





# EYNSHAM PARTNERSHIP ACADEMY

## First Aid and Medicines Policy

THIS POLICY WAS APPROVED BY TRUSTEES ON (Date):	September 2022
REVIEW DATE	September 2025
CHAIR OF TRUSTEES SIGNATURE	
CEO SIGNATURE	

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## First Aid and Medicines Policy

### Amendments

The Policy Document has been amended in light of updated guidance on supporting pupils with medical conditions, drafted by the Department of Education for maintained schools and proprietors of academies in England. It is the responsibility of the Head Teacher to ensure that the complete amendment is incorporated into all copies of the document and recorded accordingly on the Amendment Sheet. Copies of pages made redundant by the amendment are to be disposed of immediately and not to be retained for any reason.

amdt No	Date of Issue	Incorporation Details		
		Name	Signature	Date
1				
3				
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## Distribution of copies

Master Copy	Headteacher
Copy One	School Nurse / Healthcare professional
Copy Two	All First Aiders
Copy Three	Staff Room – all staff

The Policy Document will be accessible to parents if requested or deemed necessary

## Statement of Intent

The Governors and Head Teacher of St Peter's CE Primary School believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at school.

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 pupils in this way.

In the event of illness, if necessary a staff member will accompany the pupil to the school office/medical room. In order to manage their medical condition effectively, the School will not prevent pupils 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 staff should be aware of.

Name: Jon Jeffries Signature: *J Jeffries* Date: 2/11/22

Headteacher

## **Arrangements**

### **The School Nurse/ Healthcare Professional**

The School will be allocated a school nurse or other suitably qualified healthcare professional through the School Nursing Service; this person will have the lead role in ensuring that pupils with medical conditions are identified and properly supported in schools, including supporting staff on implementing a pupil's Healthcare Plan. The School healthcare professional will work with the Headteacher to determine the training needs of school staff.

### **The First Aid Team**

The members of staff in the school who trained in First Aid are listed and displayed :

- Staff room noticeboard
- School office
- Nursery/Reception office

### **First Aid Boxes**

The first aid posts are located in:

- First aid room
- Nursery/Reception class
- Year 1/2 class
- Year 3/4 class
- Year 5/6

### **Medication**

Pupils' medication is stored in:

- Staffroom – cupboard
- Staffroom – fridge
- Class cupboards e.g. epipens/inhalers

### **First Aid**

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk directs them to a first aider.
- The first aider administers first aid and records details in our treatment book.
- If the child has had a bump on the head, they must be given a "bump on the head" note (Primary) and parents are called to advise.
- Full details of the accident are recorded on Safesmart or in accident book if minor.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), this will be completed by Facilities Manager.

## **School Insurance Arrangements**

The school insurance is arranged by The Facilities Manager and is currently provided by Zurich Insurance.

## **School Visits**

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

## **Administering Medicines in School**

**Prescribed medicines** may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the pupil 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.

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

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.

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

**Non-prescribed medicines may not be taken in school.** School staff will not give non-prescribed medication to children except in special cases at the complete discretion of the Headteacher.

## **Storage/Disposal of Medicines**

Medicines will be stored in staffroom locked cupboard or suitable fridge if necessary. Asthma inhalers will be kept in the classroom. Children must not carry any medication in their own bags drawers or lockers. It is the responsibility of the School to return medicines that are no longer required, to the parent for safe disposal.

## **Accidents/Illnesses requiring Hospital Treatment**

If a child has an incident, which requires urgent or non-urgent hospital treatment, the school 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 pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

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

## **Defibrillators**

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

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

## **Pupils with Special Medical Needs – Individual Healthcare Plans**

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

Epileptic

Asthmatic

Have severe allergies, which may result in anaphylactic shock

Diabetic

Such pupils 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.

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 pupils with medical conditions are included.

The School will not send pupils with medical needs home frequently or create unnecessary barriers to pupils 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 pupils, and others, are not put at risk.

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

Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents should give details in conjunction with their child's GP and Paediatrician. The school nurse may also provide additional background information and practical training for school staff.

Procedure that will be followed when the School is first notified of a pupil's medical condition:

- School office adds to Integris information system
- School office produces list of children with medical conditions
- Each class receives copy of list of children with medical conditions.

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

## Appendix - Forms

<b>Form 1:</b>	Contacting Emergency Services
<b>Form 2:</b>	Health Care Plan
<b>Form 3:</b>	Parental agreement for school to administer medicine
<b>Form 4:</b>	Record of regular medicine administered to an individual child
<b>Form 5:</b>	Indication for administration of medication during epileptic seizures
<b>Form 5A:</b>	Epileptic seizure chart
<b>Form 6A:</b>	Emergency instruction for an allergic reaction - EpiPen®
<b>Form 6B:</b>	Emergency Instructions for an allergic reaction - Anapen®
<b>Form 7:</b>	Medication given in school (note to parent/carer)
<b>Form 8:</b>	Record of staff training

## Form 1 - Contacting Emergency Services

(To be displayed in school office near phone point)



### Request for an Ambulance

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

1. Your telephone number:

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

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3. State that the postcode is:

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

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

## Form 2 - Health Care Plan



<b>School</b>	
<b>Pupil Name &amp; Address</b>	
<b>Date of Birth</b>	
<b>Class</b>	
<b>Medical Diagnosis</b>	
<b>Triggers</b>	
<b>Who Needs To Know About Pupils Condition &amp; What constitutes and Emergency</b>	
<b>Action to Be Taken in Emergency and by whom</b>	
<b>Follow Up Care</b>	
<b>Family Contacts</b>  <b>Names</b>  <b>Telephone Numbers</b>	
<b>Clinic/Hospital Contacts</b>  <b>Name</b>  <b>Number</b>	
<b>GP</b>  <b>Name</b>  <b>Number</b>	

<b>Description of medical needs and signs and symptoms</b>	
<b>Daily Care Requirements</b>	
<b>Who is Responsible for Daily Care</b>	
<b>Transport Arrangements</b> <i>If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
<b>School Trip Support/Activities Outside School Hours</b> <b>(e.g. risk assessments, who is responsible in an emergency)</b>	
<b>Form Distributed To</b>	

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 School. *If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles***

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# Form 3 - Parental agreement for School to administer medicine



(one form to be completed for each medicine)

## ALL MEDICATION TO BE HANDED TO OFFICE TOGETHER WITH COMPLETED FORM.

The school will not give your child medicine unless you complete and sign this form.

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 \_\_\_\_\_

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's Name & signature \_\_\_\_\_ Date: \_\_\_\_\_



**Form 4 - Record of regular medicine administered to an individual child**

Name of school \_\_\_\_\_

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 \_\_\_\_\_

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	_____	_____	_____

**Form 5 - 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.



Form 6 - Emergency Instructions for an allergic reaction  
**EpiPen®**



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

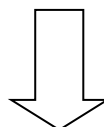


**ACTION**

- Give \_\_\_\_\_ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.

**SEVERE REACTION**

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



## 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 Head teacher: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signed parent/guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date agreed: \_\_\_\_\_

Signed Pediatrician/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® termly**

Form 6A Emergency Instructions for an allergic reaction ANAPEN®



Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergic to: \_\_\_\_\_

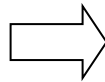
**ASSESS THE SITUATION**

**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

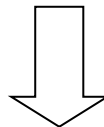


**ACTION**

- Give \_\_\_\_\_ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.

**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.

**Form 7 - Medication given in School (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** \_\_\_\_\_



## Useful Contacts

### Allergy UK

Allergy Help Line: 01322 619898

Website: [www.allergyuk.org](http://www.allergyuk.org)

### The Anaphylaxis Campaign

Helpline: 01252 542029

Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

### Association for Spina Bifida and Hydrocephalus

Tel: 01733 555988 (9am to 5pm)

Website: [www.shinecharity.org.uk](http://www.shinecharity.org.uk)

### Asthma UK

Adviceline: 0300 222 5800 (Mon-Fri 9am to 5pm)

Website: [www.asthma.org.uk](http://www.asthma.org.uk)

### Council for Disabled Children

Tel: 020 7843 6000 (message) or [cdc@ncb.org.uk](mailto:cdc@ncb.org.uk)

Website: [www.councilfordisabledchildren.org.uk](http://www.councilfordisabledchildren.org.uk)

### Contact a Family

Helpline: 0808 808 3555

Website: [www.contact.org.uk](http://www.contact.org.uk)

### Cystic Fibrosis Trust

Tel: 020 3795 1555

[Enquiries@cysticfibrosis.org.uk](mailto:Enquiries@cysticfibrosis.org.uk)

Website: [www.cysticfibrosis.org.uk](http://www.cysticfibrosis.org.uk)

### Diabetes UK

Confidential helpline: 0345 123 2399

Website: [www.diabetes.org.uk](http://www.diabetes.org.uk) on-line form

### Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: [www.drc.org.uk](http://www.drc.org.uk)

### Epilepsy Action

Freephone Helpline: 0808 800 5050

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

**Health and Safety Executive (HSE)**

Tel: 0300 003 1647

Website: [www.hse.gov.uk](http://www.hse.gov.uk)

**Health Education Trust**

Website: [www.healtheducationtrust.org.uk](http://www.healtheducationtrust.org.uk)

**Hyperactive Children's Support Group**

Tel: (01243) 539966

Website: [www.hacsg.org.uk](http://www.hacsg.org.uk)

**MENCAP**

Telephone: 0808 808 1111

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

**National Eczema Society**

Helpline: 0800 448 0818

Website: [www.eczema.org](http://www.eczema.org)

**National Society for Epilepsy**

Helpline: (01494) 601400

Website: [www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

**Psoriasis Association**

Tel: 01604 251 620

Email: [psoriasis-association.org.uk](mailto:psoriasis-association.org.uk)

Website: [www.psoriasis-association.org.uk](http://www.psoriasis-association.org.uk)