#  Edward Jenner School

# First Aid and Supporting Students with a

# Medical Condition Policy

# 44 London Road

|  |  |  |
| --- | --- | --- |
|  | Date | Signed |
| Date reviewed | March 2024 | E Poole  |
| Ratified by Head |  March 2024 | M Brookes  |
| Date of next review |  March 2026  |

**First Aid**

The First Aid procedure at Edward Jenner School is in operation to ensure that every student, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major. It is emphasised that the team consists of qualified First Aiders and not trained doctors or nurses. Mr. Philip Brookes and Elaine Hicks are the designated First Aid Co-ordinators.

The aim of the policy is:

* To provide effective, safe First Aid cover for students, staff, and visitors.
* To ensure that all staff and students are aware of the system in place.
* To raise awareness of Health & Safety issues within school and on school trips, to minimise dangers and prevent avoidable accidents.

*NB: The term FIRST AIDER refers to those members of the school community who are in possession of a valid First Aid at Work certificate or the equivalent.*

**The names of First Aiders are displayed in the Kitchen and by the First Aid boxes and on the staff duty responsibility sheet.**

PROCEDURES

* Children complaining of feeling “unwell” or “poorly” should in the first instance be directed to the TA on site or the Office administrator. The Office Administrator will determine if they need to be seen by a First Aider (unless he/she holds this qualification). **All serious incidents or those involving head injuries should be seen by one of the First Aid Co-ordinators.**
* Accidents will be recorded in the Accident Book by the person who witnessed the accident and completed by the First Aider who supervised any procedures if they have been called actively to treat an injury. The report will be forwarded to the First Aid Coordinators and all completed forms will be held in a locked cabinet folder in the Un- room in line with GDPR.
* If a child has had any injury to their head, a letter communicating this should be given to the parent/carer. These are kept in the reception area.
* Accidents which require a child to be sent home or injuries to a child’s head, require an accident form to be completed. These are kept in the reception area.
* First Aid kits are accessible to First Aiders and held in:

The Kitchen Cupboard

The Science Lab

The tortoise practical room

Un-room

Reception

The offsite rucksacks held in the staff room

Minibus

Outreach Bus

**First Aiders will:**

* Ensure that their qualification is always up to date.
* Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.
* Refer to a First Aid Coordinator where there is a significant or serious injury, including Head injuries.
* Help fellow First Aiders at an incident when necessary and provide support during the aftermath.
* Where the First Aider is unsure of the extent of injury seek support and advice from a First Aid Coordinator or if not available, another First Aider.
* Where appropriate, ensure the child’s teacher or teaching assistant is aware of the injury and monitor them during the day.
* Ensure that the portable first aid kits are always to hand and ensure that they are adequately stocked.
* After the initial assessment of the injury, decide if it is appropriate to call an ambulance and/or to contact the parents. In respect of a significant head injury the casualty who has sustained the significant head injury must be seen by professionals at hospital. This can be achieved either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital.
* Ensure that a child who is sent to hospital by ambulance is either accompanied in the ambulance, or followed to the hospital, by a member of staff to act in loco parentis until that child is met at hospital by a relative.
* The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.
* Ensure that lessons are covered in the event of an incident requiring their attention, away from their classroom.
* Ensure that they make a record of each student attended to, the nature of the injury and any treatment given, in the Accident Book and forward the Accident Report to the First Aid coordinator.
* Where relevant, the Head injury letter must be completed and handed to the parent or guardian after school, these forms are kept at Reception. The first aid co-ordinator will register these and the head teacher will report if required in accordance with the current RIDDOR regulations.
* Ensure that everything is cleaned using gloves and every dressing etc. is safely disposed of. Any bloodstains on the ground must be washed away thoroughly. Contaminated or used items should be disposed of in the bespoke yellow clinical waste bin in the Kitchen/medical area provided for this purpose.
* **NOT** administer Paracetamol or other medications without written parental permission and reference to the file of the pupil. These medicines will be held in the Office. The Office Administrator will record the time and dose on the pupil’s medical record and send a callout to parents.

**The Head Teacher will:**

* Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981 and respond to all matters relating to the health and safety of all persons on school premises.
* Ensure all new staff are made aware of First Aid procedures in school.
* At the start of each academic year, provide the first aid team and all teachers with a list of students who are known to be asthmatic, anaphylactic, diabetic, and epileptic or have any other serious illness or condition.
* Have a medical consent form for every student and ensure that these are readily available for staff responsible for school trips/outings.

**Teachers will:**

* Familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are.
* Send a student who has minor injuries to the reception area outside the Stegosaurus classroom if they can walk where a First Aider will see them; this student should be accompanied.
* Send a student who feels generally ‘unwell’ to the Office Administrator or TA and not to a First Aider, unless their deterioration seems uncharacteristic and is causing concern
* Be aware of specific medical details of individual students as noted on file, key ring and when publicised by the Office and ensure that those students attend the Office for the administration of any regular medication.
* Ensure that their students are aware of the procedures in operation.
* Never move a serious casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
* Send for help to the reception or senior staff as soon as possible after a significant accident and refer to a First Aid Coordinator.
* Reassure, but never treat a casualty unless in possession of a valid Emergency Aid in Schools/ at work Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
* Ensure that they have a current medical consent form for every student that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.
* **NOT** administer Paracetamol or other medications.
* Ensure the relevant documentation is completed:
	+ - Pupil Accident Book for any injury.
		- Head Injury Letter to parents/guardians where appropriate.
		- Call out slip completed and handed to Parents/Guardians at the end of the day (these are mainly used for younger students)
		- Larger Accident book to only be completed for significant injuries, if you are unsure, check with a First Aid Coordinator.

**Administrative Staff and TA’s will:**

* Judge whether to call a parent if a student simply feels unwell and needs to go home.
* If a student is suspected to have a communicable infection or disease, please refer to the Health Protection website for clarification:

<http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374>

This web site can also provide information on other medical issues.

* A student who has sickness or diarrhoea whilst at school must be collected immediately and kept absent from school for 48 hours following the last bout of sickness and diarrhoea.
* Call for a qualified First Aider, unless they are one themselves, to treat any injured student whose injuries require attention by a fully trained First Aider.
* Support the First Aiders in calling for an ambulance or contacting relatives in an emergency
* Medication Administration:
	+ The only medication kept and administered within school are those prescribed by a medical professional specifically for a pupil at the request of the parent/guardian. All medication is kept in the Medical cabinet in the Un-Room. Records of administration will be kept in the cupboard. The administering of any prescribed medication will be recorded and signed for by the pupil and the member of staff. Prescribed medicines should only be taken during the school day when there is no alternative. It is expected that students should be responsible for administering their own medicines unless stated by their GP or medical practitioner. Staff administering prescribed medicines must do so in accordance with the prescriber’s instructions.
	+ Parents or students bringing in medication to school must see a first aider at the start of the day and fill in the appropriate form.
	+ Any prescribed medication must be in its original packaging clearly showing the dispenser’s label. The accompanying information leaflet should be included. It is the parent’s responsibility to ensure all medication is within date and replaced when necessary.
	+ Where a student has been given a new antibiotic which they have not had before, the first two complete doses should be taken at home prior to coming back to school due to the chance of an adverse reaction. Only antibiotics which have been prescribed to be taken four times a day will be allowed to be taken in school.
	+ Where the school feels that more information is required about a student’s medication and condition an IHCP will be completed in conjunction with parents/carers.
	+ Paracetamol or other medications will not be administered without written parental permission.
* The locked medication cupboard is in the Unroom marked with a GREEN cross.
* Medical conditions for students will be recorded as appropriate in records and advised by the Administrator to staff from time to time.

**Supporting Students with Medical Conditions**

Edward Jenner School (EJS) is an inclusive community that aims to support and welcome students with medical conditions. EJS has an important role to play in terms of the health and wellbeing of the children and young people in our care and this becomes even more significant when children have medical needs.

[**https://www.gloucestershire.gov.uk/media/qhcjoxky/la-guidance-for-schools-supporting-pupils-with-medical-needs-amended-5917.pdf**](https://www.gloucestershire.gov.uk/media/qhcjoxky/la-guidance-for-schools-supporting-pupils-with-medical-needs-amended-5917.pdf)

As part of our duty as a school, under the Equality and Human Rights Commission, we will make reasonable adjustments to ensure that children and young people with disabilities in our care are not put at a substantial disadvantage compared with their peers.

[www.equalityhumanrights.com/](http://www.equalityhumanrights.com/)

We aim to provide all students with all medical conditions the same opportunities as others at school and achieve this by ensuring that:

* All EJS School staff, pupils and parents/carers understand how EJS will support pupils with medical conditions
* Pupils with medication conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.
* All EJS staff understand their duty of care to students in the event of an emergency.
* All staff feel confident in knowing what to do in an emergency. The school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
* The school understands the importance of medication being taken as prescribed.
* All staff understand the common medical conditions that affect students at this school.
* This school allows adequate time for staff to receive training on the impact medical conditions can have on students.
* Staff receive additional training about any student they may be working with who have complex health needs supported by an Individual Health Care Plan (IHCP)
* Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
* Developing and monitoring individual healthcare plans (IHPs)

**Roles and responsibilities**

**The Headteacher**

The Headteacher will:

* Make sure all staff are aware of this policy and understand their role in its implementation
* Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
* Take overall responsibility for the development of IHPs
* Make sure that the school has adequate liability insurance and staff are aware that they are insured to support pupils in this way
* Ensure that systems are in place for obtaining information about a child’s medical needs and that this information is kept up to date

**Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person.  Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so.  This includes the administration of medicines.

Staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach.  All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**Parents/Carers**

will:

* Provide the school with sufficient and up-to-date information about their child’s medical needs
* Be involved in the development and review of their child’s IHP and may be involved in its drafting
* Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

**Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them.  Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs.  They are also expected to comply with their IHPs.

**Healthcare professionals**

Healthcare professionals, such as GPs and paediatricians, will liaise with the school and notify them of any pupils identified as having a medical condition and whether it is necessary to have an IHCP in place.

**The Policy of First Aid and Supporting Students with a Medical Condition** **is supported by a clear communication plan for staff, parents/carers, and other key stakeholders to ensure its full implementation**

1. Parents/carers are informed about the Policy by signposting access to the policy
2. School staff are informed and regularly reminded about the school’s First Aid and supporting students with medication conditions:
	1. through staff meetings
	2. through scheduled medical conditions update
	3. supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Health Care Plans related to the students in their care and how to respond in emergencies
	4. Staff are made aware of any Health Care Plans as they relate to their teaching/supervision groups. This is a role for the designated person.

**First aid boxes are located at the following points:**

* The Kitchen Cupboard
* The Science Lab
* The practical Tortoise room
* Un-room
* Reception
* The offsite rucksacks
* Minibus
* Outreach bus

**Medication in school**

**Students self-administering medicines**

Students with life-long and chronic medical conditions, where medication may be required instantly, are encouraged to carry this medication with them. For example, Auto injectors and asthma inhalers. Year 9 students and above should self-administer their medication and parents/guardians to give written consent. Spare medication may be kept in the locked medication cupboard that is found in the Un-Room. A consent form must be completed for the school to hold prescribed medication.

**Students with long term medical conditions**

Students with long term medical needs such as diabetes, will be encouraged to self-administer. These students will have Health Care Plans (HCP’s) provided by their GP or hospital, and an IHCP form from school, which it is the parent’s responsibility to update as the medication changes. IHCPs will be available for all staff so that they are aware of what to do in an emergency.

**Students with allergies**

All students that are known to have an allergy will have this information on our records and all staff will be made aware of the allergy and what the procedures are for that individual, this includes students with a food allergy. The school holds 2 Auto injectors in the medical cabinet for emergencies. The NHS has advice on [food allergies](https://www.nhs.uk/conditions/food-allergy/). It contains information on symptoms and treatment. They also have more detailed advice on the [treatment of anaphylactic reactions](https://www.nhs.uk/conditions/anaphylaxis/treatment/).

**Storage of medicines**

All prescribed medication is kept in the locked cabinet in the cupboard in the Un-Room, this is clearly marked with a green cross and has controlled access.

**Disposal and return of medication**

When medicines expire parents will be contacted and the medicines will be returned to the parents/carers for disposal. All medicines will be returned at the end of each term unless advised by parents otherwise. School staff are not permitted to dispose of any medication.

**Managing medicines on a school trip**

Staff leading a school trip will liaise with the trip administrator regarding students with medical needs. The trip administrator will identify all students with medical conditions and provide appropriate information such as the HCP. Where possible students will be encouraged to be responsible for carrying their own medication. Non prescribed medication will be discouraged, but if it is deemed necessary and written consent is received by the trip organiser it will be allowed. The trip leader, or a named adult, will contact the parent, where appropriate for advice on how to support the student on the trip. It should not be expected that parents should attend trips to support their student’s medical condition.

**Record Keeping**

Any medication given to a student will be recorded in the appropriate records and kept in the medication cupboard in the Un-Room. When the treatment is concluded the form will be added to the child’s file. This is not including medication for the day-to-day management of diabetes.

**Health Care Plans**

All students with a life-long medical condition, or one which may affect their progress and attendance at school, will have a Individual Health Care Plan (IHCP).

It is the responsibility of the parents along with the designated person and the student’s main teacher to ensure the IHCP is kept up to date. Parents must inform the school of any changes with regards to the medical condition or medical treatment required to support the student. Where a student has a condition such as mild asthma, it may not be deemed necessary to have an IHCP in place. However, the condition should be noted on the medical register.

The IHCP should be drawn up with the advice of the medical professional, the student’s parents, and the student themselves.

The designated person will create the IHCP and ensure it is kept up to date and available to all teaching and support staff via a central system. The information will be held securely and confidentially in accordance with the GDPR.

The IHCP will be reviewed at least annually and in consultation with the student and their parents/Carers.

It is the responsibility of the SENCo to oversee the policy and procedures with regards to the Medical Policy and Individual Health Care Plans. However, supporting a student with a medical condition is not the sole responsibility of the SENCo and is dependent upon the school working in partnership with external agencies such as the student’s GP, local hospitals, LEA school nurse, etc. Where an IHCP is being reviewed, it may be necessary to invite medical professionals to a meeting or seek their advice.

**Staff Training**

Training is provided annually for all staff with regards to their roles and responsibilities in supporting students with medical conditions Where there are any students on roll who have Diabetes or use an auto injector, staff undertake training at least once a year

Named staff undertake updated First Aid training every three years and a list is kept with the Administrator and displayed by the First Aid Boxes in the school.

**Self-Administer**

It is expected that most, especially older students, can self-administer medication by the time they join EJS School. Where they have a controlled substance in school, they should be responsible for it and a risk assessment will be carried out for the student and each medication they will be self- administering. Allowing another student access or use of it is an offence. The school can store prescribed medicines securely if made aware that a student has it in their possession. It is the responsibility of the parents to inform the school about prescribed medicines being on the premises.

**Safe disposal of sharps**

* Ensure that any sharps are disposed of quickly and safely. An item must not be discarded in a manner so as to cause injury to others.
* The user of the sharp object is responsible for disposal of it themselves and must not hand it to anybody else for disposal. It should not be passed from hand to hand.
* The individual should wear gloves while picking up discarded needles.
* Sharps are to be held in the centre of shaft to prevent injury.
* The sharps box should be taken to the needle and not vice-versa.
* Used syringes/needles must not be re-sheathed by hand before disposal.
* All sharps must go directly into a sharps bin. Wherever appropriate, a sharps bin must be provided.
* Report any needlestick injury as soon as possible and seek medical attention.

**Sharp boxes**

* Sharps should be discarded straight into a sharps box which complies with British Standard 7230.
* The boxes should be marked ‘Danger: Contaminated Sharps’ and ‘Destroy by Incineration’.
* They must be kept off the floor and out of the reach of children.
* At Edward Jenner, the sharps disposal box is kept in the prep room.
* Parent’s/carer’s are in charge of the disposal of the box.
* Sharps boxes must not be filled above the designated fill line on the outside of the box.
* Once filled, boxes must be sealed immediately and removed by a clinical waste contractor or taken to the pharmacist.
* Sharps boxes used for ongoing medical conditions in individual children will be sealed and collected for disposal by the parent(s).

**Process and Procedure for Sharp’s Injury** ‘

Sharps includes objects or instruments which could potentially cut, prick, or cause injury. This includes needles, blades, or other medical instruments.

**Risks of sharps injury**

According to the Health and Safety Executive (HSE), a sharps injury can potentially cause infections such as blood borne viruses (BBV) including Hepatitis B (HBV), Hepatitis C (HCV) and the human immunodeficiency virus (HIV). An injury can occur when an individual is in contact with a contaminated sharp which is infected with blood or bodily fluid. It may also occur when sharps are not stored or disposed of properly.

**Sharp’s injury**

 The HSE provides the following advice in case of injury from a contaminated sharp:

* Encourage the wound to bleed gently, ideally by holding it under running water.
* Wash the wound using water and soap.
* Do not scrub the wound while washing.
* Do not suck the wound.
* Dry the wound and cover it with a waterproof dressing.
* Seek medical advice as effective prophylaxis medication is available.

**Training for Sharps**

The appropriate staff must be trained in:

* The safe collection and disposal of sharps.
* Assembling sharps boxes and verifying that they follow the accepted standards.
* The procedure to log incidents and who to inform.
* Immediate action in the event of sharps or needlestick injury.

**Student Absences**

Students who have a medical condition which will adversely affect them short term do not require an HCP but may require support. For example, a student with a broken arm may need the use of a laptop in lessons or a student with a broken leg may need to leave/arrive at lessons late/early to avoid the congested corridors.

Where students are going to be absent for 3 days or more, parents may request work to be sent home. For a prolonged period of illness, it may be necessary for a meeting with the Head to establish the necessary support to reintegrate the student into school. It should be decided whether external agencies or whether for example, a reduced timetable is necessary.

Where a student has a prolonged period of absence from school, a medical note may be required for attendance records and to establish from a medical professional whether support is needed at school. Students should not be penalised for absences where the absences are related to their medical condition.

Parents should not be required to attend school routinely to help administer medication.

**Accident Book and Accident Forms**

Injuries that require a first aider to give treatment should be recorded in the first aid book located with the first aid boxes and in the lunch room. All incidents that involve children on a Child Protection Plan or a child in need plan require an accident form completing as well as the first aid book. A copy of this should then be sent to the child’s carer. All completed forms must be kept in a folder in the locked Medication Cabinet in the Un-Room. Parents should be informed of any incident involving a head injury and a head letter should be sent home. All incidents involving head injuries or requiring parents to be informed need to have an accident form completing.

**Medical Register**

A register of students with medical conditions will be kept centrally in school and made available for all staff. Teaching staff should be aware of the students in their classes with a medical condition and how to support them and this should be clearly indicated on key rings. The student’s medical information is kept in their files.

**Students with Specific Medical Conditions must have a Visual Treatment Programme in Reception, the going out black files and miniaturised on their keyring.**

* Anaphylaxis – an extreme allergic reaction requiring immediate medical treatment. Parents are required to provide the school with an anaphylactic injector for any students who have a known allergy, e.g., nuts, fish, dairy products, wasp stings etc. This pen will be kept in the Reception desk, a notice placed permanently on the staff notice board and designated staff assigned to administer the injection. In the event of an allergic reaction, an ambulance must be called for immediately and parents informed.
* Asthma – all students with asthma must lodge a spare inhaler with the school office, clearly named, this will be kept in the medical cabinet in the Un-Room. All students who suffer from asthma must have immediate access to their inhalers when they need them. If the attack lasts more than 10 minutes, qualified medical help must be sought, and parents informed.
* Epilepsy – in the event of a seizure only move the student if they are in a dangerous place. Do not try to stop or alter the seizure once it has begun. Do not place anything in the student’s mouth. If needed place something soft under the head. Always keep the airways free. Once the convulsion has stopped the student must be placed in the recovery position and accompanied until disorientation has stopped. If the seizure lasts longer than usual or if the student has not had a seizure previously, or if one seizure follows another without the student regaining consciousness then an ambulance must be called, and parents informed.
* Diabetes – all diabetic students must have a fast-acting sugar in the medical cabinet if they experience a hypoglycaemic episode. If recovery takes longer than 10-15 minutes an ambulance must be called, and parents informed.

Appendix 1

BS8599-1 2019 updated list of suggested first aid box contents.

* [Plasters](https://www.dsmedical.co.uk/first-aid-c1/plasters-c8)
* [Gloves](https://www.dsmedical.co.uk/first-aid-c1/nitrile-gloves-c34)
* [Burns Dressing](https://www.dsmedical.co.uk/first-aid-c1/burn-care-c4)
* [Resuscitation Shield](https://www.dsmedical.co.uk/first-aid-c1/cpr-c13/steroplast-cpr-face-shield-p41)
* [Guidance Leaflet](https://www.dsmedical.co.uk/first-aid-c1/forms-signage-c5/steroplast-first-aid-at-work-leaflet-p17)
* Plastic tweezers
* [Scissors](https://www.dsmedical.co.uk/first-aid-c1/scissors-c77)
* [Sterile Finger Dressings](https://www.dsmedical.co.uk/first-aid-c1/dressings-c11/steroplast-no-7-finger-dressing-p69)
* [Sterile Eye pad Dressings](https://www.dsmedical.co.uk/first-aid-c1/dressings-c11/steroplast-eyepad-dressing-p72)
* [Sterile Medium Dressings](https://www.dsmedical.co.uk/first-aid-c1/dressings-c11/steroplast-standard-first-aid-dressings-singles-p70)
* [Sterile Large Dressing](https://www.dsmedical.co.uk/first-aid-c1/dressings-c11/steroplast-standard-first-aid-dressings-singles-p70)
* [Conforming Bandage](https://www.dsmedical.co.uk/first-aid-c1/bandages-c20/steroplast-conforming-bandages-p49)
* [Triangular Bandages](https://www.dsmedical.co.uk/first-aid-c1/bandages-c20/steroplast-triangular-bandages-p65)
* [Foil Blanket](https://www.dsmedical.co.uk/first-aid-c1/blankets-c12/steroplast-emergency-foil-blanket-p40)
* [Microporous Tape Roll](https://www.dsmedical.co.uk/first-aid-c1/tape-c25/steroplast-microporous-tape-p83)
* [Sterile Saline Wipes](https://www.dsmedical.co.uk/first-aid-c1/infection-control-c16/steroplast-alcohol-free-wipes-p74)
* Heat Resistant Blankets
* Disposable Cool Packs

Appendix 2

Role of the First Aid Co-ordinator

The role of the First Aid Co-ordinator is to have the overview for first aid throughout the school. This includes responsibility for ensuring that procedures are clearly communicated to staff and are working well, evaluating these procedures, and making changes as necessary to ensure that the safety of the children and staff is always maintained. The First Aid Co-ordinator will check for up to date guidance/changes to legislation, arranging appropriate training as necessary, ensuring that first aid boxes reflect what is needed in school and having an awareness of the individual health needs of the children e.g., asthma.  In addition, the First Aid Co-ordinator will ensure that the school has an adequate number of first aiders and ensure that training is up to date. The First Aid Co-ordinator will regularly check accident books and forms to ensure that all further recording is completed as necessary and identify any issues from these which may require further training or actions. The First Aid Co-ordinator will be available to support first aiders if further support or advice is needed and where there is a significant injury or incident, this includes Head injuries.