures that adequate space is available for catering to the medical needs of students.
- h) Reports specified incidents to the Health and Safety Executive (HSE), when necessary.

First Aid Coordinator

- a) Ensures that students with medical conditions are identified and properly supported at Blossom House, including supporting staff on implementing a student's Healthcare Plan.
- b) Works with the Principal to determine the training needs of Blossom House staff, including administration of medicines.
- c) Administers first aid and medicines in line with current training and the requirements of this policy.
- d) Periodically checks the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- e) Assists with completing accident report forms and investigations.
- f) Notifies her line manager when going on leave to ensure continual cover is provided during absence.

FIRST AID COORDINATOR AND SCHOOL OFFICE STAFF

The appointed people are responsible for:

- a) Taking charge when someone is injured or becomes ill.
- b) Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.
- c) Ensuring that an ambulance or other professional medical help is summoned, when appropriate
- d) Act as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- e) Sending students home to recover, where necessary
- f) Filling in a CPOMS first aid record on the same day, or as soon as is reasonably practicable, after an incident.
- g) Keeping their contact details up to date.

MENTAL HEALTH

The HR team are able to:

- a) Provide mental health first aid as needed, at their level of competence and training.
- b) Promote the recovery of good mental health
- c) Provide comfort to an individual with a mental health issue
- d) also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
- e) Escalate and document any matters if required within a suitable timeframe.
- f) Ensure they maintain confidentiality as appropriate.
- g) Be taken away from their normal duties at short notice
- h) Listen non-judgmentally

STAFF TRAINED TO ADMINISTER MEDICATION

Members of staff who have been trained to administer medicines must ensure that:

- a) Only prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- b) A trained staff member will administer the medicine.
- c) If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- d) Records are kept of any medication given.

OTHER STAFF

Are responsible for:

- a) Ensuring they follow first aid procedures.
- b) Ensuring they know who the first aiders in Blossom House are and contact them straight away.
- c) Informing the Principal and the First Aid Coordinator of any specific pupil health conditions or first aid needs.

LEGISLATION AND GUIDANCE:

[The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel

[The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees

[The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

[The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept

[The Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records

[The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

FIRST AID & MEDICAL PROCECURES (for Pupils):

In-school procedures

In the event of an accident resulting in injury or illness

The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider and notify the admin team.

Pupil will be taken to the medical room for assessment if possible. If not possible, pupil will be assessed in situ.

The first aider will assess the injury and decide if further assistance is needed. If the first aider judges that a pupil is too unwell to remain in school, admin will contact parents/carers or emergency services.

On the parents/carers' arrival, admin will recommend next steps.

If emergency services are called, admin will contact parents/carers immediately. Admin will complete an CPOMS accident report on the same day or as soon as is reasonably practicable after an incident resulting in an injury.

Off-site procedures

Risk assessments will be completed by relevant staff member prior to any educational visit that necessitates taking pupils off school premises.

Staff accompanying pupils must be aware of individual medical care plans & medication requirements.

Staff accompanying off the school premises must have:
Individual pupil medication (where applicable e.g.: epilepsy, EpiPen, inhaler etc)

Student Emergency Information Report which includes medical information and parent contact information (not necessary for local trips).

A mobile phone & portable first aid kit.

School minibuses are equipped with a first aid kit.

If a pupil is unwell or injured whilst off-site, the first aider present will assess the situation and contact parents and/or emergency medical assistance as required and will notify the school office.

If a pupil needs to go to hospital with emergency services, a staff member must accompany them.

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 will attend in situ.
- Phone parent in all cases, however minor.
- 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):

- Pupils must be brought to the Admin office or a first aider must be alerted.
- Phone parent in all cases
- 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, as well as a driver (two people).

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.

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 to seek medical advice

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

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.

Where a pupil has a medical condition that may cause vomiting or diarrhoea, the school must receive written confirmation from a GP or relevant medical professional.

With this in place, the pupil will still be sent home if they are unwell and must remain off school for the rest of that day, but may return the following day if they have recovered. Without written medical confirmation, the standard 48-hour exclusion period applies.

MEDICAL CONDITIONS AND MEDICATION:

Parents must inform Blossom House of any existing medical conditions when joining and update on any changes.

All medical details are recorded on Bromcom & updated when necessary. This includes medication, allergies, dietary specifics.

Parents must complete a Medication Consent Form to give written details of their child's daily medication and allergy requirements. They are required to update this when necessary. – Form is attached in appendix

Certain pupils have an Individual Healthcare Plan (e.g. epilepsy) written in consultation with a medical professional. This is kept on Bromcom and in online pupil files for all staff to access.

A list is available in the medical room of pupils with defined conditions and the emergency medication they require or emergency treatment plan.

Medication is stored in the medical room (except Early Years). Emergency medication, including that for Post 16, (i.e. Epilepsy medication, EpiPens and inhalers) are stored in the cupboard, unlocked, for emergency access. Pupils' regular medication and general medication (e.g.: Calpol, paracetamol etc) are stored in the medical room cupboard, locked.

All onsite medication is regularly checked.

Pupil medication provided by parents/carers 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 do not consider it appropriate or safe for our pupils to carry their own medication on site. Except under exceptional circumstances with authorisation by the Principal.

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.

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

Early Years Foundation Stage

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

Allergies

- a) Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).
- b) Allergy awareness forms part of our current first aid courses. We now also provide annual training for whole-school awareness training on allergies and anaphylaxis..
- c) Allergy/ anaphylaxis awareness is covered in depth in the Anaphylaxis and Allergy Policy that supports this First Aid & Administration of Medicines policy. (Located S:\POLICIES\2026-27 POLICIES)
- d) From September 2026, schools in England are required to have clear anaphylaxis policies in place in line with the new Benedict's Law. Blossom House have implemented:
 - **Training:** Annual Allergy and anaphylaxis training for staff — not just designated first aiders to ensure staff are able to recognise the signs of anaphylaxis and know what action to take. This includes how to use adrenaline auto-injectors (AAIs) such as EpiPens/Jext.
 - **Spare AAIs:** Spare, in-date AAIs available at school for emergency use.
 - **Policy:** To have a whole-school allergy policy, separate from the general medical conditions policy.
 - **IHPs:** Appropriate individual healthcare/allergy action plans for pupils with serious allergies.

- **Reports:** Procedures for reporting allergy incidents and learning from them

Epilepsy

For pupils with diagnosed epilepsy a medical care plan is provided by parents/carers and is kept on the pupils' medical record.

Refresher awareness training is provided by parent/carers as needed.

- Epilepsy is a neurological disorder and it's primary identifying factor is recurrent, unprovoked seizures. Abnormal electrical activity in the brain causes seizures. This brain activity affects how a person feels, acts, and behaves. Seizures can result in sensory disturbance, convulsions and loss of consciousness.
- If you are [diagnosed with epilepsy](#), a specialist should provide an epilepsy care plan with you.
- Arrangements are in place for whole-school awareness training on epilepsy.

RECORD KEEPING & REPORTING:

- All pupil accidents and injuries should be reported to the admin team at all sites. These will then be recorded on CPOMs and parents informed, on the same day or as soon as possible after an incident resulting in an injury. Admin staff will make an assessment and determine the best course of action.
- All Blossom House staff accidents and injuries should be reported to the admin team at all sites. These will then be recorded on Bromcom on the same day or as soon as possible after an incident resulting in an injury. Staff line manager will be advised.
- All visitors and agency staff accidents and injuries should be reported to the admin team at all sites. These will then be recorded on Smartlog on the same day or as soon as possible after an incident resulting in an injury. HR will be advised.
- Depending on the outcome follow up action might be required.
- Any pupil medication administered onsite will be recorded.

Daily medication is recorded on Smartlog and ad-hoc medication is recorded on Bromcom.

FIRST AID NEEDS ASSESSMENTS

Each child who had a medical diagnosis that requires prescribed inhalers, auto injectors or Epilepsy rescue medication has a medical risk assessment on Smartlog.

In addition to this any children who have allergies, or health hazards like swallowing also have their own risk assessment.

Each risk assessment contains the child's name, class, site and individual description of risk. It states hazard, control measures in place and risk rating. This is completed for each child that requires one. It is updated as and when new information is received and signed off at a set date for review.

Reporting to the HSE

A record will be kept of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

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

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia

- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the appropriate person will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Pupils and visitors: reportable injuries, diseases or dangerous occurrences

These include:

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

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

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

➤ The condition of the premises (e.g. poorly maintained or slippery floors)

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

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

<http://www.hse.gov.uk/riddor/report.htm>

If a child dies or has serious life-threatening injuries 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 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 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.

FIRST AID EQUIPMENT:**First Aid Kit Location: Motspur**

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

Automatic Defibrillator is located in Motspur Park site medical room.

First Aid Kit Location: Euston

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

Automatic Defibrillator is located in BY Euston Admin office corridor.

First Aid Kit Location: Wimbledon

- In the school office

First Aid Kit Contents List

- 1 x triangular bandage
- 1 x foil blanket
- 1 x large bandage
- 1 x finger dressing
- 2 x medium bandages
- 2 x eye pads
- 4 adhesive wound dressings and plasters
- 1 x CPR face shield
- 1 x gloves
- 1 x scissors
- 1 x tweezers/credit card shape card
- 1 x safety pins
- 1 x burn dressing
- 1 x snap ice pack
- 1 x thermometer
- Sterile water although bottled water is just as good.

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 available on Shared Files (S:\FIRST AID\Trained First Aiders)

FIRST AID ROOM LOCATIONS:First Aid Room Location: Motspur

- Room adjoining main school office

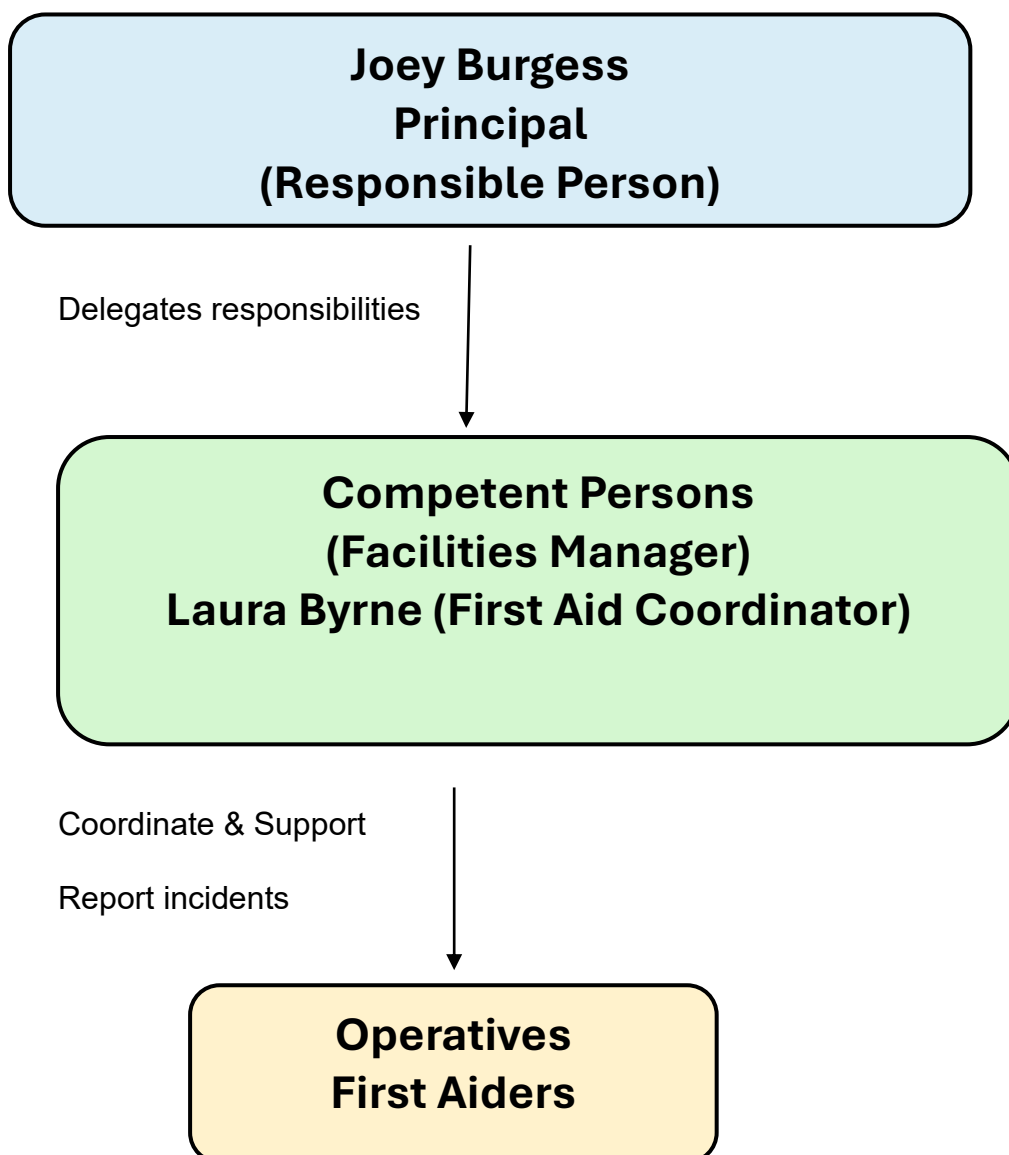
First Aid Room Location: Euston

- Main school office

First Aid Room Location: Wimbledon

- Back room, 2nd floor (calm room) or school office

Responsibilities flow chart



Medication Consent Form (Prescribed and Non – Prescribed)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Admin/School Nurse

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____