

# **FIRST AID & MEDICINE POLICY**



**Tywardreath**  
School

South park rd  
Par  
Cornwall  
PL24 2PT

**Reviewed Annually**

## **FIRST AID AND MEDICINES POLICY**

### **REVIEW PROCEDURES**

The First Aid and Medicines Policy for Tywardreath School is to be reviewed annually by the Headteacher.

The next review of the Policy Document will be: January 2021

### **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.

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		Name	Signature	Date
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## **FIRST AID AND MEDICINES POLICY**

### **DISTRIBUTION OF COPIES**

Master Copy      Headteacher

Copy One         All First Aiders

Copy Two         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 Tywardreath School believes 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 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, a staff member will accompany the pupil to the school office/First aid area. 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:** \_\_\_\_\_

Head Teacher

## **Arrangements**

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

The School will be allocated a nurse or other suitably qualified healthcare professional; 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 healthcare professional will work with the Principal to determine the training needs of school staff. Suitable cover will be provided in the absence of the nurse/healthcare professional.

### **The First Aid Team**

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

Kelly Green, Jo Morris, Kathryn Johnson, Angela Bray, Amanda Bird, Julie Starkie, Becky Hunt, Beverley Talbot, Michelle Baily, Chris Poskitt, Rachel Staff, Hilary Bunting, Sue Knott, Caroline Turner, Laura Pratt, Tara Kerley, Natasha Johns, Diana Cotterell.

### **Trained Staff**

The members of staff in the school who are able to administer medicines are:  
Beverley Talbot, Diana Cotterell

### **First Aid Boxes**

The first aid posts are located in:

- The School Office
- First Aid room
- All Classrooms
- Swimming Pool

### **Medication**

Pupils' medication is stored in:

- The Office

### **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, takes him/her to a first aid post and calls for 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.
- Full details of the accident are recorded in our accident book
- If the child has to be taken to hospital or the injury is 'work' related, then the accident is reported to the Trust by reporting on 'safesmart'.

- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then as the employer the Governing Body will arrange for this to be done.

### **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 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.**

### **Storage/Disposal of Medicines**

Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the School office for self-medication, quickly and easily. Pupils' medicine will not be locked away out of the pupil's access; this is especially important on school trips. It is the responsibility of the School to return medicines that are no longer required, to the parent for safe disposal.

Asthma inhalers will be held by the school for emergency use, as per the Department of Health's protocol.

### **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.

### **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 school's with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Pediatrician.

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

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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

### 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 (*Kelston Road, Bath, BA1 9AB*)

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3. State that the postcode is:

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

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5. Give your name: \_\_\_\_\_

6. Give name of child and a brief description of child's symptoms

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

**Speak clearly and slowly and be ready to repeat information if asked**

Put a completed copy of this form by the telephone

## FORM 2

### Health Care Plan

#### 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***

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**FORM 3A**

**Parental agreement for ----- School to administer medicine**

**(one form to be completed for each medicine)**

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 \_\_\_\_\_

I understand that I must deliver the medicine safely to school office

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 signature \_\_\_\_\_

Print Name \_\_\_\_\_

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 \_\_\_\_\_

**Form 4 (continued)**

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	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

**Form 4 (continued)**

Name of child \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Dose and time medicine to be given \_\_\_\_\_

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	_____	_____	_____
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 parent's 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.

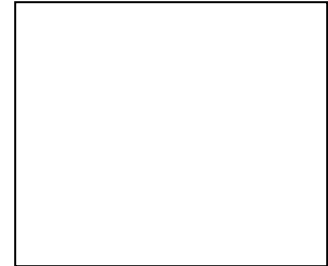


**EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION**

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

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

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



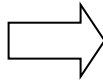
**ASSESS THE SITUATION**

**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

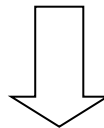


**ACTION**

- 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.

**FORM 9A**

**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: \_\_\_\_\_

<b>Date</b>	<b>Time</b>	<b>Given by (print name)</b>	<b>Observation/evaluation of care</b>	<b>Signed/date/time</b>

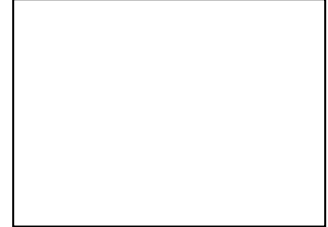
**Check expiry date of EpiPen® every few months**

**EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION**

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

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

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

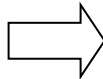


**ASSESS THE SITUATION**  
**Send someone to get the emergency kit, which is kept in:**

**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

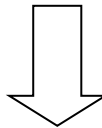


**ACTION**

- 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) 619864  
Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

### **The Anaphylaxis Campaign**

Helpline: (01252) 542029  
Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and [www.allergyinschools.co.uk](http://www.allergyinschools.co.uk)

### **Association for Spina Bifida and Hydrocephalus**

Tel: (01733) 555988 (9am to 5pm)  
Website: [www.asbah.org](http://www.asbah.org)

### **Asthma UK** (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)  
Website: [www.asthma.org.uk](http://www.asthma.org.uk)

### **Council for Disabled Children**

Tel: (020) 7843 1900  
Website: [www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

### **Contact a Family**

Helpline: 0808 808 3555  
Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

### **Cystic Fibrosis Trust**

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)  
Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

### **Diabetes UK**

Careline: 0845 1202960 (Weekdays 9am to 5pm)  
Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

### **Department for Education and Skills**

Tel: 0870 000 2288  
Website: [www.dfes.gov.uk](http://www.dfes.gov.uk)

### **Department of Health**

Tel: (020) 7210 4850  
Website: [www.dh.gov.uk](http://www.dh.gov.uk)

### **Disability Rights Commission (DRC)**

DRC helpline: 08457 622633  
Textphone: 08457 622 644  
Fax: 08457 778878  
Website: [www.drc-gb.org](http://www.drc-gb.org)

### **Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

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

**Health and Safety Executive (HSE)**

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

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

**Health Education Trust**

Tel: (01789) 773915

Website: [www.healthedtrust.com](http://www.healthedtrust.com)

**Hyperactive Children's Support Group**

Tel: (01243) 551313

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

**MENCAP**

Telephone: (020) 7454 0454

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

**National Eczema Society**

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

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

**National Society for Epilepsy**

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

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

**Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

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