



# First Aid & Administering Medication Policy

<b>Approved by:</b>	Trustees	<b>Date:</b> 17 <sup>th</sup> July 2023
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## 1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety ➤
- Provide a framework for responding to an incident and recording and reporting the outcomes

## 2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#) and [Early years foundation stage: coronavirus disapplications](#) guidance, advice from the Department for Education on [first aid in schools](#), [health and safety in schools](#) and [actions for schools during the coronavirus outbreak](#), and the following legislation:

- [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 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [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

### 3. Roles and responsibilities

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

The school has been assessed as a low risk in terms of first aid requirements and will have a minimum of two first aid at work qualified first aiders on site during the normal school day. The contact details for which are displayed or are available via the office.

The school's appointed persons for first aid 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
- First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:
- 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
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's appointed person(s) and/or first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

#### 3.2 The Governing Board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Head of School / a member of the Senior Leadership Team and staff members.

#### 3.4 The Executive Head / a member of the Senior Leadership Team

The Executive Head / a member of the Senior Leadership Team is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of [appointed persons and/or trained first aid personnel] are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

#### 3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a [first aider/appointed person] is not called
- Informing the Head of School / a member of the Senior Leadership Team or their manager of any specific health conditions or first aid needs

## 4. First aid procedures

### 4.1 In-school procedures

In the event of an accident resulting in injury:

- The school has been assessed as a low risk in terms of first aid requirements and will have a minimum of two first aid at work qualified first aiders on site during the normal school day. The contact details for which are displayed or are available via the office
  
- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- In all cases where an accident involves a serious injury, e.g. broken bone, or where there is any doubt about the injury the injured person is not to be moved, unless in danger, until assessed by the first aider. The first aider will then decide what action is to be taken but where they are in doubt as to the severity of the injury the advice is to obtain immediate medical attention by dialling 999 and asking for an ambulance. In cases involving students, their parent/guardian should be contacted as soon as possible, but this should not result in a delay obtaining medical attention.
- For cases involving injuries that are less serious but still of concern, e.g. sprains, strains, cuts etc. the parents/guardians will be contacted and advised of the situation and asked if they would like to collect their daughter/son or if happy for them to remain in school.
  - In other cases, e.g. where no injury is visible, the student will be kept under observation. If concerns increase however medical attention may need to be obtained but in all cases the parents will be advised of the incident.
    - > Injuries caused by individuals with Mental Health needs will be dealt with according to the severity of injury.
- The appointed first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- NB in the event of a bump to the head it is essential that persons be monitored and not left alone or unsupervised as appropriate. A phone call home will be made to the child's parent/carer,

### 4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the phase leaders prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

## 5. First aid equipment

First Aid boxes/kits are available for use by all employees/adult visitors on site.

A typical first aid kit in our school will include the following:

- Regular and large bandages
- Eye pad bandage
- Triangular bandages
- Adhesive tape
- Safety pins

- › Disposable gloves
- › Antiseptic wipes
- › Plasters of assorted sizes
- › Scissors
- › Cold compresses
- › Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- › The main office
- › Early Years
- › Key Stage 1 First Aid Station
- › Key Stage 2 First Aid Station

## 6. Record-keeping and reporting

### 6.1 First aid and accident record book

- › An accident slip with carbon copy will be completed by the appointed First Aider on the same day or as soon as possible after an incident resulting in an injury.
  - › As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form.
- › Any 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.
- › The Appointed Person for First Aid will prepare a report to the Board of Trustees 3 times a year. This report included all accidents that have occurred in school.

### 6.2 Reporting to the HSE

The appointed person 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).

The appointed person will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 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 scalding 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 relevant to schools 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

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

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm) <http://www.hse.gov.uk/riddor/report.htm>

### 6.3 Notifying parents

The appointed person will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

### 6.4 Reporting to Ofsted and child protection agencies

The Executive Head / a member of the Senior Leadership Team 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 no later than 14 days after the incident.

## 7. Administration of Medication

Prescription and non-prescription medicines will only be administered at school:

1. When it would be detrimental to the pupil's health or school attendance not to do so **and**
2. Where we have parents'/carers written consent (permission slips available from School Office)
3. It has been prescribed by a GP and has the pharmacy label clearly displayed on the pack/bottle detailing the Child's name, date, medication name, instructions for administration, dosage and storage

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

On arrival at the School Office, the parent/carer will be asked to fill a Medicine Consent Form, which will be placed in the Health File marked CONFIDENTIAL.

The medicine will be stored in a fridge or cupboard in a locked room and returned to parents to arrange for safe disposal when no longer required.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

At the time stated on the Medicine Consent Form, the agreed member of staff will check the medicine pack/bottle to ensure that it is the correct medicine and within its use-by-date before administering to the child.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The medicine consent form, once not required to record administration of medicine, will be filed in the CONFIDENTIAL Health file to be kept on record.

Should the parent/carer leave the premises without signing the Medicine Consent Form to acknowledge that the child has had medicine, a member of staff will contact them and give details of the times and dosage any notes taken.

### On-going Medication

Consent forms for on-going medication including tablets, medicine, creams, etc will be filled out in the same way and kept in the Confidential Health File.

Any inhalers will require an Asthma profile on Provision Map. Inhalers / Epi pens will be stored in the medical box within the child's class room and a copy of their Asthma Profile / Emergency Medical Protocol / Health Care Plan will be kept in the class health file.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

An On-going Medication log sheet is to be filled in and signed every time the medication is administered. The child's parent/carer is to be informed verbally at the end of the session that the medication has been administered, but if there is any relevant information they need to be aware of regarding the child and the medication given (such as child complaining of a headache at the time), then the parent must sign the medication log to acknowledge that they have been informed.

It is the parent/carers responsibility to ensure that any on-going medication is kept within its use-by-date and replaced when running low, however, it is good practice by the School Staff to remind them when quantities are running low or within 1 month of the use-by-date. It is also the parent/carers responsibility to inform staff of any changes to dosage or if the medication changes or stops.

When a child arrives at NGPS with a specific medical, physical or behavioural condition or disability, a pen portrait is immediately written by SENCO for their age group with input from the child's parent/carers, staff, the child and any relevant outside agencies involved with the family. The pen portrait establishes the child's needs and requirements and explains the condition or disability 'at a glance'. Decisions are then made together if any further reasonable adjustments will need to be made to the staff practice or environment for the child to have equal opportunities in the provision. A flowchart is usually followed and further plans may be written such as a regular medication plan, emergency evacuation procedure and risk assessments.

## **7.1 Controlled drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug will have a named person(s) who have been trained in the administration of the drug. The drug will be stored in a secure place that is accessible in an emergency only by named person(s). Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## **8. Training**

All school staff are able to undertake first aid training if they would like to.

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 3).

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

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

## **9. Monitoring arrangements**

This policy will be reviewed by the appointed person every year. At every review, the policy will be approved by the Cherry Tree Trust Board.

## Appendix 1: list of appointed persons(s) for first aid and trained first aiders

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
KATH FISHER	APPOINTED PERSON AND FIRST AIDER	0161 437 2872
SHARON BURKE	FIRST AID AT WORK	
REBECCA GOUGH	FIRST AID AT WORK	
PATSY LLOYD	FIRST AID AT WORK	
CELIA CARSON	FIRST AID AT WORK	
MANDY SLACK	FIRST AID AT WORK	
MARY KNIGHT	FIRST AID AT WORK	
KIRSTIE PRYDE	FIRST AID AT WORK	
JOANNA WILLIAMSON	FIRST AID AT WORK	
KONNER ROBINSON	FIRST AID AT WORK	
DEBORAH LEE	PAEDIATRIC FIRST AIDER	
DEBBIE DAVIES	PAEDIATRIC FIRST AIDER	
ELIZABETH PATTENDEN	PAEDIATRIC FIRST AIDER	
ELIZA BOYLAN	PAEDIATRIC FIRST AIDER	
SHIRLEY LEIBRICK	PAEDIATRIC FIRST AIDER	
DANIELLE CONNOLLY	PAEDIATRIC FIRST AIDER	
RACHEL ASTALL	PAEDIATRIC FIRST AIDER	
AMANDA COLLIGHAN	PAEDIATRIC FIRST AIDER	
HASNA ALI	PAEDIATRIC FIRST AIDER	
SADDA AHMED	PAEDIATRIC FIRST AIDER	
SARAH BLAKELEY	PAEDIATRIC FIRST AIDER	
CAROLINE LOVELL	PAEDIATRIC FIRST AIDER	
BAHAR ROWSHANABADY	PAEDIATRIC FIRST AIDER	
REBECCA COOPER	PAEDIATRIC FIRST AIDER	
ELAINE SMITH	PAEDIATRIC FIRST AIDER	
JANE THOMPSON	PAEDIATRIC FIRST AIDER	
SABRENA NICHOLSON	PAEDIATRIC FIRST AIDER	
BRIDIE HIGSON	PAEDIATRIC FIRST AIDER	
HOLLY SMITH	PAEDIATRIC FIRST AIDER	
REIHANEH HAGHBIN	PAEDIATRIC FIRST AIDER	



STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
VICTORIA VICKERS	PAEDIATRIC FIRST AIDER	
PATSY DOHERTY	PAEDIATRIC FIRST AIDER	
FREYHA WINGFIELD	PAEDIATRIC FIRST AIDER	
CHELSEA ELLIS	PAEDIATRIC FIRST AIDER	
HEATHER WILSON	PAEDIATRIC FIRST AIDER	
KERRIE RAWLINSON	PAEDIATRIC FIRST AIDER	
RACHEL MARSHALL	PAEDIATRIC FIRST AIDER	
HANNAH ADAMS	PAEDIATRIC FIRST AIDER	
JENNIFER DAY	PAEDIATRIC FIRST AIDER	
KATHERINE COOKE	PAEDIATRIC FIRST AIDER	
MORGAN WILKIE	PAEDIATRIC FIRST AIDER	
PAIGE ORNDAL	PAEDIATRIC FIRST AIDER	
SALLY STEENSON	PAEDIATRIC FIRST AIDER	
SHANNON WARD	PAEDIATRIC FIRST AIDER	
SHANNON GARRETT	PAEDIATRIC FIRST AIDER	

**NEWALL GREEN PRIMARY SCHOOL**

**The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that the school staff can administer the medicine**

**DETAILS OF PUPIL**

Name: ..... Class: .....  
Address: ..... Male/Female: .....  
..... DOB: .....

Condition or illness: .....  
.....  
.....  
.....  
.....

**MEDICATION**

Name/Type of Medication (as described on the container) .....  
.....  
.....

For how long does you child need to take this medicine .....  
Date medicine was dispensed .....

**Directions for Use**

Dosage and method .....  
At what time does your child need to take the medicine .....

**CONTACT DETAILS**

Name: ..... Daytime Tel No: .....  
Relationship to child: ..... Mobile No: .....  
Address (if different from above): .....  
.....

**I understand that I must deliver the medicine every day to the agreed member of staff.**

**Signed: ..... Date: .....**

