FIRST AID POLICY INCLUDING ADMINISTRATION OF MEDICATION

HATFIELD PEVEREL INFANT AND NURSERY SCHOOL

Inspiring a Love of Learning

APPROVED BY GOVERNORS: JANUARY 2026

POLICY TO BE REVIEWED: JANUARY 2027

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1. INTRODUCTION

This policy complies with the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917) and the *First aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance*.

See also the following policies.

- Children with health needs who cannot attend school Policy
- Supporting children with medical conditions Policy

2. DEFINITIONS

2.1 **First Aid** means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines.

2.2 **First Aiders** are members of staff who have completed an approved First Aid course and hold a valid certificate of competence in First Aid at Work (**FAW**) or Emergency First Aid at Work (**EFAW**).

2.3 **Paediatric First Aiders** are members of staff who have an accredited PFA Certificate.

2.4 **The Health and Safety Officer is Mrs Z. Fairbairn (Headteacher)**

3. AIMS OF THIS POLICY

3.1 To ensure that the organisation has adequate, safe and effective First Aid provision in order for every learner, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.

3.2 To ensure that all staff and students are aware of the procedures in the event of any illness, accident or injury.

3.3 Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services.

4. WHO IS RESPONSIBLE?

4.1 The Headteacher has overall responsibility for ensuring that the school has adequate and appropriate First Aid equipment, facilities and First-Aid personnel and for ensuring that the correct First Aid procedures are followed.

4.2 The Headteacher has day to day responsibility for ensuring that there are adequate and appropriate First Aid equipment, facilities and appropriately qualified First Aid personnel available to the school.

4.3 The Headteacher is responsible for ensuring that all staff and learners (including those with reading and language difficulties) are aware of, and have access to, this policy.

4.4 The Headteacher delegates to the office staff responsibility for collating medical consent forms and important medical information for each student and ensuring the forms and information are accessible to staff as necessary.

4.5 The Headteacher is responsible for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.

4.6 **First Aiders**: The Headteacher is responsible for ensuring that the school has the minimum number of First Aid personnel (First Aiders and/or Appointed Persons).

For more information please see First aid at work: The Health and Safety (First-Aid) Regulations 1981. Guidance on Regulations L74 (hse.gov.uk)

All staff have completed an approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW), Emergency First Aid at Work (EFAW) or Paediatric First Aid Training.

The main duties of First Aiders are to give immediate First Aid to learners, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Health and Safety Officer.

The First Aiders will undergo update training at least every three years.

4.7 All staff should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury and ensure this Policy is followed in relation to the administration of First Aid. All staff will use their best endeavours, at all times, to secure the welfare of the students.

4.8 **Anyone on school premises:** is expected to take reasonable care for their own and others' safety.

5. FIRST AID BOXES

5.1 First aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested guidelines in paragraph 36 of the First Aid Guidance. For more information please see http://www.hse.gov.uk/firstaid/legislation.htm.

5.2 First aid boxes are located at the positions listed below and are as near to hand washing facilities as is practicable:

· The Medical Room

The Nursery dividing wall

If first aid boxes are used, they should be taken to the office staff, who will ensure that the first aid box is properly re-stocked.

All requirements for the first aid kits are supplied by the office staff and are regularly stocked at request of individual departments.

5.3 **Off-site activities:** First aid boxes for any off-site activities are kept in the Medical room.

6. INFORMATION ON STUDENTS

6.1 Office Staff will be responsible for reviewing students' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a learner at the school to class staff and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a student.

7. PROCEDURES FOR MEDICATION FOR STUDENTS WITH MEDICAL CONDITIONS

7.1 The information held by the school will include a record of students who need to have access to asthma inhalers, epipens, injections or similar and this information should be circulated to class staff, Midday assistants and First Aiders. The equipment will be kept, suitably labelled, by Office staff and stored in the medical room.

See also our "Supporting children with medical conditions Policy" which contains details of the records, training and processes in place for the administration of medication.

8. PROCEDURE IN THE EVENT OF ILLNESS

8.1 **Illness:** If a student is unwell during lessons, then they should consult the member of staff in charge who will assess the situation and decide on the next course of action.

9. PROCEDURE IN THE EVENT OF AN ACCIDENT OR INJURY

9.1 If an accident occurs, then the member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. Appointed Persons or First Aiders can also be called for if necessary.

9.2 In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay.

9.3 **Ambulances:** If an ambulance is called then the First Aider in charge should make arrangements for the ambulance to have access to the accident site. Arrangements should be made to ensure that any learner is accompanied in the ambulance if necessary, or followed to hospital, by a member of staff if it is not possible to contact the parents/carers in time.

10. PROCEDURE IN THE EVENT OF CONTACT WITH BLOOD OR OTHER BODILY FLUIDS

10.1 The First Aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood or other bodily fluids;
- use suitable eye protection and a disposable apron where splashing may occur;
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- wash hands after every procedure.

10.2 If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water;
- wash splashes out of eyes with tap water or an eye wash bottle;
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- record details of the contamination;
- report the incident to the Health and Safety Officer and take medical advice if appropriate.

11. REPORTING

11.1 The First Aider should complete a record of first aid provision, as set out in The Accident Report Book**.**

11.2 The Headteacher is responsible for ensuring that the accident report forms and databases are filled in correctly and that parents and HSE are kept informed as necessary. All reports should be held in accident books and My Safety.

11.3 **Incident Database (My Safety):** The Headteacher, School Business Manager or office staff in their absence will fill in an accident report form for every serious or significant accident that occurs on or off site if in connection with the school. Incidents will be recorded on My Safety. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.

11.4 **Reporting to Parents:** In the event of accident or injury to a pupil, parents/carers must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the office staff.

11.5 **Reporting to HSE:** The Organisation is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 via the HSE website https://www.hse.gov.uk/riddor/report.htm

11.6.1 Accidents involving Staff

- work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs);
- work related accidents which prevent the injured person from continuing with his/her normal work for more than seven days must be reported within 10 days;
- cases of work-related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer);
- certain dangerous occurrences (near misses – reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

11.6.2 Accidents involving students or visitors

Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any school activity (on or off the premises);
- the way a school activity has been organised or managed (e.g. the supervision of a student travel trip);
- equipment, machinery or substances;
- the design or condition of the premises.

For more information on how and what to report to the HSE, please see http://www.hse.gov.uk/riddor/index.htm. It is also possible to report online via this link.

12. MONITORING

12.1 The Headteacher will organise a regular review of the Incident Database (My Safety) in order to take note of trends and areas of improvement in accidents and illnesses. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the Headteacher will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made

13. ADMINISTRATION OF MEDICATION

Key guidelines

- **Parental consent and healthcare plans:**

  Schools must obtain written consent from parents or carers for any medication, including non-prescription drugs (see appendix A). An individual healthcare plan should be created for any pupil with a medical condition.

- **Staff training:**

  Only authorised staff should administer medication. Relevant staff must receive appropriate training, and records of this training should be kept.

- **Secure storage:**

  Some medication, such as controlled drugs, should be stored in a locked cabinet and should be kept in an accessible location for designated staff only.

- **Labelling and packaging:**

  Medications must be in their original container and clearly labelled with the pupil's name, the medication's name, dosage, and instructions. For prescription medication, the label must be from the dispensing pharmacy.

- **Record-keeping:**

  A detailed and up-to-date record of all medication administered must be kept in a designated place.

- **Emergency procedures:**
  Schools must have clear protocols for emergencies, including having staff trained in the use of adrenaline autoinjectors (AAIs) if a pupil is at risk of anaphylaxis. If a life-saving medication is to be administered in an emergency, first aiders should be provided with additional training.

  Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. We are committed to ensuring that children with medical needs have the same right of access as other children.

  There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The ‘duty of care’ extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

- **The Role of Parents/Carers:**
  Parents/carers should, wherever possible, should administer medication to their children. This may be spacing the doses so that they are not required within school hours, or by the parent/carer coming in to school at lunch time to administer the medication. However, this might not be practicable and in such a case parents/carers may make a request for medication to be administered to the child at school.

  If medicine needs to be administered during school time, then a parent or carer must bring it to

the school office and fill in the Parental Consent to Administer Medicine form (see Appendix A). Medication must not be given to class teachers or brought into school by the child themselves. If medication is for a short term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day.

- **Non-Prescription Medication:**
  Where possible, the school will avoid administering non-prescription medicine.

- **Prescription Medicine:**
  Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and bed time. Parents are encouraged to ask the GP to whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child's health if it were not done.

  Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. School will never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

  Prescribed long-term medication, will be kept in the medical room in a clearly labelled box. A second Epi-pen or inhaler for each child who requires, should be provided to keep at school in addition to one at home.

- **Administering Medicines:**
  When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct. They will then administer the medicine as required, and record this. For long term medication, a Parental Consent to Administer Medicine form will be used as necessary.

  Use of Medical Care Plans:
  Medical Care Plans are used to inform the appropriate staff about the individual needs of a student with a medical condition in their care, identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies.

Appendix A Request for School to administer medication

Hatfield Peverel Infant & Nursery School; Church Road, Hatfield Peverel, Chelmsford, CM3 2RP Tel: 01245 380220

Request For School To Administer Medication

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that the school staff can administer the type of medication requested.

Details of pupil

Surname ..... First Name: .....

Address: .....

.....

Date of Birth: ..... M / F : .....

Condition / Illness: .....

Contact Details

Name: ..... Daytime Phone: .....

Relationship to pupil : .....

Address : .....

I understand that I must request the administration of medication and accept that this is a service which the school is not obliged to undertake.

I accept that the Headteacher will make a decision relating to administration of medication if:

- Any aspect of administration is crucial to the welfare of the child.
- Some technical or medical knowledge or expertise is required.
- Intimate contact is necessary.

I undertake to deliver the medicine personally to a member of the school office staff. I will ensure the medication remains in date.

Signature: ..... Date: .....

Medication

Name / Type of Medication (as described on the container): .....

For how long will your child take this medication? .....

Date dispensed: .....

Full Directions For use

Dosage & Method: .....

Special Precautions: .....

Side Effects: .....