

Burleigh Primary School



First Aid and Medicines Policy

**Reviewed by the Senior Leadership Team: December
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Burleigh Primary School

First Aid and Medicines Policy

1. Aims

The aim of this policy is to set out guidelines for all staff in school in the administering of First Aid and medicines to children, employees or visitors.

This policy shall be shared with all employees during their induction to ensure they are familiar with procedures.

The Governors are committed to the Local Authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995.

2. What is First Aid?

First aid can save lives and prevent minor injuries becoming major ones. Under Health and Safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

3. First Aid and Medication

At least one member of staff with current first aid training is on the premises at any one time. The first aid qualification includes first aid training for infants and young children. Posters displaying the names and locations of first aiders are on display in medical rooms and both staffrooms. Should a child have a known medical condition, the appropriate paperwork (eg Individual Healthcare Plan and Allergy Management Risk Assessment) is also kept in both medical rooms.

4. First Aid Kits

Our First Aid kits comply with the Health and Safety (First Aid) Regulations 1981 and British Standard – BS 8599-1:2011 and include assorted plasters, disposable sterile triangular bandages, eye pads, medium-sized dressings, large-sized dressings, sterile cleansing wipes, nitrile powder-free gloves, first aid in an emergency booklet, safety pins, resusci aide, Tuff-Kut scissors, Burnshield dressing or cling film, finger dressings, conforming bandages, disposable heat retaining blanket, microporous tape and disposable tweezers.

Class teachers and support staff are responsible for maintaining their First Aid kits on a daily basis. The Senior Midday Supervisor conducts a regular audit and restocks as necessary. In addition to teaching rooms, kits are also located in: staffrooms, the Caretaker's and SENCO's offices, kitchen, Cabin, main school office and Infant Hall.

5. Accident Folders

There are two accident folders – one in each First Aid room. These accident forms MUST be completed in pen, at the time of the incident, and include: the date, time and place of the incident; the full name of the injured or ill person; details of the injury or illness and first-aid given. Accident forms are collected by the office after playtime and lunchtime and logged on Medical Tracker. When accidents happen after 1:30pm, it is the responsibility of the first aider to take the forms to the office so that the accident can be logged on Medical Tracker the same day. All completed accident forms are securely stored by the School Business Manager.

In addition to this, serious accidents should be reported to the school office immediately. The School Business Manager will ensure that they are reported to the Local Authority via an AIRS Investigation Form.

Accident data is reviewed half termly by the School Business Manager who identifies any trends and/or potential or actual hazards. These are then reported to the governing body's Health and Safety Committee and at Full Governing Body meetings.

6. Ofsted requirement to notify parents and the Data Protection Act

Parents must be informed of any significant accidents, injuries sustained and/or first aid treatment given to their child because of the injury whilst in school. The First Aider who treats a significant injury will be the person who contacts the parent to inform them of what happened and recommended next steps.

It is not standard practice to give parents copies of the school's accident details. However, if a parent requests a copy of the accident form, then this will need to be authorised by a member of the Senior Leadership Team.

7. Administration of Medicines at Burleigh Primary School

This applies to all pupils, including those who do not have an Individual Healthcare Plan.

Medicines such as antibiotics will be safely stored in the First Aid Room or staff rooms. A written record will be kept by the Class teacher or Teaching Assistant and stored with the medication. This will include date, time, dosage and name of the member of staff who administers the medicine. Additionally, a copy of the permission form from the parent will be stored in the pupil file in the office.

- Any parent can request that their child is given prescription medicine in school. Burleigh Primary School will only accept medicine that has been prescribed by a GP or hospital doctor.

- If medicines (including asthma pumps) are to be administered in school the parents must complete and sign an agreement form which must be handed into a member of the office team before any medication can be administered (see Appendix 2).
- It is preferable that pupils take medicine at home, before or after the school day. Parents are encouraged to ask their GPs for medical prescriptions that fit around the school day.
- No pupil will be given medicine without parental consent unless there is a clear and dire emergency and ambulance / emergency personnel are in attendance.
- Prescribed medicines must be in date, prescribed by a NHS doctor and provided in the original container with dosage instructions.
- Parents must regularly renew the school supply of medicines and be responsible for visiting the GP to collect repeat prescriptions.
- At the end of the school year (July), the school will return all stored medicines to the parents.
- The school will not be held responsible for any side-effects due to the correct administration of prescribed drugs
- If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health care professional.

8. Arrangements for children who are competent to manage their own medicine in school

A child who has been prescribed a medicine may be responsible enough to carry and administer drugs or medical testing equipment e.g. blood sugar testing kit. The school will consult with parents and relevant school staff about the advisability of an individual child or young person taking responsibility for their own treatment. The decision in cases of dispute will rest with the Head who has a duty to ensure the safety of all children and young people.

9. Medical Emergencies at Burleigh Primary School

When there is a medical emergency due to a known condition, staff should follow information as outlined in a child's Individual Healthcare Plan and / or BACSI Action Plan.

The school will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with Individual Healthcare Plans.

The school will arrange for a key member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

10. Sickness

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school.

- We do not provide care for children, who are unwell, e.g. have a temperature, or sickness and diarrhoea, or who have an infectious disease.
- Children with head lice are not excluded but must be treated to remedy the condition.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by staff and the Emergency First Aiders (see health and safety policy).

11. Treatment of Injuries

Following an accident, the First Aider is to take charge of the first aid administration /emergency treatment commensurate with their training.

Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The First Aider should call an ambulance on the following occasions:

- in the event of a significant injury or head injury
- if bleeding cannot be controlled
- in the event of unconsciousness
- whenever a serious fracture or break is suspected
- whenever the first aider is unsure of the severity of the injuries.

12. Treatment of Head Injuries to Children

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue or cloth) for the child's own comfort. Parents/Carers must be contacted if the child has a visible or grazed bump to the head. All head bumps must be reported to the class teacher and recorded on Medical Tracker. An automatic email will be sent informing parents. When a significant head injury occurs, it is the responsibility of the first aider dealing with the head bump to contact the parent.

Emergency First Aiders should be sought if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

If any of the above symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed. The emergency services should be contacted first, followed by the parents.

In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

13. Treatment of Suspected Breaks/Fractures

The seven things to look for are:

1. Swelling
2. Difficulty moving
3. Movement in an unnatural direction
4. A limb that looks shorter, twisted or bent
5. A grating noise or feeling
6. Loss of strength
7. Shock

If the fracture is open, the wound should be covered with a sterile dressing and secured with a bandage. Pressure should be applied around the wound to control any bleeding. The injured body part should be stopped from moving in order to reduce pain and prevent any further damage. An ambulance should be called by dialling 999 or 112 for medical help. The injured person should not be moved unless in immediate danger. The casualty should be checked constantly for signs of shock.

First Aid training states that clothing should only be removed if absolutely necessary. In this incidence, two members of staff should be present in line with safeguarding policies. If waiting for a second member of staff puts a child's life in danger, the first aider should not withhold treatment.

14. Disposing of Blood

Blooded items should be placed in the yellow clinical waste bags (see site manager for these) and disposed of in the sanitary bin in the female staff toilets.

15. Splinters

Splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in.

16. Ice Packs

Ice-packs are used for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in the First Aid Rooms.

Guidance on the use of ice packs: ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth to prevent cold burns and applied to the injured area for 20-30 minutes. The child should remain inside and be supervised. Emergency first aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack.

Ice or heat should not be used:

- if the casualty is diabetic
- over areas of skin that are in poor condition
- over areas of skin with poor sensation to heat or cold
- areas with known poor circulation
- in the presence of visible or known infection(s)

17. Asthma

All asthma pumps are labelled and kept in classrooms, easily accessible in the event of an asthma attack. All asthma pumps should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc.

The school's emergency inhalers (located in First Aid rooms) can be used if a child's prescribed inhaler is not available. This is indicated on the Asthma and EpiPen register. Permission is also given on the 'Asthma Maintenance Plan' (p9) of the Asthma Policy.

18. Epi-Pens

All Epi-Pens are labelled and kept in the relevant classroom medical boxes. In addition to this, all classrooms have a red noticeboard displaying key medical information, including the 'Be Allergy Aware' poster.

Annual Anaphylaxis and Epi Pen training is given to all staff. In an emergency, anyone can administer an Epi-Pen if the adult/child is unable to do it themselves.

The school's emergency EpiPens (located in First Aid rooms) can be used if a child's prescribed EpiPen is not available. This is indicated on the Asthma and EpiPen register. These should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent has been provided (see Individual Healthcare Plans – Appendices 1 and 3).

NB At lunchtime, younger children with EpiPens should sit at the end of rows to facilitate staff monitoring and pupil safety.

19. Training

A central record of all training related to first aid is held by the School Business Manager and reviewed annually to ensure that certificates are renewed within timescales.

Appendix 1: Individual Healthcare Plan

Name of school/setting	Burleigh 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 (Relationship to child)	
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	Class teacher Class TA
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

<ul style="list-style-type: none"> • •
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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*)

- Mr Norman- Head teacher
- Class teacher-

Plan developed with

- Mrs Collins (SENCO) and parents

Form copied to

- Parents, class teacher & TA

School SENCO

Parent/Carer

I give the school consent to administer its spare adrenaline auto-injector (AAI) to my child if they are at risk of anaphylaxis in an emergency where their own prescribed AAI cannot be administered without delay.

I confirm that the spare AAI named here – EpiPen AAI 0.3mg - is suitable for use with my child.

Signed

Appendix 2: Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date: _____

Appendix 3

Individual Healthcare Plan and Allergy Management Risk Assessment for Individual Students

This form should be completed by the setting in liaison with the parents/guardian and the student if appropriate. It should be shared with everyone who has contact with the student. It should be read alongside the student's Health Care Plan that has been produced by the Allergy clinic. A whole school approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Child/Young person: Click or tap here to enter text.	Date of Birth: Click or tap here to enter text.
School: Burleigh Primary School	Teacher: Click or tap here to enter text. Class: Click or tap here to enter text.
Allergies: Click or tap here to enter text. Are reactions: Ingestion Click or tap here to enter text. Direct contact: Click or tap here to enter text. Indirect contact: Click or tap here to enter text.	
G.P.: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.	Clinic/Hospital: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.
Parent: Name: Click or tap here to enter text. Relationship: Click or tap here to enter text. Phone number: Click or tap here to enter text.	Parent: Name: Click or tap here to enter text. Relationship: Click or tap here to enter text. Phone number: Click or tap here to enter text.
Medication 1: Name of medication: Click or tap here to enter text. Dose: Click or tap here to enter text. When to be taken: Click or tap here to enter text. Possible side effects: Click or tap here to enter text.	Medication 2: Name of medication: Click or tap here to enter text. Dose: Click or tap here to enter text. When to be taken: Click or tap here to enter text. Possible side effects: Click or tap here to enter text.

Signs of anaphylaxis: Can the student recognise a reaction for themselves? Y/N What to do if you notice an allergic reaction starting? Daily care arrangements:	
What have been the symptoms of previous reactions?	
Who is responsible for providing support in school: Click or tap here to enter text.	
People involved in writing this plan: Click or tap here to enter text.	
Signatures: SENCO: Date: Click or tap here to enter text. Class Teacher: Date: Click or tap here to enter text.	
Date: Click or tap here to enter text.	Review date: Click or tap here to enter text.
Parental permissions: I give permission for this risk assessment to be shared with anyone who needs this information to keep my child/young person safe, Yes / No I give permission for my child's photograph to be displayed sensitively to keep my child safe, Yes / No I give permission for the school's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected. Yes / No Parents signatures: Date: Click or tap here to enter text.	

Complete this risk assessment in discussion with the parent/guardian. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.

What are the hazards for each activity?	What are you already doing to control the risks?	Likelihood	Consequence
Medication:			
Storage: Location of child's medication Location of generic 'spare' AAI			
Food and drink:			
Break time snacks including drinks			
Lunch time: Hot meals Sandwiches Drinks			
Events involving food: Cake sales			

Parties			
Other PTA events			
Drinks			
Celebrations: e.g. Birthdays, Easter	Food for celebrations is not to be brought into the school by staff, pupils or parents.	Unlikely	
Curriculum activities:			
Cooking			
Creative activities: e.g. junk modelling, pasta			
Music: instrument sharing (cross contamination issue)			
Science activities:			
PE:			
Indoor			
Outdoor			
Playtime:			
Playground			
Field			

Offsite activities:			
Curriculum visitors			
Day trips			
Residential visits			
Other:			

This must be completed at the start of a half-term when a high risk activity has been identified.

For any activity that is a 'MEDIUM risk, the aim of bringing the risk to 'LOW'.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.

Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable

Policy History

Date	Writer	To be approved by	Modifications/changes
May 2020	G Markham	FGB	New policy.
Oct 2021	G Markham	FGB	Updated First Aider Numbers and Epi Pen training, updated procedures for the recording of the administration of medicines to children.
Oct 2022	G Markham	Resources Committee	Updated First Aider Numbers and head injury advice.
Oct 2023	J Collins		Updated First Aider Numbers
Oct 2024	A McGuire		Updated First Aider Numbers
Dec 2025	N Norman K Maxwell	SLT	References to IHCP and allergy risk assessments added. Updated head bump procedures. Update use of Medical Tracker to log accidents. Appendix 3 added