# First Aid and Administration of Medicines Policy

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| Consultation Date: | N/A |
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| Date of Review: | 1st September 26 |

## First Aid and Administration of Medicines Policy

### 1. Statement of Intent

The trust board believes that ensuring the health and welfare of staff, children and visitors is essential to the success of the academy.

We are committed to:

a) Complete first aid needs risk assessments for every significant activity carried out.
b) Providing adequate provision for first aid for children, staff and visitors.
c) Ensuring that children and staff with medical needs are fully supported at academy and suitable records of assistance required and provided are kept.
d) First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
e) 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 academy is appropriately insured and that staff are aware that they are insured to support children in this way.

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

The academy 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 academy 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:** Omar Jennings **Signature:** OJennings

**(Headteacher) Date:** 1/09/25

**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 trust board for acceptance.

| Document / revision no. | Date | Status / Amendment | Approved by |
|---|---|---|---|
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**Distribution of copies**
Copies of the policy and any amendments will be distributed to: the Headteacher; Health and Safety Representatives; All Staff; Trustees and Administration office.

## Contents

## 2. Roles and Responsibilities

### 2.1 The Trust Board

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

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 academy at all times and that their names are prominently displayed throughout the academy.

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 children.

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

### 2.3 The Senior First Aider/Nurse/Healthcare Professional

2.3.1 Ensure that children with medical conditions are identified and properly supported in the academy, including supporting staff on implementing a child's Healthcare Plan.

2.3.2 Work with the Headteacher to determine the training needs of academy staff.

2.3.3 Administer first aid and medicines in line with current training and the requirements of this policy.

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.

2.3.5. Assist with completing an accident report forms and investigations.

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

### 2.4 Appointed person(s) and first aiders

2.4.1 The appointed persons 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 children 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.

d) Keeping their contact details up to date.

### 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) Only prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.

b) Wherever possible, the child 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 are in the academy 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:
Each Key stage
Medical Room
General Office
Child Welfare Office

### 3.2 Medication

3.2.1. Children's medication is stored in:
Admin office – Fridge
Medical SAFE - hall

### 3.3 First Aid

3.3.1. In the case of a child 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 a bump on the head, they must be given a “bump on the head” note.

d) Full details of the accident are recorded on medical tracker and an email notification will be sent to parents/carers via medical tracker.

e) If the child has to be taken to hospital or the injury is `work’ related then the accident is reported to the Trust Board.

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

### 3.4 Insurance Arrangements

Insurance expires August 26

### 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 academy (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal academy hours. Wherever possible, the child will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

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. This is recorded on medical tracker

3.6.4. Staff will ensure that records are kept of any medication give using the medical tracker and parents will be notified via email (generated by Medical Tracker) when medicine has been administered.

3.6.5. Non-prescribed medicines must not be taken into the academy.

### 3.7 Storage/Disposal of Medicines

3.7.1. Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the academy office for self-medication, quickly and easily. Children's medicine will not be locked away out of the child's access; this is especially important on academy trips. It is the responsibility of the academy to return medicines that are no longer required, to the parent for safe disposal.

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

3.7.3. All antibiotics are kept in the medicine fridge in the Repo room

3.7.4. All other medication excluding asthma and EpiPens will be kept in a locked cupboard in the Medical safe (Hall)

3.7.5. Controlled drugs need to be counted in and signed for, kept in a locked cupboard and administered by two members of staff and signed for by both after administering.

### 3.8 Accidents/Illnesses requiring Hospital Treatment

3.8.1. If a child has an incident, which requires urgent or non-urgent hospital treatment, the academy will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance if required.

3.8.2. Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the academy with up-to-date contact names and telephone numbers.

### 3.9 Defibrillators

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

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

### 3.10 Children with Special Medical Needs – Individual Healthcare Plans

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

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

3.10.3. The academy will not send children with medical needs home frequently or create unnecessary barriers to children participating in any aspect of academy life. However, academy staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

3.10.4. An individual health care plan will help the academy to identify the necessary safety measures to support children with medical needs and ensure that they are not put at risk. The academy appreciates that children 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 academy with information about their child's medical condition. Parents, and the child if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Senior First Aider may also provide additional background information and practical training for academy staff.

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

- Previous educational facilities contacted
- Home visit
- Care plan (recorded on medical tracker)
- Details added to Bromcom and staff notified
- Medi alter is updated and re- issued

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

### 3.11 Accident Recording and Reporting

3.11.1 First aid and accident reporting

a) An accident report will be completed electronically using Medical Tracker, by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury.

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

c) Records held in the first aid and accident book will be retained by the academy 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 Headteacher 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

Parents will be notified by email using the Medical Tracker system. Calls will be made for all head injuries and injuries warranting further monitoring.

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 child while in the academy's 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 child while in the academy's care

## 4. Conclusions

4.1 This First Aid and Medicine policy reflects the academy'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 academy 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 in

1. Your telephone number:

   _____

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

   _____

   _____

   _____

3. State that the postcode is:

   _____

4. Give exact location in the academy (insert brief descript

   _____

   _____

   _____

5. Give your name: _____

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

   _____

   _____

   _____

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

**Speak clearly and slowly and be ready to repeat in**

Put a completed copy of this form by the telephone.

## Appendix 2 - Health Care Plan

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|---|---|
| **Academy** | |
| **Child's Name & Address** | |
| **Date of Birth** | |
| **Class** | |
| **Medical Diagnosis** | |
| **Triggers** | |
| **Who needs to know about the child's condition and what constitutes an emergency?** | |
| **Action to be taken in emergency and by whom** | |
| **Follow Up Care** | |
| **Family Contacts**<br>**Names**<br>**Telephone Numbers** | |
| **Clinic/Hospital Contacts**<br>**Name**<br>**Number** | |
| **GP**<br>**Name**<br>**Number** | |

| | |
|---|---|
| **Description of medical needs and signs and symptoms** | |
| **Daily Care Requirements** | |
| **Who is Responsible for Daily Care** | |
| **Transport Arrangements**<br><br>***If the child has life-threatening condition, specific transport healthcare plans will be carried on vehicles*** | |
| **academy Trip Support/Activities outside school Hours**<br><br>**(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 academy.** ***If the child has life-threatening condition, specific transport healthcare plans will be carried on vehicles***

_____

_____

_____

_____

_____

Appendix 3 - Seizure Medication Chart

Name: _____

Medication type and dose: _____

Criteria for administration: _____

| Date | Time | Given by | Observation/evaluation of care | Signed/date/time |
|---|---|---|---|---|
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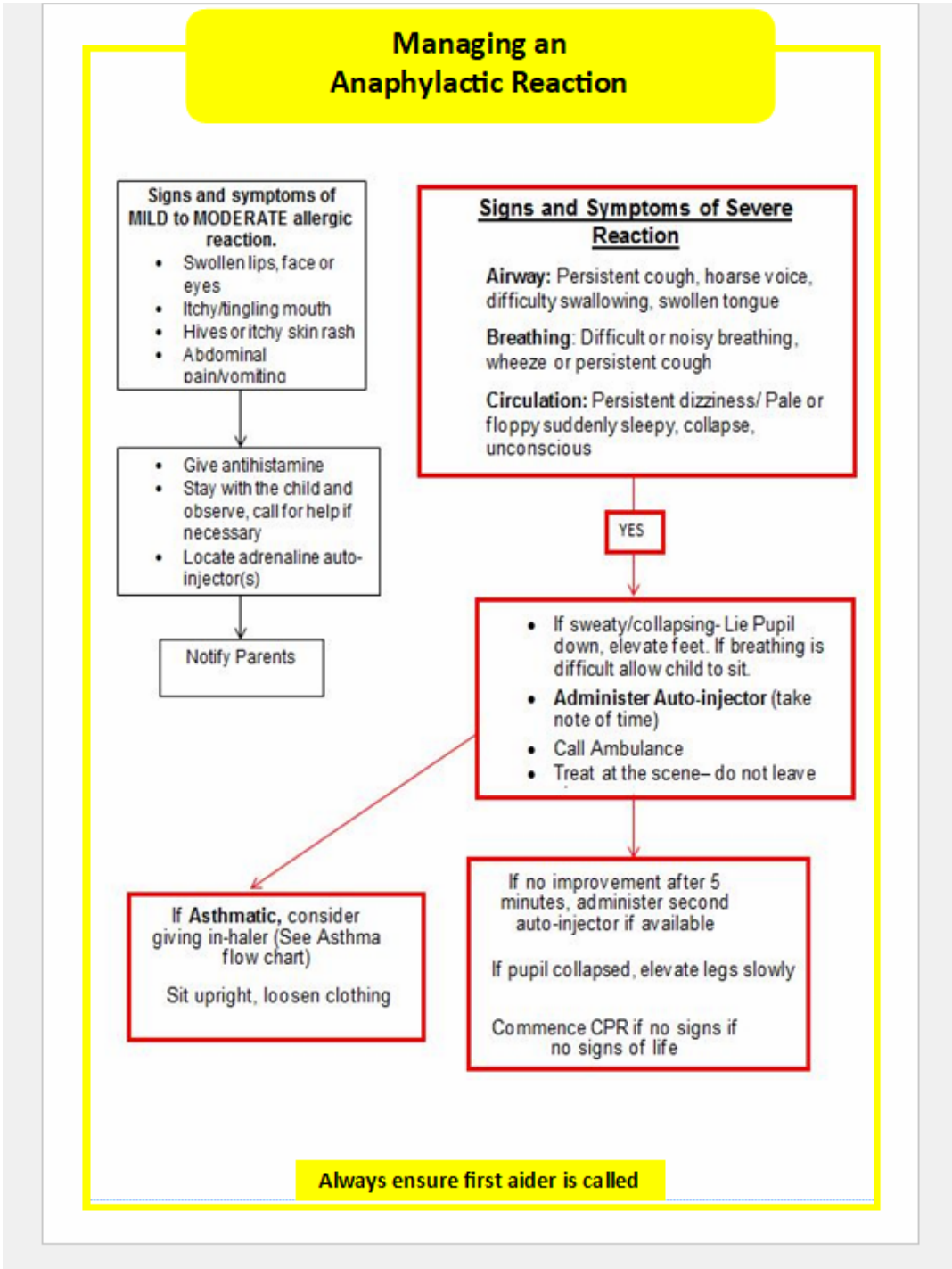
## Appendix 4 - EpiPen®: Emergency Instructions

### EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION



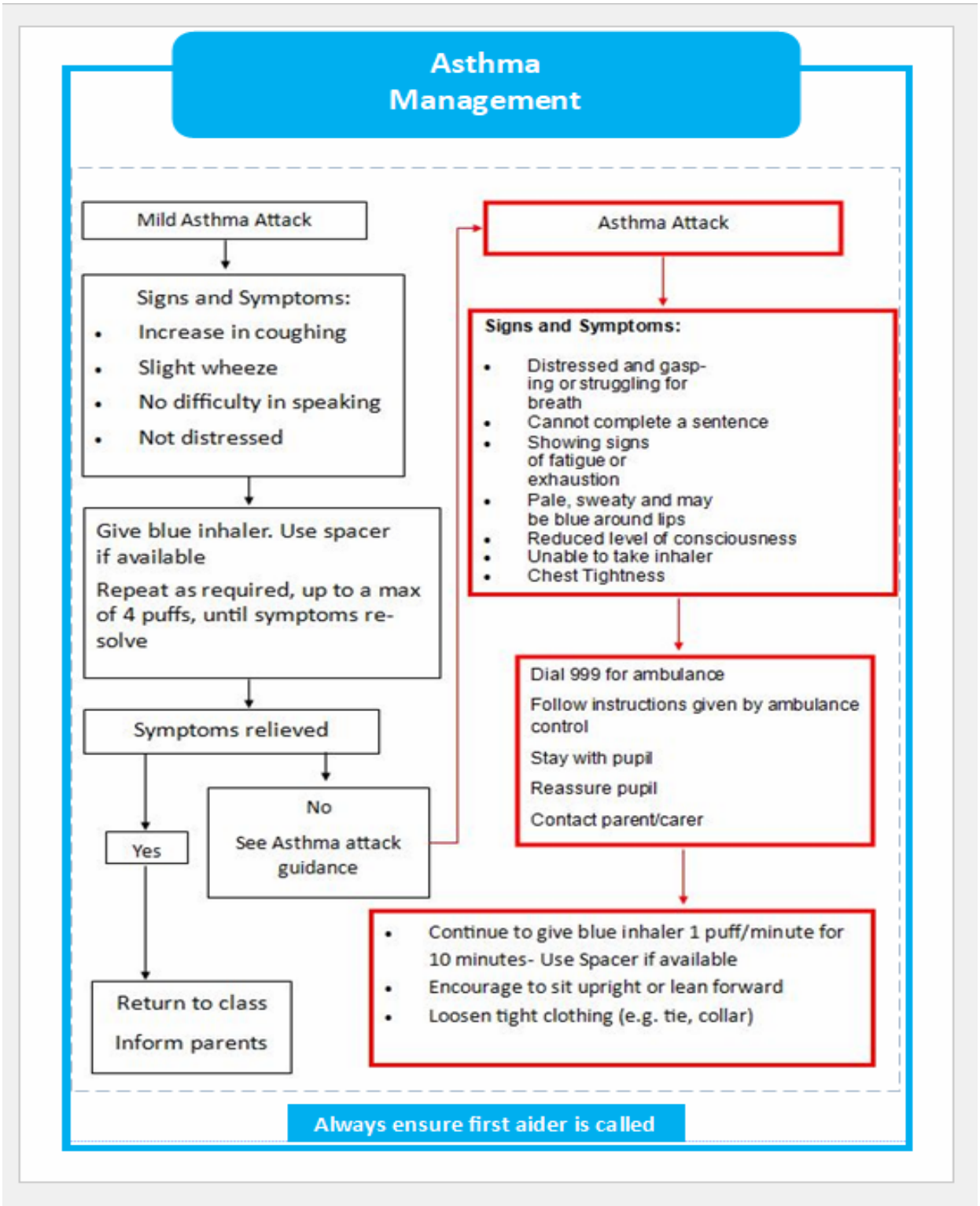
**ACTIONS**

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

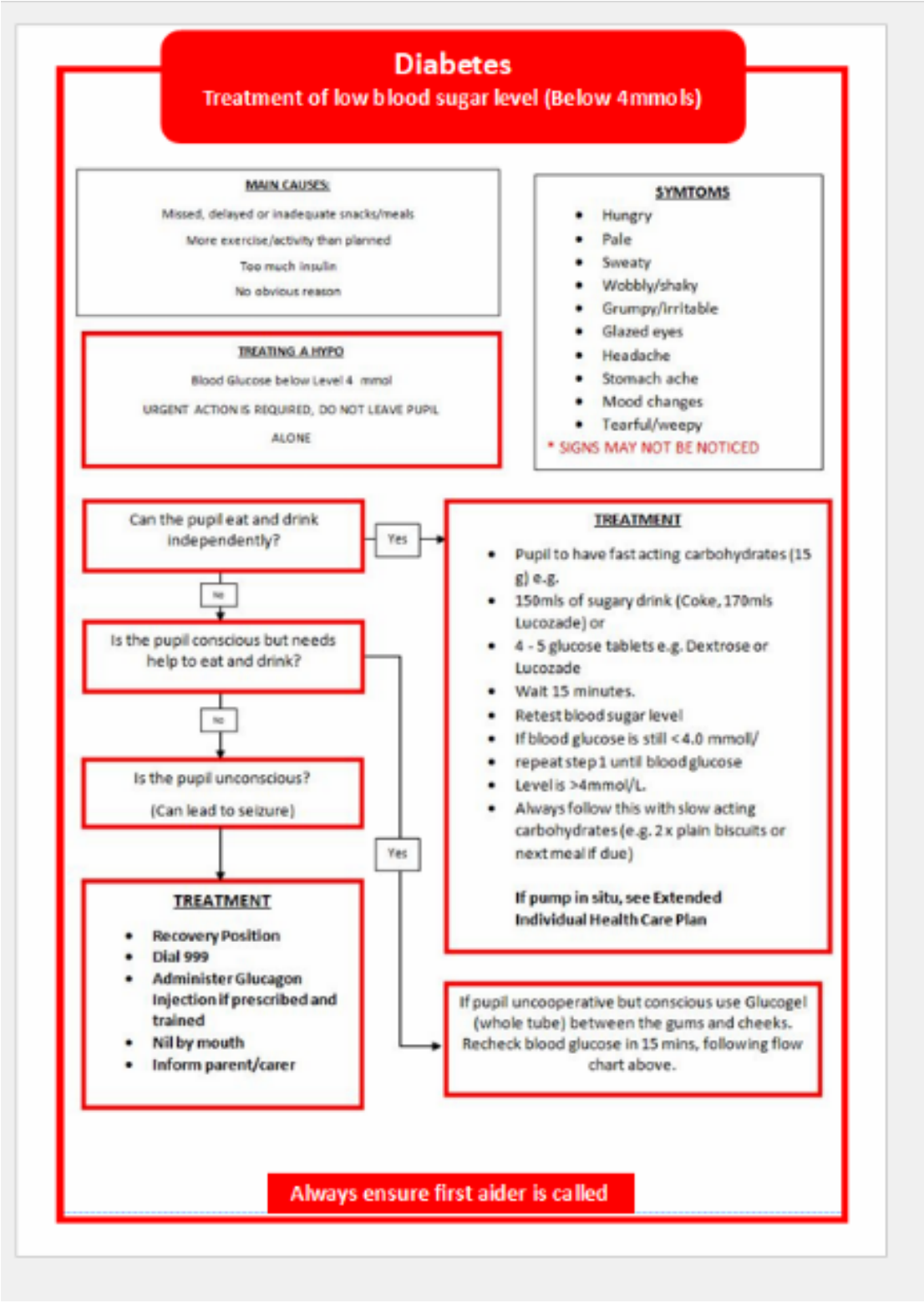
**'ANAPHYLACTIC REACTION'**

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

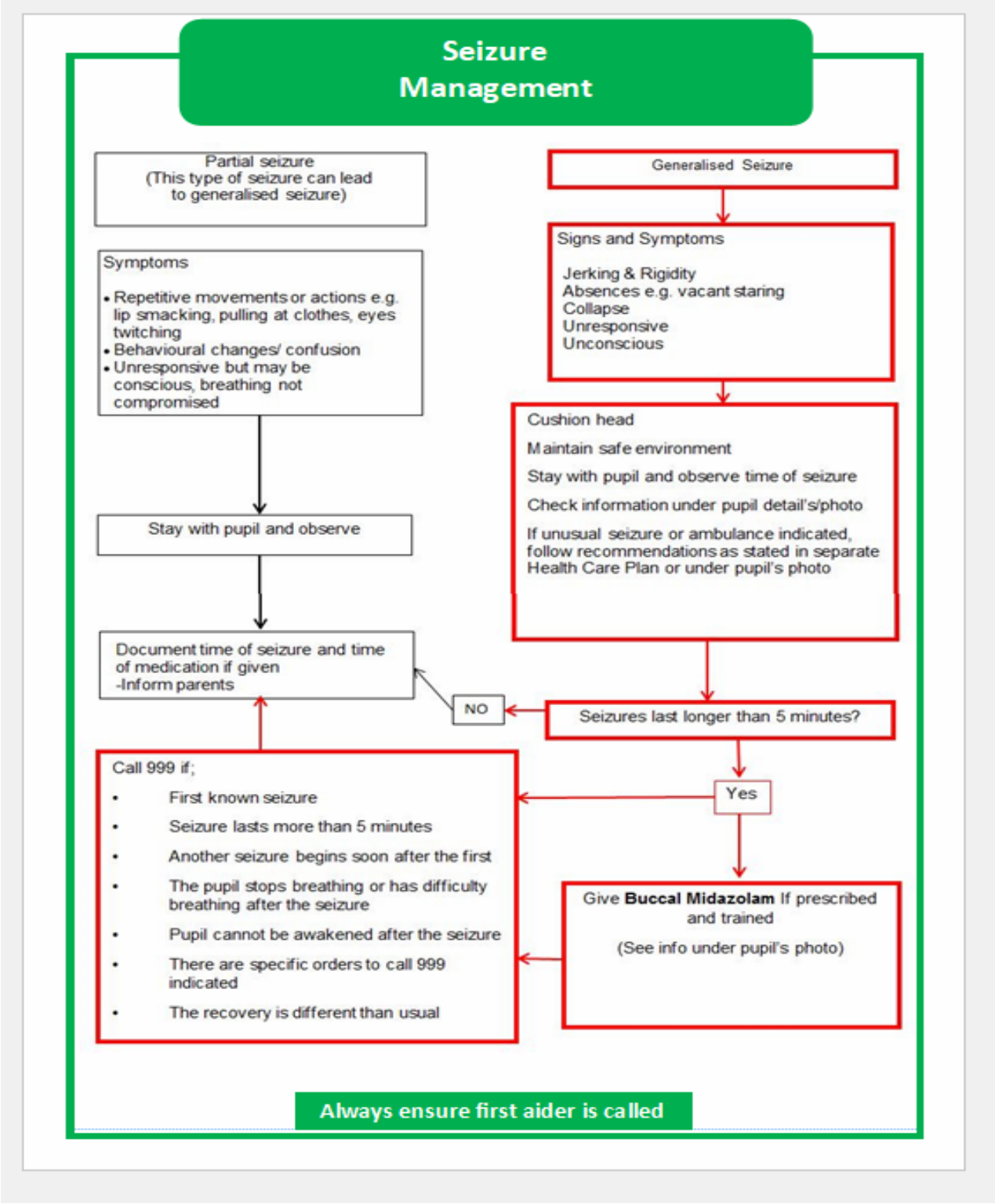
Appendix 4 – Asthma Management



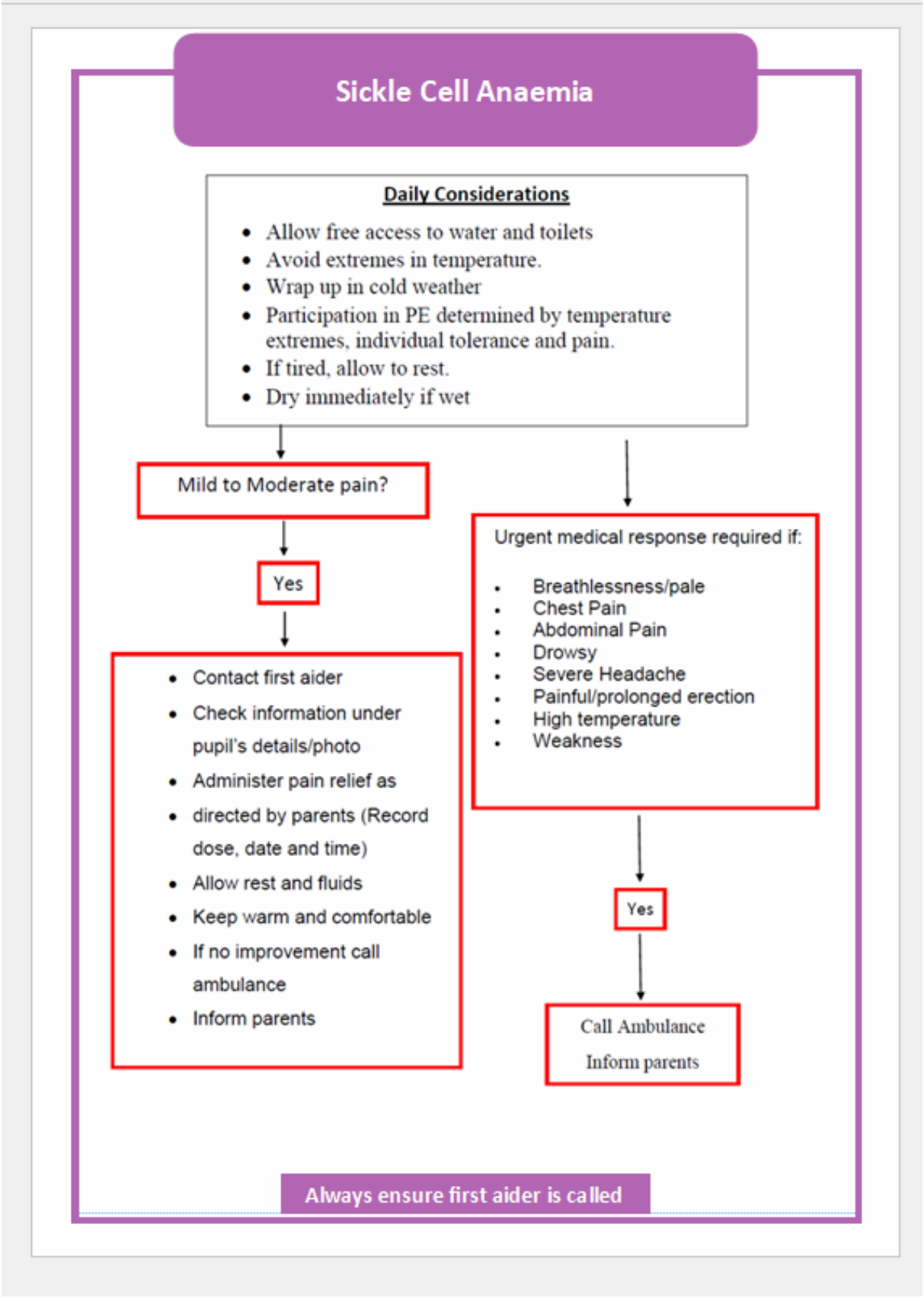
Appendix 6: Diabetes management



**Appendix 7: Seizure Management**



Appendix 8: Diabetes management


Sickle Cell Anaemia
Daily Considerations
Allow free access to water and toilets
Avoid extremes in temperature.
Wrap up in cold weather
Participation in PE determined by temperature extremes, individual tolerance and pain.
If tired, allow to rest.
Dry immediately if wet
Mild to Moderate pain?
Yes
Contact first aider
Check information under pupil's details/photo
Administer pain relief as
directed by parents (Record dose, date and time)
Allow rest and fluids
Keep warm and comfortable
If no improvement call ambulance
Inform parents
Urgent medical response required if:
Breathlessness/pale
Chest Pain
Abdominal Pain
Drowsy
Severe Headache
Painful/prolonged erection
High temperature
Weakness
Yes
Call Ambulance
Inform parents
Always ensure first aider is called

## 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/academy 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-school/academys
- 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/