FIRST AID & MEDICINE POLICY

ST JOHN'S PRIMARY SCHOOL
St John's Road
Wallingford
Oxfordshire
OX10 9AG

Approved:01 December 2022

1. Statement of Intent

The Governing Body believe that ensuring the health and welfare of staff, students and visitors is essential to the success of the school.
We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at school and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the school is appropriately insured and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the school office/medical room. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant and all staff should be aware of.

This policy has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

Name: _____ **Signature:** _____

(Chair of Governors)

Name: _____ **Signature:** _____

(Headteacher)

Date: _____

Review Procedures

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Governing Body for acceptance.

Document / revision no.	Date	Status / Amendment	Approved by

Distribution of copies
Copies of the policy and any amendments will be distributed to: the Head Teacher; Health and Safety Representatives; All Staff; Board members and Administration office.

Contents

2. Roles and Responsibilities

2.1 The Governing Board

2.1.1 The Governing Board has ultimate responsibility for health and safety matters - including First Aid in the school.

2.1.2 Ensure the first aid risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.1.3 Provide first aid materials, equipment and facilities according to the findings of the risk assessment.

2.2 The Headteacher

2.2.1 Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes.

2.2.2 Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times and that their names are prominently displayed throughout the school.

2.2.3 Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.

2.2.4 Ensuring all staff are aware of first aid procedures.

2.2.5 Ensuring appropriate risk assessments are completed and appropriate measures are put in place.

2.2.6 Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.

2.2.7 Ensuring that adequate space is available for catering to the medical needs of students.

2.2.8 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3 The following duties will be allocated as show below, as there is no Healthcare Professional based or allocated to the school)

2.3.1 Ensure that students with medical conditions are identified and properly supported in the school, including supporting staff on implementing a student's Healthcare Plan. **(SENCo)**

2.3.2 Work with the Headteacher to determine the training needs of school staff **(School Business Manager)**

2.3.3 Administer first aid and medicines in line with current training and the requirements of this policy**. (Office administrator or allocated teaching assistant for children with EHCP)**

2.3.4. Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date**. (Office administrator)**

2.3.5. Assist with completing an accident report forms and investigations**. (School Business Manager)**

2.3.6 Notify manager when going on leave to ensure continual cover is provided during absence.

2.4 first aiders

2.4.1 First aiders are responsible for:

a) Taking charge when someone is injured or becomes ill

b) Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

c) Ensuring that an ambulance or other professional medical help is summoned, when appropriate

2.4.2 First aiders are trained and qualified to carry out the role and are responsible for:

a) Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.

b) Sending students home to recover, where necessary

c) Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.

2.5 Staff Trained to Administer Medicines

2.5.1 Members of staff in the school who have been trained to administer medicines must ensure that:

a) that the trained member if staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.

b) Wherever possible, the student will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.

c) If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

d) Records are kept of any medication given.

2.6 Other Staff

2.6.1 Ensuring they follow first aid procedures.

2.6.2 Ensuring they know who the first aiders in school are and contact them straight away.

2.6.3 Completing accident reports for all incidents they attend to where a first aider is not called.

2.6.4 Informing the Headteacher or their manager of any specific health conditions or first aid needs.

3. Arrangements

3.1 First Aid Boxes

3.1.1 The first aid posts are located in:

- The School Office
- The Hub (KS2) and Infant Library
- School reception

3.2 Medication

3.2.1. Students' medication is stored in:

- The School Office

3.3 First Aid

3.3.1. In the case of a student accident, the procedures are as follows:

a) The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.

b) The first aider administers first aid and records details in our treatment book.

c) If the child has had a bump on the head, the office is informed and an email notification is sent home, in addition a copy of the accident and treatment record which is sent home with the child

d) Full details of the accident are recorded in our accident book

e) If the child has to be taken to hospital or the injury is `work' related then the accident is reported to the Governing Body.

f) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Governing Body will arrange for this to be done.

3.4 Insurance Arrangements

3.4.1. The school is insured under the Department of Education Risk Protection arrangement

3.5 Educational Visits

3.5.1. In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.5.2. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

3.6 Administering Medicines

3.6.1. **Prescribed medicines** may be administered in school (by a staff member appropriately trained) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours.

3.6.2. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

3.6.3. In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office.

3.6.4. Staff will ensure that records are kept of any medication given.

3.6.5. Non-prescribed medicines will be administered at school, where this is necessary, subject to parents completing the appropriate parental permission.

3.7 Storage/Disposal of Medicines

3.7.1. Students' medicine will be kept in the school office or the staff room fridge; staff will ensure that medication is taken on school trips. It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.

3.7.2. Asthma inhalers will be held by the school for emergency use, as per the Department of Health's protocol.

3.8 Accidents/Illnesses requiring Hospital Treatment

3.8.1. Parents will be called if their child needs to be taken to accident and emergency or minor injuries for assessment or treatment. An ambulance will be called by the school in life-threatening situation.

3.8.2. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

3.9 Defibrillators

3.9.1. Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

3.9.2. The local NHS ambulance service have been notified of its location.

3.10 Students with Special Medical Needs – Individual Healthcare Plans

3.10.1. Some students have medical conditions that, if not properly managed, could limit their access to education. These children may be:

a) Epileptic

b) Asthmatic

c) Have severe allergies, which may result in anaphylactic shock

d) Diabetic

Such students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

3.10.2. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that students with medical conditions are included.

3.10.3. The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However,

school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

3.10.4. An individual health care plan will help the school to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment.

3.10.5. Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Senior First Aider/Nurse/Healthcare Professional may also provide additional background information and practical training for school staff.

3.10.6. Procedure that will be followed when the school is first notified of a student's medical condition:

Details entered onto the school management information system

Class teacher is informed

An up to date list of children with medical conditions will be given to the class teacher

Details of children with medical conditions displayed in the staff room with be updated to inform all staff.

For after-school club parents will enter or update medical information on the Kids Club Registation/booking system

This will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

3.11 Accident Recording and Reporting

3.11.1 First aid and accident record book

a) An accident form will be completed by the relevant member of staff on the same day home.

b) As much detail as possible should be supplied when completing the accident form – which must be completed fully.

c) A copy of the accident form will be sent home with the child. In the case of a head bump an email will be sent to parents. In the case of a more serious accident parents will be telephoned immediately.

d) Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

3.11.2 Reporting to the HSE

a) The School Business Manager 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).

b) The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
  - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment.
  - The accidental release of a biological agent likely to cause severe human illness.
  - The accidental release or escape of any substance that may cause a serious injury or damage to health.
  - An electrical short circuit or overload causing a fire or explosion.

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

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

3.11.3 Notifying parents

The first aider who has administered the first aid check will inform parent/carer of any accident or injury sustained by the student, and any first aid treatment given, on the same day.

3.11.4 Reporting to Ofsted and child protection agencies

a) The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in the school care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

b) The Headteacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

4. Conclusions

4.1 This First Aid and Medicine policy reflects the school's serious intent to accept its responsibilities in all matters relating to management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

Appendix 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

   01491 837305

2. Give your location as follows *(insert school address)*

   St Johns Road, Wallingford

3. State that the postcode is:

   Ox10 9ag

4. Give exact location in the school (insert brief description)

   (VEHICLE ENTRANCE IN TRENCHARD CLOSE)

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Appendix 2 - Health Care Plan

St John's Primary School	
Student Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who needs to know about the student condition and what constitutes an emergency?	
Action to be taken in emergency and by whom	
Follow Up Care	
Family Contacts **Names** **Telephone Numbers**	
Clinic/Hospital Contacts **Name** **Number**	
GP **Name** **Number**	
Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	

Transport Arrangements ***If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles***	
School Trip Support/Activities outside school Hours **(e.g. risk assessments, who is responsible in an emergency)**	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from the school. *If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles*

_____

_____

_____

_____

_____

_____

Appendix 3 - Parental agreement for school to administer medicine

One form to be completed for each medicine.

The school will not give your child medicine unless this form is fully completed and signed.

Name of child _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

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

_____

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the school should know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

_____

I understand that I must deliver the medicine safely to school office.
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. 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.

Parent/Carer's signature _____

Print Name _____

Date _____

Appendix 4 - Record of regular medicine administered to an individual child (Parts A and B)

Part A - Parent/Carer Authorisation

Name of child _____

Date of medicine provided by parent _____/_____/_____

Group/class/form _____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____

Part B - Records

Name of child ________________________________

Name and strength of medicine ________________________________

Dose and time medicine to be given * ________________________________

Check the medication given coincides with the information stated on Part A.

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Appendix 5 - Administration of medication during seizures

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

_____

_____

When to give medication: _____

_____

_____

Usual recovery from seizure: _____

_____

_____

Action to be taken if initial dose not effective: _____

_____

_____

_____

This criterion is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

Appendix 6 - Seizure Medication Chart

Name: _____

Medication type and dose: _____

Criteria for administration: _____

Date	Time	Given by	Observation/evaluation of care	Signed/date/time

Appendix 7 - EpiPen®: Emergency Instructions

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious

ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see –

ACTIONS

1. Get _____EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Headteacher/Principal: _____Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____Date agreed: _____

Signed Paediatrician/GP: _____Print Name: _____

Care Plan written by: _____Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check expiry date of EpiPen® every few months

Appendix 8 – ANAPEN®: Emergency Instructions

ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see –

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious

ACTIONS

1. Get _____ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an
   'ANAPHYLACTIC REACTION'
2. Sit or lay child on floor.
3. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.
5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives. Accompany child to hospital in ambulance.
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

Appendix 9 – Note to parent/carer for medication given

Note to parent/carer

Name of school _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Appendix 10 - STAFF TRAINING RECORD

Name	Job Title	Name of Training Course	Date Undertaken	Date Refresher Required	Date Refresher Undertaken

Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school will keep under review to ensure links are current.

- HSE
  https://www.hse.gov.uk/
- The Health and Safety (First-Aid) Regulations 1981
  https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made
- Department for Education and Skills
  www.dfes.gov.uk
- Department of Health
  www.dh.gov.uk
- Disability Rights Commission (DRC)
  www.drc.org.uk
- Health Education Trust
  https://healtheducationtrust.org.uk/
- Council for Disabled Children
  www.ncb.org.uk/cdc
- Contact a Family
  www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK
  https://www.allergyuk.org/

  https://www.allergyuk.org/information-and-advice/for-schools
- The Anaphylaxis Campaign
  www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
  www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
  www.asthma.org.uk
- Cystic Fibrosis Trust
  www.cftrust.org.uk
- Diabetes UK
  www.diabetes.org.uk
- Epilepsy Action
  www.epilepsy.org.uk
- National Society for Epilepsy

www.epilepsysociety.org.uk

- Hyperactive Children's Support Group
  www.hacsg.org.uk
- MENCAP
  www.mencap.org.uk
- National Eczema Society
  www.eczema.org
- Psoriasis Association
  www.psoriasis-association.org.uk/