





EYNESHAM 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	

Contents

Amendments.....	1
Statement of Intent	2
Arrangements	3
The School Nurse/ Healthcare Professional	3
The First Aid Team	3

First Aid Boxes.....	3
First Aid	3
School Visits	4
Administering Medicines in School.....	4
Storage/Disposal of Medicines	4
Accidents/Illnesses requiring Hospital Treatment.....	4
Defibrillators	4
Pupils with Special Medical Needs – Individual Healthcare Plans.....	5
Appendix - Forms	7
Form 1 - Contacting Emergency Services.....	8
Request for an Ambulance.....	8
Form 2 - Health Care Plan	9
Form 3 - Parental agreement for School to administer medicine	11
Form 4 - Record of regular medicine administered to an individual child	13
Form 5 - Indication for Administration of medication during seizures	15
Form 5A - Seizure Medication Chart.....	16
Form 6 - Emergency Instructions for an allergic reaction EpiPen®.....	17
Form 6A Emergency Instructions for an allergic reaction ANAPEN®	21
Form 7 - Medication given in School (note to parent/carer).....	23
Form 8 - STAFF TRAINING RECORD – Administration of Medicines	24
Useful Contacts	25

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				
4				
5				
6				
7				
8				

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 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: _____ Signature: _____ Date: _____

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 :

- School to add

First Aid Boxes

The first aid posts are located in:

- School to add
-

Medication

Pupils' medication is stored in:

- School to add
-

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 **school to add** 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 to add:

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

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

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

3. State that the postcode is:

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

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



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

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

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 5A - Seizure Medication Chart



Name: _____

Medication type and dose: _____

Criteria for administration: _____

Date	Time	Given by	Observation/evaluation of care	Signed/date/time

Form 6 - Emergency Instructions for an allergic reaction
EpiPen®



Child's Name: _____

DOB: _____

Allergic to: _____

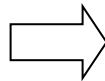


ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:

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

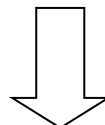


ACTION

- 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: _____

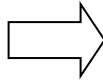


ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:

**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

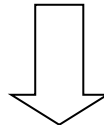


ACTION

- 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 _____

Form 8 - STAFF TRAINING RECORD – Administration of Medicines

SCHOOL _____



Name	Job Title	Training	Date Undertaken	Date Refresher Required	Date Refresher Undertaken

Useful Contacts

Allergy UK

Allergy Help Line: 01322 619898

Website: www.allergyuk.org

The Anaphylaxis Campaign

Helpline: 01252 542029

Website: www.anaphylaxis.org.uk

Association for Spina Bifida and Hydrocephalus

Tel: 01733 555988 (9am to 5pm)

Website: www.shinecharity.org.uk

Asthma UK

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

Website: www.asthma.org.uk

Council for Disabled Children

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

Website: www.councilfordisabledchildren.org.uk

Contact a Family

Helpline: 0808 808 3555

Website: www.contact.org.uk

Cystic Fibrosis Trust

Tel: 020 3795 1555

Enquiries@cysticfibrosis.org.uk

Website: www.cysticfibrosis.org.uk

Diabetes UK

Confidential helpline: 0345 123 2399

Website: 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

Epilepsy Action

Freephone Helpline: 0808 800 5050

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

Tel: 0300 003 1647

Website: www.hse.gov.uk

Health Education Trust

Website: www.healtheducationtrust.org.uk

Hyperactive Children's Support Group

Tel: (01243) 539966

Website: www.hacsg.org.uk

MENCAP

Telephone: 0808 808 1111

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0800 448 0818

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400

Website: www.epilepsysociety.org.uk

Psoriasis Association

Tel: 01604 251 620

Email: psoriasis-association.org.uk

Website: www.psoriasis-association.org.uk