



## Positive Intervention Policy

### Excellence for All

<b>Policy reviewed/updated</b>	September, 2025
<b>Next update</b>	September 2026
<b>Committee</b>	Quality of Education
<b>Interim Executive Headteachers</b>	Mr Ben Waldram and Mrs Lynne Orme
<b>Chairs of Governors</b>	Mrs Karen Shead and Mrs Clare Colmore

If you have any concerns about safeguarding, please contact us on the email below or scan the code to see the safeguarding page on our website.

[dsl@snapewood.nottingham.sch.uk](mailto:dsl@snapewood.nottingham.sch.uk)





**Snape Wood Primary School**

**FIRST AID POLICY**

**CHILDREN WITH EMERGENCY MEDICINES SHOULD HAVE THESE WITH THEM AT ALL TIMES**

**IN THE EVENT OF A HEAD INJURY PHONE PARENTS/CARERS/NEXT OF KIN**

**IF A PUPIL IS UNCONCIOUS, OR UNRESPONSIVE, FOR ANY LENGTH OF TIME  
PHONE FOR AN AMBULANCE**

**DEFIBRILLATOR NEXT TO THE OFFICE**

All support staff receive the basic 1 day first aid training course and top up on a 3 year cycle. Additionally, at least 2 staff will have had paediatric first aid training. \*One of these PFA staff will be based in EYFS.

Staff currently trained are made clear in the hygiene suite as you enter the school.

During lesson time first aid is administered by the TA. During break a portable first aid box is taken outside to enable the designated member of staff or MDS to administer first aid. In the case of a more serious injury during morning play another responsible child should accompany the child to the office for treatment by the named first aider. At the end of the morning break, please ensure that the portable first aid box is put back in the classrooms.

If there is any concern about the first aid which should be administered then a qualified first aider must be consulted.

**Safety/ HIV Protection/PPE Equipment**

Always wear disposable gloves when treating any accidents/incidents which involve body fluids. Make sure any waste (wipes, pads, paper towels etc) are double wrapped i.e. gloves and then plastic bags. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home. Any spillage of blood should be cleared up and then hard surfaces wiped over with antibacterial fluid. After treatment children should not be left with wipes or paper towels.

Disposable gloves are located in each classroom first aid kit.

Used equipment should be placed in the Hazardous Waste Bin.

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### Recording Accidents

All accidents must be recorded in a First Aid Record. These are kept in a main First Aid file kept in the staff room.

All details need to be filled in, including any treatment given.

### Notifying Parents

It is important to inform parents of accidents and first aid administered to their children. Bump note messages should include the injury, cause of injury, treatment and reassurance that the child is ok. In addition, it is always good practice to tell the parents verbally as well.

Serious Accident: In addition to a phone call to parents/carers, where an injury requires further medical care; eg phoning for a paramedic/ambulance/concern over the injury, there is an Accident Form in the Office to complete – a copy should be kept in school and one sent with the injured child.

Handover: Staff who have dealt with any Serious Accident or Injury requiring an ambulance or paramedic should be present to handover to the arriving medical professionals.

Head Injury: In the event of a head injury. following initial first aid treatment we immediately contact parents/carers to inform them of the situation; we monitor the child, we provide the parents/carer with the option to come and see the child if they are concerned. If the child's health deteriorates we follow the procedure for Serious Accidents.

### First Aid Boxes

These are located in the same places as the Record of First Aid Treatment books, in each classroom cupboard with a green cross on.

### Contents

Antiseptic wipes

Disposable gloves

Plasters

Disposable Ice-pack

Extra disposable gloves and plastic bags are kept in each classroom.

### First Aid Supplies

Extra and additional more specialised equipment for first aid boxes is kept in the staffroom under the staff mail trays.

Supplies are also kept of bandages, slings, finger bandages, melolin dressings.



### Person responsible for Supplies

Alison Howarth is responsible for monitoring central stock levels and replenishing stocks. Staff are responsible for notifying AH if the supplies in any of the first aid boxes are running low.

### Allergies/ Long term illness

All teachers keep a medical alert list in their classrooms. A copy of these is kept in the First Aid folder. The kitchen displays a photo and the name of any pupils with food allergies and a central record of these children is kept in the office.

### Reporting accidents

Accidents of a serious nature should be reported to the LA following their Health and Safety guidelines. This includes accidents where pupils have had to attend hospital for treatment and accidents where staff have had 3 or more days consecutive absence due to the injury.

### Pupils with Medical Needs - Individual Healthcare Plans

All pupils who require sustained medication (eg anti-biotic) in school will have a care plan. This includes asthma inhalers.

All pupils who need special consideration or adaptations to learning because of a medical need will have a care plan. (eg a bowel/bladder condition)

These pupils may have a condition, which requires medication during the school day (eg ADHD, or a bowel condition). The care plan will be made at the beginning of the new school year and then reviewed termly with class teacher and parent.

Care plan templates can be found on Sharepoint.

### Care Plans

When deciding what information needs to be in the care plan please consider the following

- The medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;



- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Please ensure that the parent/carer is aware of their responsibility to inform school as soon as the medical need or medication changes.

All care plans must be passed on and shared with new teachers at the end of each school year so that a new care plan can be made with the new teacher and the parent, within the first few weeks of the new year.

### **Storage of medicines**

All medicine, which needs regular administration, must be kept in the Hub (which is always staffed) in a locked cabinet. The parent will make a signed arrangement with the main office to this effect. A teaching assistant will be designated to administer the medicine and they will log and sign each administration, obtain a witness signature and returning the medication to the locked medicine cabinet. This medicine will not be kept in the classroom.

### **Emergency Medicines/Treatment**



Some children will require emergency medication, for example, an inhaler, to prevent or relieve asthma, medicine to treat an epileptic seizure or an epi-pen to prevent anaphylaxis following an allergic reaction.

These medicines must be readily available to the child/adult at all times.

These medicines must be kept in the classroom in the white medicine storage box provided. It must be within reach of the child (KS1 and KS2) and all staff in the setting. Its place of storage must be marked so that it can be easily found by a visitor/new worker/health and safety inspector. Lunchtime supporters must also be made aware of its location and how to access. All emergency medication should be easily accessible at lunchtime and playtime by all staff including mid-day supervisor and the child. Epi pen medication must be portable with the child, by arrangement with the parent (care plan) or the mid-day supervisor/teacher/TA for the class. Small waist packs (bum bags) will be available in classrooms for the adult or, by special arrangement with the parent, for the child to use.

The class teacher must inform the parent/carer when medication is out of date or runs out.

Consideration must be given to safe storage and portability of such emergency medicines on school trips or visits. Emergency medicines must be taken with the child at all times (e.g. swimming, library outdoor games/PE). Any child with a medical condition must be considered in the risk assessment for the visit.

For emergencies there is an emergency epi-pen kept in the office area, and the school defibrillator is next to the Office.



## INJURED PERSON REPORT FORM

For use with Nottingham City Council’s Incident Reporting System

See SPA document “Accidents, Near Misses & Work-Related Ill Health Reporting” for further Information

Contact Schools H&S Team by phone on 0115 876408 in the event of a serious accident

This form must only be used when you are not able to complete this information on-line using the NCC Incident Management System

This form must be sent to your line manger so the information can be input onto the incident management system

All information on this form must be completed (any information not known must be completed as ‘Unknown’)

This document will be uploaded onto the Incident Management System and is considered as your account of the accident

**THIS INFORMATION MUST BE COMPLETED BY THE INJURED PERSON / RESPONSIBLE PERSON ACTING ON THEIR BEHALF**

A) INJURED PERSON DETAILS			
Forename(s)	Surname	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home address	Tel no. ☎	<b>CATEGORY</b>	
Post code		Employee <input type="checkbox"/>	Agency <input type="checkbox"/>
		Contractor <input type="checkbox"/>	Child <input type="checkbox"/>
		Member of public <input type="checkbox"/>	Service user <input type="checkbox"/>
School/academy (and campus if appropriate)		Address / location of the accident:	
<b>COMPLETE FOR NCC EMPLOYEES / AGENCY STAFF ONLY</b>			
Occupation	Line manager’s name	Whereabouts at the address / location	
Work email:		*Detail specific location e.g. hallway / drop kerb etc	
WHEN DID THE ACCIDENT OCCUR Date	DETAIL INJURIES AND LOCATIONS AND IDENTIFY PRIMARY INJURY (e.g. cut right hand, bruised left leg, sprained right ankle, unconsciousness etc.)		
Time			
<b>MEDICAL TREATMENT RECEIVED/ACTION TAKEN</b>		Name and address of witness(es)	
None <input type="checkbox"/>	Sent/taken home <input type="checkbox"/>		
First Aid* <input type="checkbox"/>	Doctor <input type="checkbox"/>		
Returned to Work <input type="checkbox"/>	Straight to hospital <input type="checkbox"/>		
*Who administered first aid?		Please attach any completed witness statements to this form	
B) FULLY DESCRIBE THE ACCIDENT			
This may include some of the following information: <ul style="list-style-type: none"> <li>• Events leading up to the accident</li> <li>• Environmental conditions</li> <li>• Name of any substance, type of machinery/equipment involved, tools being used</li> <li>• What job/activity was being undertaken</li> <li>• Personal protective equipment used</li> <li>• Why it happened</li> <li>• If a fall, state the distance fallen in metres</li> <li>• Housekeeping</li> </ul>			
Please use additional pages if necessary		1 <sup>st</sup> Day of Absence	
Who was the accident reported to (if not line manager)			

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If you want your union to be informed about this incident, please identify which union you are a member		
I submit these details as being a true account of the accident (you may wish to keep a copy of this form)		
Signed	Date	Work phone number ☎

Incident Number:	<input type="text"/>
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Do not send this form to the Schools H&S Team.  
This document will need to be scanned and uploaded onto the Incident Management System

**Incident Management System**

1. Only complete this form if the injured person (or person acting on their behalf) does not have access to the Incident Management system to complete the details of the incident on-line.
2. Ensure the form is fully completed. Where information is not known complete by entering 'Unknown' rather than leaving blank.
3. Once completed, the injured person (or person acting on their behalf) should sign and date and hand to their line manager. They may also send a copy of this form to your trade union and keep a copy if they wish.
4. The line manager should then enter the information contained within this form onto the Incident Management System.  
<https://secure.nottinghamcity.gov.uk/accident/login.aspx>

If the line manager has not registered on the Incident Management System before they must do so using "register" button.

When transferring this information, if the form identifies the person who has had the accident is an employee or agency staff, the information will be added using the 'I am the Line Manager / Team Leader / Supervisor' option. All other categories of persons who have an accident should be added using 'I am reporting on behalf of a Third Party'.

5. The form itself should then be scanned and uploaded onto the incident management system (and then securely disposed). If scanning is not possible, the form should be sent to Corporate Safety (Loxley House) completing the incident number given by the management system on the bottom the page.
6. If the line manager has identified an email address, they will receive an automatic message from the Incident Management System to confirm this information has been uploaded.
7. The information on this form will then be used as a basis for management to undertake an incident investigation.

**Legal Notice:**

This is an important legal document which may be referred to in a Court or Tribunal.

**To the person completing the form:**

You are responsible for its content. By completing the form you are confirming that the content is true and accurate to the best of your knowledge, information or belief.

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**To the person transferring the information from this form onto the Incident Management System:**

When transferring the information from this form, it must be a full, true and accurate record of the accident as reported to you. You are responsible for ensuring that any data uploaded onto the Incident Management System is true, accurate and complete to the best of your knowledge, information or belief.

# Accident / Incident Witness Statement



**Accident / Incident to which this Witness Statement refers:**

Location		Individual harmed	
Date		Time	

Name of Witness	
Work Address	
Work ☎	
Home Address	
Home ☎	
E-mail address	
Occupation if applicable	

Do you know the "harmed individual"?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes", how do you know this person?		

**Statement**

I believe that the facts of this (   page(s)) statement are true:

<b>Signed</b>		<b>Date</b>	
<b>Print name</b>			



Please note:

This document may, at some stage in the future, be passed on to claims handlers, the employer's insurance company and solicitors, who may wish to contact you to discuss your statement.