

Approved by:	FGB 3 Spring 2024
Last reviewed	March 2025
Next review due by:	July 2025

Changes since last review	
Lead first aider	Jackie Robinson and Jyosna Lee added

Policy Statement

- It is school policy to provide first aid support if someone is injured or becomes unwell within the school building or its immediate surrounding areas. The school will ensure that it complies with Health and Safety (First Aid) Regulations.
- In addition to the above the school will administer medication to pupils following the guidelines below.
- Although staff duties do not have to include giving first aid, any staff member may volunteer to undertake these tasks. The school will ensure that the building has adequate and appropriate trained and qualified staff in the role of first aiders, to meet statutory requirements. The number of first aiders will also follow LA policy and procedure, allowing for sick leave, trips, lunchtimes or off site training.
- The Lead practitioner for first aid (Jackie Robinson and Jyosna Lee) will identify and recommend training needs for the Senior Leadership Team to agree and organise training/arrange refresher/renewals for those staff designated as First Aiders. (First aid at work certificates are only valid for three years)
- The risk assessment of first aid needs and administration of medicines will be carried out following HSE guidelines and LA procedures. The assessment will include the needs of staff, pupils and visitors to the school.
- First aid boxes are readily available in all classrooms, (class teachers to ensure these are stocked). Singular stocked first aid boxes/bags will also be available to take out during trips, playtimes and local visits.
- The school will fully acknowledge and support any members of staff or pupils with specific medical conditions. Individual specific medical plans will be put in place in these incidences. Each plan will detail any special daily requirements, any daily medication, symptoms or signs of illness, appropriate treatment and emergency contact details. These will be displayed and readily available.
- The school has a designated First aid Room which contain First Aid supplies and the files/books/forms that need to be kept as a matter of record.

- Medical information relating to pupils is kept in the main office and the school MIS system (Arbor)

First Aid

- First aiders must have completed training and hold a valid certificate of competence approved by the Health and Safety Executive (HSE).
- First aiders must give immediate help to casualties with common injuries or illness and those arising from specific hazards and be responsible for their own safety.
- When necessary, first aiders must ensure that an ambulance or other professional medical help is called.
- First aiders must keep a record of all incidents where first aid has been administered for injury or illness.
- First aiders must stock first aid areas, monitor use by dates on equipment and place orders for new stock when necessary, under the instruction of the Head Teacher/Budget Holder.

Administration of First Aid

- First aid must be administered by a member of school staff who is a named first aider or by a member of staff who has been trained accordingly.
- When administering first aid the first aider must always take into account their own safety along with the safety of others. i.e.
 - Will entering a situation put the first aider or anyone else at risk?
 - Does the first aider need to be wearing protective clothing? (Gloves/apron)
 - If an item of pupil's clothing needs to be removed, ensure that more than one member of staff is present while first aid is being administered.
 - After administering first aid, has the area been cleaned appropriately and left tidy?
- When administering first aid, it may be necessary for first aiders to refer to pupil's medical information. There may be a medical reason why a pupil is feeling unwell, or a pupil may have an allergy to plasters.
- When any first aid is given, for injury or illness, it must be logged within appropriate departmental incident/accident book. This is kept within each first aid area in school.
- If it is necessary to contact emergency services or parents/guardians, the injury or illness must be promptly reported to the main office. Office staff will then contact the appropriate people. If it is not necessary to contact emergency services or parents/guardians, then where possible inform parents/guardians of any injury or illness at home time. If this is not possible the appropriate note must be filled in to go home informing parents/guardians about any injury or illness. This is done on the school home communication app (Seesaw)
- A record of all injuries/illness requiring first aid will be logged and kept in each first aid area in an incident/accident book. The information will be logged under the following headings:
 - Name of injured or ill person

- Year group or class
 - Date/Time of injury or illness
 - Injury or illness occurred
 - Where injury or illness took place
 - What happened prior to injury or illness
 - Treatment
 - Name of treatment provider
 - Uploaded to Seesaw
- Any injury or illness deemed to be of a more serious nature will be logged in a more detailed report i.e. Accident/incident report- forms held in the main office area.

Administration of Medicines

It is the parents' responsibility to ensure the school are aware of their child's medical needs be these long term needs or short term needs. The parents are also responsible for ensuring written agreement is given to the school before medicines will be administered to their child. Before requesting the school administer medication, the parents must ensure that their child is well enough to attend school and seek consultation with their GP to see if the medication can be given outside school time.

The school retain the right to contact parents in case where risk assessments have been undertaken relating to a pupil's health and request that the pupil be taken home due to their ill health.

All medicine is kept in a secure cabinet in the teacher's resource room. This is locked and pupils do not have open access to this area. Any medication that needs to be kept refrigerated is kept in the staff fridge which pupils do not have open access to.

Guidelines:

1. Written agreement from parents will be required before any medicines are given to pupils.
2. Only GP prescribed medicine will be administered by staff. (Non-prescribed medicines will not be administered by the school) Staff will only give this medication if the parent brings the medicine into school in the correct packaging with dosage prescribed on the bottle or container. The school will not accept medicines taken out of their packing or with any changes made to the prescribed dosage to be given.
3. Staff will only receive medicine from parents and not from pupils. This medicine must be given to the office; the office will ensure a trained member of staff is made aware of the medication in school. That trained member of staff will then secure the medications noted above.
4. Trained First Aiders will administer the medicine. A record of the administration, dosage given, time and who gave will be kept. A book/file is kept in the First Aid room and will complete each time a child is given medication.

5. **Pupils with long term medical needs;** Parents will need to fill in the Health Care Plan to ensure staff have the information needed to meet the child's needs. This information will be shared with all staff and clear response guidelines kept in the staff room.
6. Where applicable, pupils will be supported and encouraged to self manage their medicine. This is particularly relevant to asthma where pupils need to carry their medication with them. Where pupils can take their medications themselves, staff need only supervise the procedure.
7. All medicines should be returned to the parents when they are no longer required or at a time agreed with the parent. If any medication is not collected these medicines should be returned to a local pharmacy for safe disposal.
8. Educational visits; through risk assessments of visits the schools will need to consider what reasonable adjustments need to be made to enable pupils with medical needs to participate in the visits. These adjustments will need additional consideration if the pupils are undertaking a residential visit and a Health Care Plan may need amending or writing (depending on the need). For residential visits, all medical needs and medication of pupils undertaking the visit will need to be gained from parents and staff leading the visit will need to ensure medication is kept safe and administered correctly.

Circumstances requiring special caution

Administration of all medicines requires caution but some require special attention these are:

- Where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken.
- Where some technical or medical knowledge or expertise is required.
- Where intimate contact is required.

In these cases the Headteacher/Lead first aider will seek medical advice and evaluate if it is in the best interests of the child and staff to undertake the administration of medicines that fall under the above categories. For any invasive procedures or intimate contact these will only be undertaken by trained medical staff, (not school staff), with a second member of staff present.

Within schools there are four common conditions that mostly cause concern; these are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). Appendix A contains notes to offer basic information on these conditions.

APPENDIX A

Asthma

Asthma is common; one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore staff in early years/primary school, who have such children in their classes **must** know how to identify when symptoms are getting worse and what to do when this happens. **This should be supported by written asthma plans, individual Health Care Plans and training and support for staff.**

There are two main types of medicines to treat asthma, relievers and preventers:

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.

Preventers (brown, red, orange or green inhalers) taken daily to make airways less sensitive to the triggers. Usually preventers are used out of school hours.

Young people with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safe but in an accessible place, clearly marked with the young person's name and always available during physical education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

Epilepsy

Young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

Seizures can take many different forms. Parents and health care professionals should provide information to schools, setting out the particular pattern of individual young person's epilepsy. This should be incorporated into the Health Care Plan.

If a young person experiences a seizure in school the following details should be recorded and relayed to the parents.

- Any factors which might have acted as a trigger to the seizure e.g. visual/auditory, stimulation or emotion.
- Unusual 'feelings' reported by the young person prior to the seizure.
- Parts of the body showing signs of the seizure i.e limbs or facial muscles.
- Timing of the seizure – when it began and how long it lasted.
- Whether the young person lost consciousness.
- Whether the young person was incontinent.

After a seizure, the young person may feel tired, be confused, have a headache and need time to rest or sleep.

Most young people with epilepsy take anti – epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the chance of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Extra care may be needed in some areas such as swimming or working in science laboratories. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect during a convulsive seizure. Nothing should be placed in the mouth. After the seizure has stopped they should be placed in the recovery position and stayed with until fully recovered.

Emergency procedures should be detailed in the Health Care Plan.

Diabetes

One in 550 school age children will have diabetes. Most have Type 1 diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young person's needs or the insulin is not working properly (Type 2 diabetes).

Each young person may experience different symptoms and this should be detailed in their Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents' attention.

Diabetes is mainly controlled by insulin injections with most younger children a twice daily injection regime of a longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

Young people with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care professionals.

Young people with diabetes need to be allowed to eat regularly during the day i.e eating snacks during class time or prior to exercise. Staff in charge of physical education or other physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

The following symptoms, individually or combined, may be signs of low blood sugar – a **hypoglycaemic** reaction: i.e hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience **hyperglycaemic** (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected symptoms and emergency procedures to be followed.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It visually occurs within seconds or minutes of exposure to certain food or substances. Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit i.e kiwi fruit and also penicillin, latex or stinging insects (bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among young people there may be swelling in the throat which can restrict the air supply or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices containing one measured dose of adrenaline are available (via prescription). Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than hold back.

Day to day policy measures are needed for food management, awareness of the young person's needs in relation to diet, school menu, individual meal requirements and snacks in school.

Parents may often ask for the Headteachers to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic young people should be taken.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

THE QUINTA PRIMARY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth Group/class/form

Medical condition or illness

Name/type of Medicine
(as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

SignedPrint Name
(Parent/Guardian)

Daytime telephone number

Address
.....

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.

THE QUINTA PRIMARY SCHOOL

**ADMINISTRATION OF MEDICINES FOR YOUNG PEOPLE
HEALTH CARE PLAN**

(Insert a
photograph)

SCHOOL

Young person's name

Date of birthGroup/class/form

Young person's address
.....
.....

Medical diagnosis or condition
.....

DateReview date

Family Contact Information

Name Phone no. (work)
(home)..... (mobile)

Name Phone no. (work)
(home)..... (mobile)

Clinic/Hospital Contact

Name Phone no.
G.P Name..... Phone no.

Describe needs and give details of young person's symptoms.

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Medicines to be kept in

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Daily care requirements (e.g. before sport/at lunchtime).

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

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Follow up care.

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

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Form copied to:

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THE QUINTA PRIMARY SCHOOL

List of Contacts

School Nurse

Address.....

(Fill in your details)

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Consultant Community Paediatricians

NAME	ADDRESS	TELEPHONE
Dr H Joshi	Consultant Community Paediatrician Countess of Chester NHS Hospital Trust Liverpool Road Chester CH2 1UL	01244 364802
Dr R Jones (Covers South Cheshire and Vale Royal Areas)	Consultant Community Paediatrician Cheshire Community Health Care Trust Barony Road Nantwich Cheshire CW5 5QU	01244 415300
Dr J R Owens (Covers Macclesfield Area and Congleton)	Consultant Community Paediatrician East Cheshire NHS Trust Victoria Road Macclesfield SK10 3BL	01625 661431

Children's Services Medical Needs Service

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Stanney Lane
Ellesmere Port
CH65 6QL

Tel: 0151 357 6886