



First Aid and Administration of Medicines Policy

Date of policy February 2025

Changes since Jan 2024 policy highlighted in yellow.

DOCUMENT DETAILS	
Approving Body	Resources Committee
Author	School Policy
Scheduled Review	Annual
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Next Review	February 2026



1 Provision of First Aiders

1.1 The school has members of staff with the First Aid at Work, Paediatric First Aid, and Playground First Aid qualifications. Staff are invited to refresh their first aid training at school every three years.

1.2 In the School Office and First Aid Room there is a list of all First Aiders (**appendix 1**)

All classrooms have a **Portable Bag** for minor injuries, and a **Plastic Box** for pupils with Medical Needs. Other minor first aid equipment is kept in the First Aid room.

2 First Aid Boxes and Bags

2.1 They are regularly restocked by the class Teaching Assistants and MSAs.

3 Contents of Boxes

3.1 First Aid boxes and bags must **NOT** contain drugs of any kind including Aspirin or similar painkillers and such medicines must **NOT** be issued to staff or pupils as there is a danger of adverse reaction in some cases. First aid boxes must **NOT** contain antiseptic creams or liquids etc. which may aggravate injuries in some cases, only antiseptic wipes.

3.2 Sterile First Aid dressings should be packaged in such a way as to allow the user to apply the dressing to a wound without touching that part which has come into direct contact with the wound. The part of the dressing that comes into direct contact with the wound should be absorbent. There should be a bandage or other fixture attached to the dressings. Blunt scissors are kept in the box to cut clothing if necessary.

3.3 Disposable plastic gloves are provided near the first aid materials and must be properly stored and checked regularly to ensure they remain in good condition.

3.4 Plastic disposable bags are provided for soiled or used first aid dressings.



4 Administrating First Aid

4.1 Any member of staff may administer first aid on minor injuries, following county guidelines. For more serious injuries, the named first aiders should be called for.

4.2 MSAs are responsible for dealing with minor injuries at lunchtime. First Aiders are available to respond to other more serious injuries.

4.3 First aiders must always cover any exposed cuts or abrasions they may have with waterproof dressings before treating a casualty, whether or not any infection is suspected. They must wash their hands before and after applying dressings.

4.4 Whenever blood or other bodily fluids have to be mopped up, disposable plastic gloves and an apron must always be worn, and paper towels used. These items must then be placed in plastic bags and safely deposited of, in the black and yellow bin in the disabled toilet. Clothing may be cleaned in an ordinary washing machine using the hot cycle. The area in which any spills have occurred should be disinfected using one part of Shield concentrate diluted with ten parts of water.

4.5 If direct contact with another person's blood or other body fluids occurs the area must be washed as soon as possible with ordinary soap and water. Clean cold tap water should be used if the lips, mouth, tongue, eyes or broken skin are affected, and medical advice sought. Care should be taken when treating sporting injuries and the 'bucket and sponge' method of treatment must **not** be used.

4.6 Children who have been treated by an adult for more serious injuries will have an accident letter sent home to the parents.

5 Head Injuries

5.1 Injuries to the head need to be treated with particular care. Any evidence of loss of balance, disorientation, double vision, slurred speech or other malfunction of the senses may indicate serious injury, and medical advice must be sought without delay. **Parents are informed, the child is given a bumped head sticker, and a bumped head letter is sent home for any child sustaining a head injury. In the event of a serious injury, the emergency services and parents would be contacted.**



6 Serious Injuries

6.1 In the case of serious or potential serious injuries, the Ambulance Service must be called at the earliest possible time and to avoid the danger of inappropriate diagnosis or treatment. Parents should be called immediately. A member of staff should not drive the child to the hospital unless there is no alternative solution for the child to receive the correct medical attention. They must have appropriate insurance cover.

7 Reporting – Accidents & Injuries

7.1 A record is kept of any first aid treatment given. All incidents, injuries, head injuries, ailments and treatment are recorded in Medical Tracker, an online reporting system.

Parents will be informed of serious injuries immediately.

Minor injuries involving a pupil are recorded locally (via Medical Tracker); major pupil injuries are also reported to the LA via the online HCC incident form. All employee injuries, no matter how minor are also reported to the LA via HCC online incident form. Some major injuries may also need to be reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) (see appendix 2 – Accident Reporting flow chart)

8 Administering Medicines

8.1 Parents should keep children at home when they are actually unwell. There is no legal duty which requires school staff to administer medication, this is a voluntary role. Staff who provide support for pupils with medical needs, or who volunteer to administer medication, receive training if needed and if required support from the School Health Advisor, Headteacher, and parents. They have access to information and training, and reassurance about their legal liability. He or she should also be aware of the possible side effects of the medication and what to do if they occur. The public liability insurance provides cover for any member of staff, whether teaching or non-teaching, who administers drugs and medicines in an emergency, provided that they have been given the appropriate training.

Before any staff administers medication, the parent must have signed the Administration of Medication Form.



9 Short Term Medical needs

9.1 Medication should only be taken to school when absolutely essential. Most medications can be taken before and after school.

10 Non-Prescription Medication

10.1 Non prescribed medication will only be administered at school:

- Where we have a letter from a doctor stating that the pupil may require a certain medication at school but that it is a medication that can no longer be prescribed by GPs (such as paracetamol) and
- Where it would be detrimental to the pupil's health or school attendance if they were not able to have the named medication and
- Where we have parents' written consent
- A member of staff should notify the parents by phone that their child has requested medication and supervise the pupil taking the medication if the parents have agreed to it being taken.

The school will only accept medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump or individual cartridge rather than its original container, but it must be in date.

The school **will not** administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed by a doctor.

11 Information about medical needs

11.1 On the Pupil Information Sheet parents' complete information about a child's medical needs. Parents should give information about their child's asthma, particularly in terms of known triggers with the name of their medication. This information is stored in the school office.

11.2 Parents are responsible for supplying information about medicines that their child's needs to take at school and for letting the school know of any changes to the



prescription or support needed. The parent or doctor should provide in written details including

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects

11.3 Individual Health Care Plans will be created for those children with more complex medical needs, such as diabetes or anaphylaxis. The health care plan is a written agreement with parents which identifies the necessary safety measures that need to be put into place to support pupils with medical needs and ensure they are not put at risk.

12 Sending in Medication (locked fridge or locked first aid cabinet)

12.1 Parents should bring the prescribed medication and complete the record of medication administered form in the school office.

12.2 Medicines should be supplied in a container that is labelled with the name of the pupil, the name and dose of the drug and the frequency of the administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container.

12.3 Ritalin (other brand names Concerta, Delmosart, Equasym, Medikinet) should be sent in, and kept in, the original container. The containers must be clearly labelled with the pharmacists' instructions. The administration of medication form must be completed by both the parent/carer and a member of staff. This medication must be kept securely in the finance office safe.

13 Record Keeping

13.1 When a child needs medication, their parents should be given Administration of Medication form, which records the details of medication to be given.



13.2 Staff should complete and sign the Record of Medication form each time they give medicine to a pupil. Staff should seek to ensure that the dose specified on the container/form is administered.

13.3 No pupil is to be given medication without their parent's written consent. Any member of staff giving medicine to a pupil should check

- Written instructions provided by parent/doctor
- Expiry date

14 Storing Medication

14.1 Asthma Inhalers (plastic box in classrooms)

Immediate access to inhalers at all times is vital, and therefore it is essential that, wherever possible, children have their medication with them. Children carry their own inhalers (if needed KS2), or they are stored in an agreed place. For severe sufferers it may be appropriate to ask parents to supply a labelled spare and keep it centrally in the classroom. It is the parents' responsibility to keep this up to date.

Please see separate asthma policy for more detailed information.

14.2 Prescribed EpiPens are stored in a box within the classroom with the child's picture on.

The school have chosen to hold emergency Adrenaline auto injector (AAI) e.g., EpiPen for emergency use on pupils who have been prescribed one and for whom parental consent for its use has been obtained.

This emergency AAI would be used where their own device is unavailable or not working. In the event of a possible severe allergic reaction in a pupil without a prescribed device / parental consent emergency services (999) would be contacted and advice sought as to whether administration of the emergency AAI is appropriate.

Two EpiPens will be stored in the main office in clearly labelled medical boxes & **two EpiPens are kept in one of the emergency evacuation boxes.**

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used, the school has EpiPen 0.15mg - green box
- For children aged 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used, the school has EpiPen 0.3mg - yellow box
- A register of pupils who have been prescribed an AAI will be kept in each box of EpiPens



- Written consent from the pupil's parent/legal guardian for the use of the spare EpiPen - copy will be kept in each box
- Forms to record the use of an AAI will be kept in each box
- Ambulance would be called, and parents informed
- Guidance on use of AAIs will be kept in the boxes, all staff have EpiPen training annually.

Other prescribed medications must be handed to a responsible member of staff on arrival. Medication will be securely stored in a locked First Aid Cabinet (School Business Manager's Office) or a locked medical fridge (Food Technology Room), which will be accessed by the named First Aiders. All medicines will be clearly labelled.

15 Access to Medication

15.1 Pupils should know where their medication is stored and who holds the key. It is important to make sure that medicines are only accessible to those for whom they are prescribed.

16 Disposal of Medicines

16.1 School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date-expired medicines.

17 Emergency Procedures

17.1 All staff must know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures should the need arise.

18 Self-Management

18.1 We encourage pupils, who can be trusted to do so, to manage their own medication from a relatively early age. If pupils can take their medication



themselves, staff must supervise this. Pupils cannot be responsible for storing their own medication.

19 Refusing Medication

19.1 If pupils refuse to take medication, staff should not force them to do so. The school must inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. A failure on the part of the child to co-operate to take their Ritalin may mean that a judgement needs to be made about whether a particular activity is advisable on health and safety grounds. This ensures Duty of Care towards that individual or other children.

20 Long Term Medical Needs

20.1 It is important the school has sufficient information about the medical condition of any pupil with long term medical needs. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. For a pupil with medical needs the school should work with the parents, the school nurse and follow County guidance, to draw up a health care plan.

21 Intimate or Invasive Treatment

21.1 There is no expectation that staff administer intimate or invasive treatment unless they are entirely willing. The head and governing body should arrange appropriate training for school staff willing to give medical assistance. The school nurse should be contacted in the first instance to arrange this. The school should arrange for two adults, preferably one the same gender as the pupil, to be present for the administration of intimate or invasive treatment as this minimises the potential for accusations of abuse. Two adults also often ease the practical administration of treatment. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

22 Medication on School Trips

22.1 Arrangements for taking any necessary medication will need to be taken into consideration for outside visits. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Staff must carry all medications needed, except inhalers, which may be carried by the child (depending on age). Sometimes an additional supervisor or parent might accompany



a particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek medical advice from School Health Service or the child's GP.

23 Medication and Sport

23.1 Some pupils may need to take precautionary measures before or during exercise, and/or be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

23.2 Some asthmatic children may need to be encouraged to take a puff of their inhaler at the start of a lesson. Children **MUST** take their inhalers to the hall, gym, sports field or swimming pool. Children who say they are getting wheezy should take a rest until they feel better and should **NEVER** be forced to undertake an alternative form of exercise instead.

24 Training

24.1 Staff do not need to be qualified first aiders before they can be trained to administer medication. However, staff identified should be able to

- Put the child in the recovery position
- Render emergency resuscitation

24.2 When a school admits a child with anaphylaxis, the health service **no longer** provides full training for the staff. All staff annually undertake anaphylaxis training via The National College.



Appendix 1 - OUR FIRST AIDERS ARE:

First aid at work (3-day course)– St John Ambulance

Julia Bullen	Exp 31/03/2025 – Booked on course 10/03/2025
Simona Leadbetter	Exp 23/01/2027

Emergency First aid at work (1 day course) –

St John Ambulance

Joanie Garner	EXP 12/06/2025
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Paediatric First Aid – (12-hour course) First Responders

Shannon Anderson	Exp 29/09/2026
Jessica Boardman	Exp 29/09/2026
Julia Bullen	Exp 29/09/2026
Louise Caslake	Exp 29/09/2026
Nikki Chapman	Exp 29/09/2026
Mandy Davies	Exp 29/09/2026
Ann Marie Glenister	Exp 29/09/2026
Gaenor Hildebrandt	Exp 29/09/2026
Simona Leadbetter	Exp 29/09/2026
Tracie Milner	Exp 29/09/2026
Chelsea Pemberton	Exp 29/09/2026
Claire Smith	Exp 29/09/2026
Lauren Waterton	Exp 29/09/2026





The Leys Primary & Nursery School

Learning Today . . . Leading Tomorrow

Helen Westwood	Exp 29/09/2026
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Paediatric First Aid – (12-hour course) - St Johns Ambulance

Ewa Balaban	Exp 24/11/2027
Sarah Lea	Exp 10/02/2028

Paediatric First Aid – (12-hour course)

Tiny Emergency

Leanne Stewart	Exp 29/07/2026
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Paediatric First Aid – (12-hour course)

ABC Life Support

Jack Newlands	Exp 04/07/2026
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