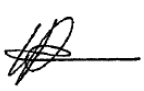
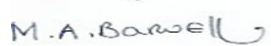




Kinderley Community Primary School

FIRST AID, ADMINISTARTING MEDICINES and SUPPORTING MEDICAL CONDITIONS POLICY

Headteacher's signature: 	Date:
Chair of Governors' signature: 	Date:
Review Date:	September 2025

Relationship to other policies

This policy should be read in conjunction with the school's policy on health and safety and the local authority policy relating to educational visits.

Kinderley Primary School will ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and children in our care to ensure all receive good quality first aid provision. This policy has been written with reference to 'Guidance on First Aid for Schools' DfE 2015. Responsibility for first aid in the school is held by the Head Teacher supported by members of staff who have received relevant first aid training.

The Office Administrator is the person who oversees First Aid provision, making sure that all training is up to date.

Aims and Objectives

Our first aid policy requirements will be achieved by:

- Ensuring that there are a sufficient number of trained first aiders on duty and available for the numbers and risks on the premises; including break and dinner times and out of school activities and visits.
- Ensuring there are suitable and sufficient facilities and equipment available to administer first aid in school and on educational visits.
- Ensuring first aid provisions are clear with shared guidance.

First Aid Training

The Head teacher will ensure that appropriate numbers of qualified first aiders are fully trained to the appropriate level of training to meet statutory obligations. Training should include provision for EYFS and paediatrician. List of qualified 1st Aiders should be displayed in the office and medical room.

First Aid Provision

First Aid kit requirements:

- First Aid boxes are located around the school, in classrooms (emergency pack) and designated First Aid areas, holding main provision.
- Travel First Aid kits are also available and fully equipped.
- Personal inhalers are kept in the classrooms.

The appointed person will check the contents of all first aid kits on a regular basis and replenish stock where necessary. They will also order supplies.

Contents of the main First Aid boxes:

- At least 20 individual wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages
- Six safety pins
- Six medium sized individually wrapped sterile un-medicated wound dressings (12cm x 12cm)
- Two large sized individually wrapped sterile un-medicated wound dressings
- One pair of disposable gloves
- Yellow clinical waste bags

- First aid wipes (NB if parents do not wish first aid wipes to be used to clean grazes, they can request water instead)
- **A list of children with specific medical conditions or needs**

Other equipment such as tweezers, Vent Aid resuscitation aid, Burn Cool dressing, adhesive micropore tape, disposable aprons, hypo- allergenic plasters, scissors.

Administering First Aid

"In dealing with or planning for any emergency or accident involving a pupil, a member of staff must remember that they should be acting as a reasonable parent and take whatever steps they consider a parent would take in such a situation" (Cambs. C.C. Health and Safety Manual).

Therefore it is expected that any member of staff would assist a child with an injury until a First Aider was in attendance.

- EYFS - paediatric trained First Aiders. At least one of these qualified staff will accompany EYFS off site activities.
- Staff complete training on a yearly basis for Epi- pen, Epilepsy and Resuscitation (see office for staff training log)
- Pupils are not allowed to administer First Aid to other pupils
- Inline with school ethos, staff qualified in First Aid are willing to administer prescription medicines to staff, visitors and children when required.
- Appointed 1st Aider on duty at playtimes and lunch times providing improved coverage and provision.

Accommodation

- The school provides a suitable space for medical treatment and care of children during school hours. This is a dedicated area close to a lavatory and contains a washbasin.

Hygiene/Infection control

Staff follow basic hygiene procedures.

- Single use disposable gloves must be worn when treatment involves blood or other body fluids.
- Care should be taken when disposing of dressings or equipment.

Reporting

All incidents requiring First Aid are reported into the Accident book by the appointed 1st Aider dealing with the incident. All incidents should be recorded showing name, date, time, details, treatment, action and signed. Record books must be kept for a minimum of three years. Recorded incidents assist in identifying any accident trends, possible areas for improvement in the control of health and safety risks. Incidents where children require hospital treatment are referred to the Head who signs the report sent to the HSE.

Any bumps to the head, no matter how minor should be treated as serious and parents/carers must be informed by a 'head bump' note and a telephone call if it is deemed that a hospital check-up is required or close monitoring by the parent. The child's teacher should also be informed to keep a close eye on the child.

Risk Assessment procedures are reviewed annually in light of issues raised or legislation. The Governing Body is notified of any HSE report.

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions should not attend school for a period of at least 48 hours after the last symptom has elapsed.

Emergency arrangements

Following an accident, the First Aider will assess the injured person/child and make a balanced judgement as to whether there is a requirement to call an ambulance. Parents/carers would be informed of any decision.

In the event that a parent cannot be notified, a First Aider will remain with the injured person/child and accompany them to hospital.

The HSE are notified of fatal and major injuries and dangerous occurrences without delay. The Head is responsible for ensuring these accidents are reported to the health and safety team within 5 calendar days.

The Appointed Person or First Aider must complete form IRF (96) on-line reporting Accidents/Incidents form available at www.cambridgeshire.gov.uk/irf96

The following accidents are reported to the health & safety team:

- Accidents resulting in death or major injury (including as a result of physical violence)
- Accidents which prevent the injured person from doing their normal work for more than three days
- Involving pupils and visitors: Accidents resulting in the person being killed or being taken from the site of the accident to hospital where the accident arises out of or in connection with work.

If it relates to

- Any school activity, both on or off the premises
- The way the school activity has been organised or managed
- Equipment, machinery or substances
- The design or condition of the premises

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Supporting children with medical conditions

DfE Statutory guidance December 2015

- To ensure that children with medical needs and disabilities receive proper care and support so that they have full access to education, including educational visits and physical education.
- To provide qualified First Aid staff to administer first aid and prescription medicines with authorisation from the Head.

- To liaise with parents and relevant agencies to ensure the needs of children with medical conditions are properly understood and effectively supported.
- All medical details of children with medical needs / data are held in the office. Class teachers and catering staff have records of allergies or medical conditions.
- To ensure all medical needs are included in transitional arrangements.
- All medicines should be returned to parents when they are no longer required.
- If medicines cannot be returned then they should be handed in to a dispensing pharmacist.

Short Term Requirements for the Administration of Medication.

Schools are not obliged to administer any medication to children. However there are occasions when this needs to be administered in the short term during the school day. Parents may request this and it may be granted by the Head teacher. If parents wish to request this service, they should ensure the following;

- The medication is prescribed by a GP
- The medication is labelled with the dosage and the frequency of administration as well as the end date by the GP.
- If the GP recommends an over the counter medication, this will not be administered unless the GP provides a signed letter containing the same information on (dosage, frequency, end of course)
- Parents sign the consent forms to agree to staff administering these medicines (See Appendix).

Administering Calpol

If required during the day (on rare occasions), Calpol can be administered by first aiders. Before administering, check that the parent has signed a consent form and then phone to discuss how their child is feeling and whether they would like Calpol to be given. See Page 12.

Procedure for administering medicines

If the request is granted;

1. Medicines are safely stored in a staff fridge, or locked cabinet.
2. Medicines are administered to children requiring medication as prescribed by a doctor during the school day.
3. Teaching assistants who are qualified First Aiders administer medicines.
4. Administration of medicines is recorded.
5. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.
6. Educational Visits – staff to ensure correct & adequate medication, (especially for Health Care Plan children & inhalers) & first aid available. Risk Assessment to be completed.
7. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily
8. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
9. Asthma inhalers – schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol 13 which provides further information.
10. Children who can take their medicines themselves or manage procedures still require an appropriate level of supervision.

11. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
12. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary.
13. Parents are informed if their child has been unwell at school.

Professional Agencies

- Liaise with any relevant agencies, doctors, school nurse to further aid understanding of specific medical needs.
- **An Individual Health Care Plan** may be drawn up for specific needs / cases. SENDCO to be informed of severe needs.
- All staff to be fully briefed in case of emergencies and how to help the child with specific medical needs.
- All staff to follow training given by school nurse on Epilepsy, Epi -Pen as required.
- Provision for cover of absent staff to be in place.
- Staff to attend required training.
- Qualified staff in first aid to renew certification when required.
- All relevant paperwork including medical diagnosis should be given to SENDCO and could be electronically stored on SIMS.

Individual Health Care Plan.

For children who have more serious medical conditions and disabilities, it will be necessary to draw up an individual health care plan. Support for compiling this would be completed with input from parents and lead health professionals working with the child. This will record symptoms and treatment for a child's condition. This is shared with staff who are connected with that child/ children directly.

The level of detail will depend on the complexity of the child's condition and the degree of support required. This is important as different children with the same medical condition may require very different support.

Where a child has SEN but does not have an EHC Plan, their special educational needs should be mentioned in the individual health care plan.

Information recorded might include:

- The medical diagnosis, triggers, signs, symptoms and treatments
- Medication (dose, side effects & storage) and other treatments, time, facilities, equipment, testing, access to food/water, dietary requirements and environmental issues (crowded corridors etc.)
- Specific support for the child's emotional, social and educational needs, e.g. absences, use of rest times, counselling
- Level of support required, including in emergencies.
- Who will provide this support, their training needs, expectations and confirmation of proficiency to provide support for the child's medical condition from a health professional.
- Who in school needs to be made aware of the child's condition.
- Written permission from parents for medication to be administered by a member of staff or self-administered by the child.
- Separate arrangements or procedures required for school trips or out of school hours
- Procedures and arrangements for emergencies.

Risk Assessment

- To be carried out on an annual basis and review procedures in light of any issues raised or legislation.
- Risk Assessment for children attending residential visits and Educational Day visits where qualified staff or teacher is in agreement to administer medicines off site.
- Risk Assessments completed and reviewed for children requiring support for their medical condition, disabilities or special educational needs.
- Incidents/accidents are monitored each year to evaluate the need for further Risk Assessment and action plan to reduce occurrences at the resources committee meeting..

Educational Visits Day Trips

All children, whatever their needs, are actively encouraged to participate on school visits. The school will review the medical needs of each individual child and make reasonable adjustments to enable them to participate fully and safely on the visit.

All staff will be notified of the needs of the child/ children and parental views and medical advice taken from the relevant authorities.

Medical condition treatment information

Inhalers – Asthma Procedures

- Asthma inhalers to be kept in the classrooms and should be clearly labelled. This provision provides whole day access. Years Three to Six to manage their own condition overseen by staff. Reception to Year Two to be supported to use their inhalers. Children and staff aware of the procedure.

Signs of an asthma attack include:

- Coughing
- Being short of breath.
- Wheezy breathing.
- Feeling of tight chest.
- Unusually quiet

Inhalers to be taken in the correct manner and monitor child.

If symptoms persist after 5-10 minutes ambulance to be called. Parents informed and procedures followed.

Adrenaline Pen (Epi – Pen, Jext, Emerade)

- To be stored in the First Aid room/classroom in a secure container, clearly labelled with the child's name and with a copy of the Individual Health Care Plan.
- Staff log of those fully trained in the use of 'Epi- Pen' located in the office.
- If required, staff to follow instructions and support (ambulance) called for.
- Staff to record the time the pen is given on the hand of the child (following guidelines from school nurse.)
- Staff to stay with child and wait until parents / ambulance in attendance.

Epilepsy Procedures.

The following procedures will be followed in the event of a child having an epileptic fit whilst in the care of the academies. Children with epilepsy have repeated seizures that start in the brain.

The child may not be able to sense that a fit is imminent. (Staff to look for signs following training given by specialist nurse.)

The main priority is to stay with the child and protect them from danger.

- At least one member of staff will stay with the child
- Another member of staff to ensure all other children are removed from the room / area as quickly and safely as possible.
- Parents / careers to be informed
- Staff to monitor the level of the fit and record the length.
- Staff to stay with the child until parents arrive to take the child home, or if necessary an ambulance collects.

Treatment therefore should be:

- Support /ease fall if possible.
- Clear area.
- Place something soft under head if required to prevent injury.

- Stay with child during the fit and note how long it lasts.
- Call parents and an ambulance.
- DO NOT move, lift or restrain child unless they are in imminent danger.
- DO NOT place or attempt to place anything in the child's mouth.
- When convulsions have ceased check airways, breathing and circulation and place the child in the recovery position.
- If a child needs to go to hospital and parents have not arrived, a member of staff will accompany child to the hospital.

Diabetics

Diabetes is a condition where the level of glucose in the blood rises. This is either due to a lack of insulin (Type 1 Diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 Diabetes).

Symptoms of low blood sugar - a hypoglycaemic reaction (hypo) are hunger, sweating, drowsiness, pallor, glazed eyes, shaking, lack of concentration, irritability, headache, mood changes.

During a hypo, the child must not be left alone and should be given a fast acting sugar drink, tablet or gel is given. This should be followed by a starchy food such as a biscuit, glass of milk about 10-15 minutes later.

An ambulance should be called if recovery is longer than 10-15 minutes.

Each child will have specific needs, symptoms and medication which must be considered when collating the Health Care Plan. Most Diabetes is controlled by injections of insulin each day. Staff may need to assist children with blood glucose monitoring and this, and any relevant medication would only be carried out by staff following training by a Health Professional.

Diet is also very important to children with Diabetes, and food intake may need to be monitored.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects such as bees & wasps.

The most severe form of allergic reaction is anaphylactic shock. Treatment is by an injection of adrenaline (also known as epinephrine) by a trained member of staff.

An ambulance should always be called.

Heart stoppage

A defibrillator is available in school in the event of a person's heart stopping. This is located in the staffroom. Some staff have received training on this. However an untrained person is able to use the defibrillator as it gives instructions to the person operating it. The batteries for this are changed once a year. If the defibrillator is used (in the event of a child's or adult's heart stopping) immediate medical advice should still be sought by dialling 999.

Any other diagnosed medical condition

Training by a professional person to be provided to staff to ensure needs of children are met to collate an individual health care plan.

Medical Information and diagnosis recording

- Any official medical paperwork, diagnosis etc. could be scanned and electronically added to a child's records.
- All paperwork must be given to the SENDCO.



**Kinderley Community Primary School
Special Dispensation –Medicines in School**

Important – All medicine must be in the original container as dispensed by the doctor/pharmacy and must clearly display the name of the child.

Pupil details

Name_____ Date of birth_____

Address_____

Condition or illness_____

Medication details

Name/type of medication_____

For how long will your child take this medication?_____

Directions for use:

Dosage and method_____

Timing_____

Possible side effects?_____

Family contact

Name _____ Phone _____

Relationship to pupil _____

I understand that the school is not obliged to give medication, but may do so on completion of this form and the Headteacher agreeing to the request.

Signed _____ Date_____

I agree that _____ will receive their medication as detailed above. They will be supervised by a qualified first aider and an additional adult. This arrangement will continue until _____.

Headteacher's signature _____ Date_____



Parental agreement for school to administer non-prescribed medicine (Calpol)

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

Name of child:	
Date of birth:	
Class:	

Medicine

Name (as printed on the container):	CALPOL
Expiry date:	EXPIRY DATE OF CALPOL WILL BE CHECKED PRIOR TO ADMINISTRATION
Dosage and method:	AS PER INSTRUCTION LABEL IN ACCORDANCE WITH AGE GUIDELINES
Timing:	AS PER INSTRUCTION LABEL IN ACCORDANCE WITH AGE GUIDELINES

Contact details of parent/carers

Name:	
Daytime contact number:	
Relationship to child:	

I understand that the school holds a bottle of Calpol on site to be used for the purpose of pain relief and I give permission for the staff to administer it in accordance with the above instructions. The school will ensure that the medication is in date and that this form has been signed prior to administration. The school WILL NOT administer calpol without parental permission before each dose, and will check with me whether calpol has been administered already that day.

Name:	Date:
Signature:	

Date	Time	Dosage	Parent informed? Y/N

Kinderley Primary School - individual healthcare plan

Name of school/setting	Kinderley Community Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to