

## FIRST AID AND ADMINISTRATION OF MEDICINES POLICY

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**Linked Policies:** Pupil Protection Policy; SEND Policy; Health & Safety Policy; Supporting Pupils With Medical Conditions Including Children With Health Needs Educated Off-Site Policy and the [Statutory Framework for the Early Years Foundation Stage](#)

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## 1. RATIONALE

For the Ventrus Central Office, where the term “Headteacher” is used, it should be read as Line Manager.

This First Aid and Administration of Medicines Policy for schools within Ventrus Multi Academy Trust ensures that every pupil, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major.

The term “first aider” refers to those members of the school community who are in possession of a valid First Aid Certificate.

It is emphasised that this is a team approach consisting of qualified first aiders with the following qualifications:

- First Aid at Work
- Paediatric Emergency First Aid
- Emergency First Aid
- Moving & Handling of Pupils and Pupils who have Physical Difficulties

Details of the First Aid Team with details of their qualifications can be obtained from the relevant school office and should be displayed prominently around the school site.

‘Teachers and other staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils in school in the same way that parents might be expected to act towards their pupils. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency’ taken from [DfE Guidance on First Aid in Schools](#).

## 2. LEGISLATION AND GUIDANCE

This policy is based on advice from the Department for Education on [First aid in schools](#) , [Health and safety in schools](#), [Supporting pupils with medical conditions in schools](#), and the [Statutory Framework for the Early Years Foundation Stage](#) and the following 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 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.

[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.

Reference should be made to Health and Safety arrangements for: Medication HSA32 and First Aid HSA19, Infection Control Guidance HSA0026 issued by Devon Health and Safety Service September 2019 and found on Occupational Safety, Health and Environmental System (OSHENS), Devon’s online accident reporting system.

## 3. PURPOSE

The purpose of the policy is therefore to:

- Ensure the health and safety of all pupils, staff and visitors.

- Provide effective, safe first aid for pupils, staff and visitors.
- Ensure that all staff and pupils are aware of the systems in place.
- Provide awareness of health and safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.
- Provide a framework for responding to an incident and recording and reporting the outcomes.
- Ensure that staff and trustees are aware of their responsibilities with regards to health and safety

## 4. ROLES AND RESPONSIBILITIES

In all settings, dependent upon an assessment of first aid needs, employers should have a sufficient number of suitably trained first aiders to care for employees and pupils in case of an injury at work.

However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided the school's assessment of need has considered the nature of employees' work, the number of staff, and the location of the school. The appointed person does not need to be a trained first aider.

Sections 4.1 and 4.2 below outline the expectations of appointed persons and first aiders as set out in the 1981 First Aid Regulations and the DfE guidance listed in section 2.

Any school that does not have appointed persons will need to re-assign the responsibilities listed below accordingly.

Appendix 1 shows the list all the appointed first aiders in the school. Their names will also be displayed prominently around the school site.

### 4.1 Appointed Person

The appointed person(s) at each school is/are responsible for:

- Taking charge when someone is injured or becomes ill.
- Ensuring there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits.
- Ensuring that an ambulance, or other professional medical help, is summoned when appropriate.

### 4.2 First Aiders

First aiders are qualified to carry out their role and will:

- Act as first responders to any incidents, assess the situation where there is an injured or ill person and provide immediate and appropriate treatment in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident and calling for help from other first aiders or emergency services. First aiders will remain on scene until help arrives. They will help fellow first aiders at an incident and provide support during the aftermath.
- Fill in an accident report on the same day, or as soon as is reasonably practicable after an incident.
- Keep their contact details up to date.
- Act as a person who can be relied upon to help when the need arises.
- Advise that any casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a pupil to take them to hospital and ensure that school procedures are followed to inform parents promptly of all head injuries.
- With the agreement of the Headteacher, send pupils home to recover where necessary.
- Ensure that a pupil who is sent to hospital by ambulance is either:
  - Accompanied in the ambulance at the request of paramedics.

- Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
- Met at hospital by a relative
- Advise the school's senior management of a serious incident requiring REPORTING ON OSHENS (Password Controlled) under INCIDENT MANAGEMENT.
- Liaise with the person in charge of arranging cover, to ensure that lessons are covered in the event of an absent teacher.
- Keep a record of each pupil attended to, the nature of the injury and any treatment given. In the case of an accident, the accident book, or equivalent school recording system, must be completed by the person or persons administering the first aid.
- Ensure that they have a current medical consent form for every pupil that they take out on a school trip, which indicates any specific conditions or medications of which they should be aware.
- Have regard for personal safety and ensure that everything is cleared away using gloves after an incident. All dressings etc. to be put in a yellow contaminated/used items bag and sealed tightly before disposing of the bag in an appropriate bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.
- For the Ventrus Central Office, and in line with the HSE Guidance on First Aid at Work, a need for an appointed person/first aider has been identified.
- Other than sending pupils home, the responsibilities for the Ventrus Central Office team are the same as those listed above for school-based staff.

#### **4.3 The Board of Trustees**

The Board of Trustees has ultimate responsibility for health and safety matters across the Trust but has delegated operational matters and day-to-day tasks to the Headteacher of each school, school staff and the appointed person/first aider at the Ventrus Central Office.

#### **4.4 The Headteacher**

The Headteacher is responsible for local implementation of the policy and will:

- Ensure that all first aider's qualifications and insurance are always up to date, and they remain competent to perform their role.
- Ensure all staff are aware of first aid procedures, including but not limited to the location of equipment, facilities and first aid personnel and the procedures for monitoring and reviewing the school's first aid needs.
- Undertake, or ensure that managers undertake, risk assessments e.g., when on residentials, trips, sporting events, swimming and that appropriate measures are put in place.
- Ensure that adequate space is available for catering to the medical needs of pupils.
- Ensure that they always obtain the history relating to a pupil not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the pupil to feel unwell.
- Ensure that if an injury has caused a problem, the pupil must be referred to a first aider for examination.
- Ensure that the serious incident is reported on OSHENS (Password Controlled) under INCIDENT MANAGEMENT and completed by all relevant parties, in line with Trust and government guidance and legislation.
- At the start of each academic year, provide the first aid team with a list of pupils who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness or allergy which may be relevant.
- Have a record of up-to-date medical consent forms (this may be electronic) for every pupil in each year and ensure that these are readily available for staff responsible for school trips/outings.

- Monitor and respond to 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, as part of their induction.

#### **4.5 Teachers**

Teachers will:

- Familiarise themselves with the first aid procedures in operation and ensure that they know who the current first aiders are.
- Be aware of specific medical details of individual pupils which should be made accessible to all staff.
- Ensure that their pupils are aware of the procedures in operation.
- Never move a casualty until a qualified first aiders has assessed the casualty – unless the casualty is in immediate danger.
- Send for help, either by person or by telephone, to the school office, as soon as possible, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received will be obtained.
- Reassure, but never treat, a casualty unless staff are in possession of a valid Emergency First Aid in Schools 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 access to current medical consent form/information for every pupil that they take out on a school trip, which indicates any specific conditions or medications of which they should be aware.
- Have regard to personal safety.

#### **4.6 School staff**

School staff will:

- Ensure they follow first aid procedures.
- Ensure they know who the first aiders are.
- Complete accident reports for all incidents they attend to where a first aider/appointed person is not called.
- Inform the Headteacher or their manager of any specific health conditions or first aid needs.

#### **4.7 Lunchtime staff**

Lunchtime staff will:

- Ensure that the first aid bags, accompanying recording books and ice packs are always available.

#### **4.8 The Local Governing Body**

The Local Governing Body will:

- Assure themselves, through their monitoring, that adequate first aid cover, as outlined in the Health & Safety (First Aid) Regulations 1981, is in place.

#### **4.9 Office Staff**

Office staff will:

- Call for a qualified first aider, unless they are one themselves, to treat any injured pupil, parent, member of staff, or other adult – giving the specific location of the casualty.
- Support the first aiders in calling for an ambulance or contacting relatives in an emergency.
- Support first aiders in reporting serious incidents on OSHENS (Password Controlled) under INCIDENT MANAGEMENT and completed by all relevant parties, in line with Trust and government guidance and legislation.

- Keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). Information on how to make a RIDDOR report is available [here](#).

#### 4.10 Parents

Parents will:

- Assume in the event of an accident, basic first aid treatment will be given to their pupil by a first aider.
- Be informed of any head injury/serious incident and the treatment given.
- Inform the school of any specific medical needs, asthma, allergies or any specific requirements.
- Ensure any medication is in date and given to a member of staff e.g., epi-pens/asthma inhaler.
- Complete the 'Parental Agreement to Administer Prescription and Non-Prescription of Medicine' form **before medicine can be administered**.

#### 4.11 In Relation to First Aid Equipment

- Equipment will be kept in designated areas across the school.
- It is essential that a pupil with asthma has immediate access to their reliever inhalers when they need them e.g., carried by the pupil. If the parents wish this, it should be specifically mentioned on the child's Asthma Care Plan. If the pupil is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe asthma box but in a readily accessible place and clearly marked with the individual's name and log forms will be securely kept for each pupil.
- Asthma boxes will be available to pupils during PE lessons/trips etc.
- First aid boxes will be stocked by a nominated first aider.
- Resources will be ordered by a nominated first aider.

#### 4.12 Early Years

- In schools with Early Years Foundation Stage provision, at least one person who has a current Paediatric First Aid Certificate must be always on the school premises.
- There is a legal requirement for a first aider trained in paediatric first aid to be present for all visits, trips and activities. If there are pupils 5 years and under not on the school trip and remaining on the school site, then a paediatric first aider must also remain in school.

### 5. RESPONSIBILITY FOR ADMINISTRATION OF MEDICINES

Parents are responsible for their pupil's medication. The Headteacher is normally responsible for deciding whether the school can assist a pupil who requires medication.

It is the responsibility of parents to inform the school whenever the pupil is receiving prescribed medication. This applies to medication prescribed on both a regular and intermittent basis.

Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.

When school staff administer medication to a pupil, two members of staff must be present. One must check the consent form matches the medication and check the dose the second person is administering. Both members of staff must sign the appropriate forms at the time (not later in the day).

### 6. TYPES OF MEDICATION TO BE ADMINISTERED

Non-prescribed medicine (including analgesics such as paracetamol) can be administered by trained school staff with written consent from the person with parental responsibility for the pupil. See Supporting Pupils with Medical Conditions Including Children with Health Needs Educated Off-Site Policy



No pupil under 16 years old will be given any prescription medicines without written parental consent except in exceptional circumstances. Pupils 16 years old and over at secondary school are legally allowed to carry and administer their own prescription and non-prescription medications.

A pupil under 16 will not be given medication containing aspirin, or preparations containing aspirin or medicines containing ibuprofen by a member of staff at the school unless prescribed by a doctor.

If any pupil under 16 years old suffers from menstrual pain, school supplied pain relief can be administered with parent/carer permission. Parents need to sign the **'Parental Agreement to Administer Prescription and Non-Prescription Medicine'** and staff need to fill in the **'Record of Medicines Administration'** completing the forms appropriately e.g., they should state "when needed" in the date box and school staff will need to specify the gap between doses as written on the bottle/packaging. In the section "Reasons for medication" parents/carers need to state that they are happy for school to administer a mild analgesic to their pupil to relieve pain for menstrual pain as and when their pupil needs it.

School staff must let parent/carers know if a pupil has been given a dose so the correct timings of the next dose can be continued at home if needed. Parents/carers will need to re-sign the form at the start of each academic year, or where there is a change to a medication (including expiration date).

## **7. CONSENT ARRANGEMENTS**

No medication should be given to a pupil under 16 years old without written consent obtained from the person with parental responsibility for the pupil. Procedures must be in place to ensure that this consent is obtained in all cases except for pupils aged 16 years old and over.

These medicines need to be clearly labelled with the pupil's name and administration details. The **'Parental Agreement to Administer Prescription and Non-Prescription Medicine'**, **'Record of Medicines Administration'** and **Care Plan** (if appropriate) should be available with the medicine and with any other appropriate information staff may need. Medication and consent forms will be stored in the main school administration office.

## **8. DELIVERY, RECEIPT, LABELLING AND STORAGE**

Medicines must always be provided in the container as originally dispensed or purchased (except in the case of insulin which may come in a pen or pump). This should be clearly marked with the pupil's name, date of dispensing/purchase and the name of medication and include instructions for administration. If prescribed, the label on the container supplied by the pharmacist must not be altered under any circumstances. Medicines which do not meet these criteria will not be administered.

A maximum of four weeks' supply of the medication may be provided to the school at one time.

Medication must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Medicine cupboard/cabinets must be of a suitable size to store all medication and have a quality lock fitted where this is assessed as required. In the event of storage of a controlled drug the storage container must be secured to a wall when not in use.

Rooms in which medications are kept should not be accessible to pupils. For example, medications requiring refrigeration should be stored, clearly labelled in a box in a fridge in a staff room not used by pupils, unless special secure storage requirements are necessary. The storage of medications should be considered in the context of the establishment's Control of Substances Hazardous to Health (COSHH) Regulations and Security Risk Assessment process. If the school locks away medicine a pupil might need in an emergency, all staff should know where to obtain keys.

Consideration should be given to arrangements for the safe delivery of medicines into the establishment, in their original dispensed container.

In primary schools, pupils should not bring in their own medication. Therefore, parents or carers should hand this directly to the school office staff.

## 8.1 Primary aged children arriving at school via school transport

Where pupils arrive at school-on-school transport, the Headteacher should make arrangements for the delivery of medicines, and the completion of consent forms via email, with parents. The arrangements should be confirmed with parents in writing, and the Headteacher should ensure relevant staff know the arrangement that has been made.

In these circumstances, parents will be required to contact the school and notify the school office that their child will be bringing medication into school that day; parents must also complete the '**Parental Agreement to Administer Prescription and Non-Prescription Medicine**' by email and ensure it is in school by 8:45am on the day their child brings the medication to school. Pupils will be asked to bring their medication to the school office on their immediate arrival in the school, where it will be checked against the emailed consent form.

## 8.2 Secondary school pupils

In secondary schools, pupils will follow the above guidance, except:

- They may bring in and keep possession of their own asthma medication. Parents must sign '**Parental Agreement to Administer Prescription and Non-Prescription Medicine**' giving permission for this.
- Any pupil over 16 years of age may bring in their own medication.

Individuals who have an Individual Health Care Plan who are known to be possible emergency cases, but do not administer their own medication, should have their medicines stored securely as close as is reasonably practicable to their classroom. Access to medication and emergency procedures are important issues to consider when planning journeys out of school.

**Schools should never accept medicines that have been taken out of the container as originally dispensed, nor should they make changes to dosages on parental instructions.**

## 9. DISPOSAL OF MEDICINES

Parents should ensure that medicines given to a Ventrus School on a pupil's behalf are "in date" for the period of administration. Non-residential settings should not dispose of any medication. Therefore, if medicines become out of date, or the treatment ceases, parents should be informed immediately and asked to collect, dispose of and replace if necessary.

## 10. HEALTH CARE PLANS

It is important that responsibility for the pupil's safety is clearly defined and that each person involved with individuals with medical needs is aware of what is expected of them. Close co-operation between pupils, settings, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

A pupil with specialist needs may require a Health Care Plan to be produced in consultation with establishment staff, parents, registered nurse and the paediatrician. The main purpose of an individual health care plan for the pupil with medical needs is to identify the level of support that is needed, who will carry that support and how the setting will deal with any problems or emergencies.

This document should be made known to all members of staff who may be involved in administering medicines to pupils. Establishments will need to produce clear and unambiguous procedures and arrangements based on this guidance to ensure that individuals with medical needs receive proper care and support whilst at a Ventrus school and whilst taking part in planned activities in other locations.

## 11. REFUSAL TO TAKE MEDICATION

If a pupil refuses to take medication, staff should not force them to do so. Staff should inform the parents as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

## **12. EQUIPMENT**

Most medical equipment should be locked away. However, a risk assessment needs to be undertaken for individuals as to their ability to manage their condition and carry or access equipment themselves. For example, in the case of a diabetic pupil, where blood and urine testing equipment may be needed urgently.

## **13. EMPLOYEE HEALTH & SAFETY ISSUES**

This guidance should also be read in conjunction with DfE guidance [Supporting pupils with medical conditions in schools](#)

## **14. LIABILITY**

Ventrus Multi Academy Trust, the relevant individual school or its employees cannot be held responsible for side effects that occur when medication is taken correctly.

## **15. OFF-SITE ACTIVITIES**

It is good practice for schools to encourage individuals with medical needs to participate in off site visits, trips and sporting activities. However, in such circumstances where additional risks and difficulties may be encountered, careful planning is required, and a suitable risk assessment should be carried out in consultation with the SENDCo.

Where required, staff will take charge of the medicines and return the remainder on return to the setting or to parents, as appropriate. Where a pupil is self-medicating, this should continue whilst on an off-site visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the pupil and to ensure the safety of other pupils and staff.

Individual health care plans should include instructions as to how to manage in an emergency and identify the role and responsibilities of staff during the emergency.

Where possible staff and other pupils should know what to do in the event of an emergency, and all the staff should know how to call the emergency services.

A member of staff should always accompany a pupil taken to hospital by ambulance and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take pupils to hospital in their own car unless accompanied by another member of staff and only then in extreme emergencies and where adequate insurance exists.

If a pupil needs to be taken to hospital the Headteacher must be informed immediately. The Headteacher will contact the pupil's parents immediately.

## **16. TRAINING**

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see Appendix 2).

Staff are encouraged to renew their first aid training when it is no longer valid.

In each school with an EYFS provision, at least 1 staff member at all times must have a current Paediatric First Aid Certificate (PFA), which meets the requirements set out in the Early Years Foundation Stage Statutory Framework updated at least every 3 years.

As the vast majority of medicines are given by mouth in liquid form, or as tablets, little or no training is required. However, in some circumstances, medicine may be given by other routes. If a member of staff volunteers to assist a service user with invasive medical needs, the Headteacher should arrange appropriate training through the Public Health Nursing Service.

First aid arrangements in the school should cover aspects of risk which the administration of medicines could present, e.g., what to do if the individual has an asthma attack, epileptic fit or a severe allergic reaction. If there are pupils with disabilities, long standing medical conditions or allergies which require special attention, individual advice and appropriate training should be sought.

## **17. SPECIFIC MEDICAL CONDITIONS**

### **17.1 Asthma**

Asthma can be a life-threatening condition and an attack can start very rapidly. It is essential that a pupil with asthma has immediate access to their reliever inhalers when they need them e.g., carried by the pupil. If the parents wish this, it should be specifically mentioned on the child's Asthma Care Plan.

If the pupil is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the individual's name.

Some people may require some assistance when using their inhaler and some are usually able to decide for themselves when to use their inhalers and how to do so. Most pupils with asthma should have a written Asthma Plan and this will be followed up by the Asthma Management Nurse. Further advice is available from Asthma UK, website: [www.asthma.org.uk](http://www.asthma.org.uk), who has produced an Information Pack. A free copy can be obtained by telephoning 0300 222 5800.

### **17.2 Diabetes**

Most individuals with diabetes have the condition controlled by injections of insulin morning and night and will not generally require injections at the school. Most pupils are taught to do their own injections from an early age but may require supervision if very young. Parents will need to indicate the requirements.

An individual Health Care Plan will be required.

It is important that schools should know if a pupil is diabetic and what measures need to be taken in the case of hypoglycaemia (low blood sugar). All pupils with diabetes are supported by Paediatric Clinical Nurse Specialists who are happy to provide advice. Further information is available from Diabetes UK which has information on Diabetes in Establishments. A downloadable version is available on [www.diabetes.org.uk](http://www.diabetes.org.uk). Copies can also be ordered by telephoning 0345 123 2399.

### **17.3 Epilepsy**

Most medication for epilepsy is programmed to be given outside school hours. Pupils with epilepsy sometimes require a dose of an emergency anti-convulsant in the event of a seizure. This may be in the form of a rectal suppository. Members of staff willing to administer rectal suppositories will require appropriate training. However, pupils who require emergency anti-convulsions can also be given medication by mouth.

An Individual Health Care Plan will be required.

Sapphire Nurses can support those with epilepsy. Further information can be obtained from the National Society for Epilepsy and the British Epilepsy Association has information for schools called "Epilepsy – A Teacher's Guide" available from [www.epilepsy.org.uk](http://www.epilepsy.org.uk) or telephone 0113 210 8800.

### **17.4 Anaphylaxis**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. In the most severe cases of anaphylaxis the medication prescribed may include antihistamine and adrenaline injection.

Pre-loaded injection kits are available and staff willing to administer the medication should receive appropriate training.

An Individual Health Care Plan will be required.

The anaphylaxis campaign website contains 'Guidance for Schools' and a sample protocol [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and a helpline is available 01252 546100.

## 17.5 Attention Deficit and Hyperactivity Disorder (ADHD)

Pupils who have had a formal diagnosis as having ADHD, in some cases, have medicine prescribed by a pupil psychiatrist or paediatrician.

An Individual Health Care Plan will be required.

Further information is available from the NHS Direct website [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk).

## 17.6 Emergency school held medications

Schools should ensure they have emergency auto injectors and emergency inhalers. These are for emergency use only in case a pupil or member of staff has forgotten, lost, or their own medication fails to work. This medication must be checked monthly, and these checks recorded on the school medication record sheet.

If in an emergency situation, a pupil needed to be given a school held emergency inhaler or a school held emergency adrenaline auto-injector, then the **“Record of medicines administered”** form must be signed by the two members of staff checking and administering the inhaler or auto-injector and parents must be informed immediately.

Further guidance can be found for adrenaline auto injectors <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

## 18. RECORD KEEPING AND REPORTING

An accident form will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury.

Records held in the First Aid and Accident Book, or equivalent electronic record, will be retained by the school for 25 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then disposed of securely.

The school administrator will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). Information on how to make a RIDDOR report is available [here](#).

The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 2 school’s days of the incident. Fatal and major injuries and dangerous occurrences should be reported without delay (i.e., by telephone) and followed up in writing within 5 school days of the incident. The Headteacher would notify the Executive Leadership Team immediately.

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school’s care. This will happen as soon as is reasonably practicable, and in any event within 2 school’s days of the incident. The Headteacher would notify the Executive Leadership Team immediately.

The Headteacher will also notify local pupil protection agencies of any serious accident or injury to, or the death of, a pupil while in the school’s care immediately.

Clear records will be maintained of all prescribed medicines brought into the school by using:

- The **‘Parental Agreement to Administer Prescription or non-prescription Medicine’** downloaded from OSHENS (route = document library, policies, non DCC organisations, forms & model policies, Parental Agreement for Administration of Medicine. Document attached in Appendix 3).
- The **‘Record of Medicines Administered’** downloaded from OSHENS (route = document library, policies, non DCC organisations, forms & model policies, record of administered medicine. Document attached in Appendix 4).

These forms will:

- Be in an approved format.
- Show the name of the person for whom the medicines were supplied.

- Give the name of the medicine supplied.
- Detail of the quantity supplied to school.
- Detail the amount administered each time.

Entries on the 'Record of Medicines Administered' in Appendix 4 must:

- Be made in ink.
- Be in chronological order and made at the time of administration.
- Show the name of the person who accepted the medication.
- Show the name of the person for whom the medication was prescribed.
- **Show the amount of the medication administered and the names and signatures of the 2 people checking the dose against the consent form and administering the medication.**
- Be made whilst two members of staff are present. One must check the consent form matches the medication and checks the dose the second person is administering. Both members of staff must sign the appropriate forms at the time (not later in the day).

## 19. EPI-PENS AND INHALERS

These are considered to be part of our first aid provision. They must all be entered **into 'Parental Agreement to Administer Prescription or non-prescription Medicine'**.

All staff are expected to familiarise themselves with the pupils in school who need epi-pens.

Details of all serious medical conditions and allergies should be accessible to all staff.

All staff are expected to familiarise themselves with those pupils who may need an inhaler.

Pupils with inhalers are expected to have been educated in their use by parents or carers.

## 20. LINKS WITH OTHER POLICIES

This First Aid Policy is linked to the:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Including Children with Health Needs Educated Off-Site Policy
- Child Protection Policy
- SEND Policy







### APPENDIX 3: PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION OR NON-PRESCRIPTION MEDICINE

(Taken from OSHENS Dec 2020)

#### PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION OR NON-PRESCRIPTION MEDICINE

St. Margaret's Junior School/St. George's Infant School and Nursery

#### Notes to Parent / Guardians

*Note 1: This school will only give your pupil medicine after you have completed and signed this form.*

*Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your pupil's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (e.g.: sealed blister pack) for non-prescribed medicine.*

*Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.*

#### Medication details

<b>Date</b>	
<b>Student's name</b>	
<b>Date of birth</b>	
<b>Group/class/form</b>	
<b>Reason for medication</b>	
<b>Name / type of medicine (As described on the container)</b>	
<b>Expiry date of medication</b>	
<b>How much to give (i.e., dose to be given)</b>	
<b>Time(s) for medication to be given</b>	
<b>Special precautions /other instructions (e.g., to be taken with/before/after food)</b>	
<b>Are there any side effects that the school needs to know about?</b>	
<b>Procedures to take in an emergency</b>	
<b>I understand that I must deliver the medicine personally to the school office</b>	
<b>Number of tablets/quantities to be given</b>	
<b>Time limit – please specify how long your student needs to be taking the medication</b>	_____ day/s _____ week/s

<b>I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency</b>	Yes / No/ Not applicable
<b>I give permission for my son/daughter to carry their own asthma inhalers</b>	Yes / No / Not applicable
<b>I give permission for my son/daughter to carry their own asthma inhaler and manage its use</b>	Yes / No / Not applicable
<b>I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)</b>	Yes / No / Not applicable
<b>I give permission for my son/daughter to be administered the emergency adrenaline auto-injector held by the school in the event of an emergency</b>	Yes / No / Not applicable
<b>I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff</b>	Yes / No / Not applicable

**Details of Person Completing the Form:**

<b>Name of parent/guardian</b>	
<b>Relationship to student</b>	
<b>Daytime telephone number</b>	
<b>Alternative contact details in the event of an emergency</b>	
<b>Name and phone number of GP</b>	
<b>Agreed review date to be initiated by the school office</b>	

I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the Headteacher (or his/her nominee) to administer the medicine to my son/daughter.

I confirm that the medicine detailed is in the original packaging [in the case of non-prescription medication].

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature: .....  
 (Parent/Guardian/person with parental responsibility)

Date: .....

**APPENDIX 4: RECORD OF MEDICINES ADMINISTERED** (taken from OSHENS Dec 2020)

**Record of medicines administered**

St Margaret's Junior School/St. George's Infant School and Nursery			
<b>Name of Young Person</b>		<b>Group/Class/Form Tutor group</b>	
<b>Name of medicine</b>		<b>Date medicine provided by parent</b>	
<b>Expiry Date</b>		<b>Quantity Received</b>	
<b>Dose and frequency of medicine</b>		<b>Quantity Returned</b>	
<b>Fully completed parental consent form received for the admin of this medicine</b>			
<b>Staff Signature</b>		<b>Date</b>	
<b>Signature of Parent</b>		<b>Date</b>	

**Ventrus Log of Medicines Administered (must not be altered in policy review without ELT consent)**

<b>Date</b>	<b>Time given</b>	<b>Dose given</b>	<b>No of pills remaining (If applicable)</b>	<b>Name of person administering meds</b>	<b>Signature of person administering meds</b>	<b>Signature of person checking admin of meds</b>	<b>Problems/side effects</b>
	Parent informed of use of emergency inhaler?						
	Parent informed of use of emergency AAI?						

## **APPENDIX 5: FIRST AID CONTAINERS (TAKEN FROM GOV UK, FIRST AID IN SCHOOLS GUIDANCE, UPDATED 14.02.22)**

### **FIRST AID CONTAINERS**

As a minimum, employers should provide at least one fully stocked first aid container for each site. Additional first aid containers may be needed for large or split-level sites, distant sports fields or playgrounds, any other high-risk areas and any offsite activities. All first aid containers should be marked with a white cross on a green background.

There is no mandatory list of items to be included in a first aid container.

HSE recommends that where there is no special risk identified, a minimum provision of first aid items could be:

- a leaflet giving general advice on first aid – HSE information is available.
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings.
- 2 large sterile individually wrapped unmedicated wound dressings.
- 3 pairs of disposable gloves

This is only a guide as each first aid kit will be based on the school or college first aid needs assessment.

Careful consideration should be given to the siting of first aid containers and, where possible, they should be kept near to hand washing facilities.

A school's first aid procedures should identify the first aider or appointed person responsible for examining the contents of first aid containers. The first aid kits should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

### **TRAVELLING FIRST AID CONTAINERS**

Before undertaking any off-site activities or educational visits, the visit leader should assess what level of first aid provision is needed and identify any additional items that may be necessary for specialised activities. The outdoor education advisers' panel (OEAP) provides advice on outdoor learning and off-site visits, including the assessment of first aid requirements.

HSE recommends that the minimum travelling first aid kit should be:

- A leaflet giving general advice on first aid – HSE information is available.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing
- 2 triangular bandages individually wrapped and preferably sterile.
- 2 safety pins
- Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves

### **TRAVELLING FIRST AID CONTAINERS IN MINIBUS/COACH**

The Road Vehicles (Construction and Use) Regulations 1986 (for minibuses) and/or the Public Service Vehicles (Conditions of Fitness, Equipment, Use and Certification) Regulations 1981 (for larger vehicles) advise that a suitable, clearly marked first aid box should be readily available and in good condition. Further information, including advice on what the kit should contain, is available.

The following items must be kept in the first aid box:

- antiseptic wipes, foil packed.
- 1 conforming disposable bandage (not less than 7.5 cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rust-less blunt-ended scissors.

**APPENDIX 6: POLICY HISTORY**

Version	Summary of Change	Review Date	Lead Author/s
V.1	Changes made are linked to the model First Aid Policy from The Key	06.12.20	Sue Denham
V.2	Appendix 5 added – list of equipment in first aid containers, trips and visits first aid containers and travelling in a minibus first aid container.  Policy History moved to Appendix 6	08.05.22	Sue Denham
	Appendix 4 ‘Record of medicines administered’ updated to clearly show that names and signatures of the two people checking the dose against the consent form and administering the medication is required	March 23	Ashley Leeson
	18. Record Keeping & Reporting – 2 <sup>nd</sup> paragraph - removed wording ‘ <i>minimum of 3 years</i> ’ and inserted ‘ <i>25 years</i> ’	April 23	Kay Bishop