

# Vange Primary School And Nursery



## First Aid & Medical Policy

Date Approved by Governors:	September 2025
Next Review due by:	September 2026

## **Reporting Accidents and Record Keeping**

### **Policy Statement**

Vange Primary School and Nursery is committed to meeting its obligations under the Health and Safety (First Aid) Regulations 1981 by ensuring that adequate and appropriate first aid provision is available at all times for staff, pupils, visitors and contractors. The school will take all reasonable steps to ensure that individuals receive immediate attention if they are injured or taken ill while on school premises or during off-site activities.

### **Aims**

- To ensure compliance with statutory first aid requirements
- To provide effective first aid provision for all users of the school
- To ensure staff are informed and trained appropriately
- To ensure safe management of medical conditions

### **First Aid Needs Assessment**

The school will carry out a **first aid needs assessment** to determine:

- The number of first aiders required
- The level of training required (including paediatric first aid)
- The equipment and facilities needed
- Risks based on:
  - number of pupils and staff
  - layout of the premises
  - specific hazards (e.g. PE, playground, trips)
  - needs of pupils with medical conditions

This assessment will be:

- Reviewed annually
- Reviewed after significant changes (staffing, building, incidents)

### **Roles and Responsibilities**

#### **Employer (Governing Body)**

- Ensures compliance with first aid regulations
- Ensures adequate resources and insurance are in place

#### **Headteacher**

- Implements the policy
- Ensures first aid needs assessment is completed
- Ensures staff are trained and informed

#### **First Aiders**

- Provide immediate care
- Call emergency services when required
- Maintain records

#### **Appointed Person**

- Takes charge in absence of first aider
- Maintains equipment
- Contacts emergency services

### **First Aiders and Training**

All first aiders must:

- Hold a valid certificate from a recognised provider
- Renew certification every **3 years**
- Undertake annual refresher training

Training providers should meet standards outlined by the Health and Safety Executive.

## **Statutory requirements**

Under the Reporting of Injuries, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 some accidents must be reported to the HSE.

The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

The following accidents must be reported to HSE and/or (OFSTED for pupils under the age of 5), if they injure either the school's employees during an activity connected with work, or self-employed people while working on the premises.

Accidents resulting in death or major injury (including as a result of physical violence).

- Accidents which prevent the injured person from doing their normal work for more than three days. (Including acts of physical violence).
- HSE must be notified of fatal and major injuries and dangerous occurrences without delay. Online reporting is now used.

## **Pupils and other people who are not at work**

An accident that happens to pupils or visitors must be reported to the HSE on Form 2508 if:  
The person involved is killed or is taken from the site of the accident to hospital; and  
The accident arises out of or in connection with work.

Like fatal and major injuries to employees or dangerous occurrences, these accidents must be notified to HSE without delay.

In HSE's view an accident must be reported if it relates to:

- Any school activity, both on and off the premises
- The way a school activity has been organised and managed (e.g. the supervision of a field trip);
- Equipment, machinery or substances;
- The design or condition of the premises.

## **Statutory accident records**

Employers with 10 or more employees must keep readily accessible accident records; either in written or electronic form. These records must be kept for a minimum of 3 years.

## **School central record**

Schools should keep a record of any first aid treatment given by first aiders and appointed persons. This is recorded in the hardback medical record book in the main office and midday assistants record small incidents in their notebooks. This should include:

- The date, time and place of incident if relevant to the injury
- Details of the injury/illness and what first aid was given
- Making a record of what happened to the person immediately afterwards (for example went home, went back to class, went to hospital)
- Signature of the first aider or person dealing with the incident.
- Any incident involving the head must be recorded and the parent advised by telephone. A duplicate medical slip must be completed and given to the parent.

The information in the record book can:

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- Be used for reference in future first-aid needs assessments;
- Be helpful for insurance and investigative purposes.

**Serious or significant incidents should be reported to parents or carers immediately by telephone. The first aider and or named first aider must consider and observe the OFSTED reporting requirements (for children under 5) and RIDDOR reporting requirements.**

## **Automated External Defibrillator (AED)**

The school has an AED

- Staff will be made aware of its location
- Training will be provided where appropriate
- The device will be regularly checked and maintained

## **Insurance**

The school ensures that appropriate insurance is in place to cover first aid activities for both employees and non-employees.

## **Mental Health**

The school recognises the importance of mental health and may:

- Provide mental health first aid training
- Support staff and pupils experiencing mental health issues

## First Aid Procedure

All pupils with medical conditions have details of their medical condition store in a file in the office, maintained by KM. The class teacher has a copy for each pupil displayed on the inside of their classroom cupboard door.

All staff with medical conditions have details of their medical conditions in their personnel folder

The Head of School and class teacher must be informed of any child who is being sent home sick or has been injured.

The following procedures must always be completed.

- Dirty wounds should be cleaned by rinsing lightly with water using sterile gauze
- Vinyl disposable gloves must be worn when dealing with body fluids.
- Plasters can be administered unless a request not permitting the use of plasters has been received from the parents.
- Disposable gloves and contaminated absorbent dressings should be disposed of in a sealed yellow plastic bag marked "clinical waste" and disposed of as such.

## Assess injury

- Look for signs of broken skin
- **Head bumps**, look for signs of lump, graze bruising or wound. Assess degree of injury (fainting, dizzy, sick, tired) advise parents immediately and continue to monitor, any change should be reported to parent. Letter and bump sticker to be sent home with child.
- Serious injuries assess for clear air ways and call for the appropriate help.
- **Allergic Reactions**
- All staff should be made aware of allergy (kitchen, teacher, and office staff) if a severe reaction is likely to occur and an Epi-Pen is required the appointed person should have the appropriate training. All classrooms and midday assistants will be issued with a pupil list of medical conditions and allergies.
- Minor Allergic Reaction  
Assess the signs and symptoms e.g. red, itchy rash or raised areas of the skin, wheezing and difficulty in breathing, abdominal pain, vomiting and diarrhea.
- Treat symptoms and when and where necessary, help the child to take any medication.

## **Spare EpiPens becoming mandatory in schools**

- The government has announced that **schools will be required to hold spare adrenaline auto-injectors on site**
- This comes from new statutory guidance linked to "**Benedict's Law**"
- Expected to be fully implemented **from September 2026**

## **What schools will now be expected to do**

### **1. Keep spare EpiPens on site**

- Schools should hold **multiple spare devices (often around 4)**
- Used if:
  - a pupil's own pen is missing or fails
  - a child has a **first-time reaction**

### **2. Train ALL staff (not just first aiders)**

- **Annual allergy training for all staff** is expected
- Must include:
  - recognising anaphylaxis
  - how to use an EpiPen
  - emergency response

### **3. Have a separate allergy policy**

Schools must now have:

- A **dedicated allergy safety policy** (not just medical policy)
- It should include:
  - risk management (food, classroom materials, trips)

- emergency procedures
- staff training

#### 4. Individual healthcare plans (IHPs)

- Every child with a diagnosed allergy must have:
  - a **care plan / allergy action plan**

#### 5. Pupils still bring their own EpiPens

- Children at risk must:
  - **carry (or have access to) 2 prescribed AAIs**
- School spares are **backup only**, not replacements

#### 6. Emergency use rules (important)

- **Any trained (or even untrained) staff can legally use an EpiPen in an emergency**
- This is allowed under UK law to **save a life**

So staff **should act immediately**, not wait.

#### Severe Allergic Reaction

The most severe allergic reaction is anaphylactic shock and this develops within seconds of contact

- with the trigger e.g. contact with materials, insect bites/stings, food (peanuts/milk).  
Assess the signs and symptoms e.g. anxiety, red, blotchy skin eruptions, swelling of the tongue and throat, impaired breathing.
- Dial 999/112 for an ambulance.
- Check whether the child has any medication e.g. an epi-pen and help them to use it.
- If conscious sit in a position that helps them to breathe.
- If unconscious open the airway and check their breathing.
- Continue to monitor until paramedic arrives.

#### Burns

- Do not touch the burned area.
- Leave any clothing stuck to the burn in place unless it is contaminated with chemicals.
- Leave blisters intact.
- Hold the burn under cold running water for 10 minutes or until the pain settles, or administer specialist burn ointment.
- Remove any jewellery or other constrictions if possible.
- Cover with a non adhesive, sterile dressing. Cover the area with cling film or a plastic bag.
- If the area of burned skin exceeds 5% of the child or adult's skin, they should always be referred to hospital.
- Dial 999/112 for an ambulance if necessary.

#### Choking

- Ask the child if they are choking, **if they are able to respond, do not treat for choking.**
- Encourage the child to cough.
- If they are unable to clear the obstruction themselves, or cannot cough or breathe, support them with one hand while leaning them forwards.
- Give up to five back blows between their shoulder blades.
- Visually check the child's mouth and remove any obstruction with your fingertips.
- If choking persists, give up to five abdominal thrusts by standing behind the child and linking your hands below their ribcage. Pull sharply inwards and upwards. Check their mouth.
- If the child is still choking, repeat the back blows and thrusts five more times.
- Dial 999/112 and continue until the paramedics take over.

#### Fractures

- A fracture is a broken or cracked bone
- Causes, direct force, indirect force, muscular action
- Treatment= Airways, Breathing, circulation
- Keep the casualty still in the most comfortable position
- Steady and support the injured limb

- Immobilise with padding and bandages
- Treat for shock
- Arrange for medical help

### **Moving Casualties**

Do

- Give verbal commands and work as a team
- Use the correct lifting technique
- Explain to the casualty what is happening

Do not:

- Move them unless absolutely necessary
- Endanger yourself
- Move them on your own if help is available

### **Ambulance**

- A member of the office staff is responsible for telephoning the ambulance.
- The parents/carers should be contacted by telephone.
- If parents or emergency contact are unable to be contacted an appointed person should accompany the child to hospital.

### **First Aid**

The school has a “Duty of Care” towards the children and the appointed person dealing with pupil’s injuries needs to make informed decisions as to the level of treatment required by a pupil or employee.

The school should provide at least one fully stocked first-aid container for each site. Additional first-aid containers will be needed for high risk areas and any off-site activities. All first-aid containers must be marked with a white cross on a green background.

#### **a) Contents of first-aid container**

- A leaflet giving general advice on first aid
- 30 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
- Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings
- 10 Cleansing wipes
- One pair of disposable gloves

First-aid containers should be checked frequently and restocked as soon as possible after use. There should be extra stock in the school.

#### **b) Travelling First-aid containers**

Before undertaking any off-site activities, the Head Teacher should assess what level of first-aid provision is needed. The HSE recommend that, where is no special risk identified, a minimum of first-aid items for travelling first-aid containers is

- A leaflet giving general advice on first aid.
- Six individually wrapped sterile adhesive dressings
- One large sterile un-medicated wound dressing approximately 18cm x 18cm
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves

The school should have a suitable room that can be used for medical treatment when required. The area must contain a washbasin and be reasonably near to a WC, it need not be used solely for medical purposes, but should be appropriate for that purpose and readily available for use when needed.

### **Administration of Medicine**

### **To be carried out by an appointed person only.**

The administration of medicine should only be carried out if the parent is unable to administer to their child due to work commitments or is of a distance away that makes it not feasible. Medication should only be administered upon completion of a signed request form stating child's name, medicine, time and dosage to be given. Staff are under no obligation to issue medication but, if agreed a medicine consent form must be completed. All medicine issued must be logged in the record book and all medication should be kept in the locked cabinet in the office with the exception of asthma pumps.

### **All Medication given should be recorded in the medical book.**

#### Stating

- Name of child
- Medication given
- Date
- Signed
- All medication given to the appointed person should be marked with the child's name accompanied by a signed request form from the parent stating Name of medication, dosage and time and frequency to be given and for what period of time eg. One week or longer.
- Medicine that is not collected by the parent will be disposed of at the pharmacists after a period of two weeks.
- It is the parent's responsibility to inform the school of changes to their child's medical needs.

#### **Asthma**

- Asthma pumps should be labelled with the child's name
- They should be easily accessible for use (usually with the child or in their classroom).
- A form should be completed by the parent stating times and dosages to be taken
- Children should have access to their reliever inhaler if away on a school trip.
- On overnight trips a brown inhaler and the reliever should be taken with a copy of dosage and times to be taken.
- Children should have immediate access to their inhalers during physical exercise.
- Pumps should be checked regularly for in use date and parents advised accordingly.

#### **Seizures (Epilepsy)**

Seizures happen when some of the body's muscles contract involuntarily. They are caused by a disturbance in the brain's activity and some seizures can be violent. The child may not be aware what is happening or may be unconscious. There are two main types that are described simply as absence seizures and major seizures.

#### **Absence Seizure**

An absence seizure is when the child loses general awareness for a few seconds. This can go unnoticed by people around them. Sometimes unusual movements are apparent, such as repeated swallowing or other gestures. There is no immediate treatment for this other than reassurance. Always advise the parent/carer if you believe a child has experience an absence seizure.

#### **Major Seizure**

A major seizure can be identified in the following ways:

- A yell, then sudden stiffening before falling to the ground and starting to convulse.
- Breathing may stop for a while.
- Lips can become grey-blue and the face may be red or puffy.
- Saliva from the mouth can be blood stained if the tongue or lips are bitten.
- Clenched jaw and noisy breathing
- Loss of bowel or bladder control.

#### **If a child has a major seizure**

- Clear the space around them and protect them by padding sharp or dangerous objects with coats or cushions. If possible, protect their head from the floor with a cushion or similar item.
- Loosen tight clothing around the neck, chest and waist.
- Do not put anything into the child's mouth.
- When the seizure stops, check the child's breathing and place them in the recovery position.

- If they are not breathing, be prepared to perform CPR. Do not attempt to force or keep their jaw open.
- Stay with the child and monitor their level of response and breathing.

**An ambulance should be called during a convulsive seizure if;**

It is the child's first seizure and or they are having continuous seizures.

- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the information provided by parents
- A seizure lasts for five minutes if you do not know how long they usually last for that child
- The child is unconscious for more than 10 minutes.

Following the seizure the child should relax and their breathing return to normal. The child may be exhausted and want to sleep. Do not wake them.

**Diabetes**

Diabetes affects up to one in ten of the population and people from all age groups. It is caused by a deficiency of, or a resistance to, insulin. This impairs the body's ability to store and use glucose so its blood sugar levels become dangerously low or high.

Each child may experience different symptoms and the school should be made aware of each child's individual need. Diabetes in the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection, provided they have received training and have agreed to do so. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular levels. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Young children may need adult supervision to carry out the test and/or interpret test results.

When staff members agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of **low blood sugar – a hypoglycaemic reaction** in a child with diabetes:

- Weakness, faintness or hunger
- Palpitations or muscle tremors
- Strange actions or behaviour; confused, belligerent or even violent
- Sweating
- Pale, cold and clammy skin
- Strong, bounding pulse

Staff should also be aware that the following symptoms, either individually or combined, may be indicators of **high blood sugar – a hyperglycaemic reaction** in a child with diabetes:

- Warm, dry, red skin
- Deep and sighing breathing
- Sweet smell on the breath
- Restless, drowsy or lethargic behaviour

All diabetic children should have an "emergency" box at school containing the following items:

- Care plan (updated regularly)
- Sugary drink
- Hypostop or glucose tablets

- Blood sugar monitor and supplies
- Sharps bin

### **Controlled Drugs**

- Such as (Ritalin) should be stored in a locked container within a locked cabinet.

In circumstances such as the administration of rectal diazepam, the dosage and administration should be the responsibility of the parent/carer.

Children may administer (where appropriate) their own medication under supervision of an adult.

Staff members, who have agreed to administer medicine to an allergic child in an emergency, will need to have training.

Kitchen staff need to be fully aware of child's particular requirements. A kitchen Code of Practice should be in force.

### **Refusing medicine**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records staff should then depending on the condition inform parents either by telephone or send a letter home.

### **Educational visits**

It is the school's responsibility to ensure that all relevant steps are taken to ensure a pupil with medical needs is able to participate fully and safely on visits.

A copy of any Health Care Plan should be taken on visits in the event of the information being needed in an emergency. Parent emergency contact numbers should be obtained before the visit particularly for residential visits.

### **Sporting activities**

There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities.

### **Children with severe medical needs**

The Head teacher will need to agree with the parents exactly what support can be provided. See Equal Opportunities and Accessibility Plan.

### **Teachers and other staff**

Staff with children with medical needs in their class should be informed about the nature of the condition and when and where the children may need extra attention. The child's parents and health professionals should provide this information. This will be provided by a register of medical needs.

### **School staff giving medicines**

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

### **Appointed Person**

First Aiders: Updated list is kept in the First Aid cupboard and with the personnel manager.

First Aid Boxes: The primary first aid box is kept in the school office. Every classroom has a basic first aid kit.

First Aid boxes / bags are taken onto the playground for playtimes and lunchtimes

Ice packs are stored in the school office.  
There is a fully stocked First Aid kit kept in the EYFS department

Medical/First Aid Room: The School Office doubles as a medical room. (First aid treatment takes place within the classroom or on the playground)

### **Accident Report Book**

An accident report book is kept in the School Office (school staff only). This must be used to report any accidents had by adults or visitors in the school.

Each class has their own first aid record to record when first aid has been administered. This is taken outside with the class first aid kit.

PPE: Plastic gloves are to be worn when dealing with all incidents. Bloods/soiled dressing and used gloves should be disposed of in the 'first aid waste' bin in the School Office (in the black lidded bins in the classroom).

### **Illness**

The decision to send an unwell child home will be made by the Head of School. If neither are available the office staff will make an informed decision.

### **Children with Special Medical Conditions/Needs (including Asthma)**

These children will have protocols in a health care plan which will be drawn up in consultation with the Inclusion Team, parents and medical professionals and will be circulated to staff as appropriate. These are to be reviewed annually or more often if necessary. A list of children with special medical conditions is issued to class teachers. (see separate policy regarding managing medical conditions)

### **Children needing personal changing/intimate care**

We follow EYFS statutory guidance on meeting the needs of the individual child. We acknowledge that very young children will have toileting 'accidents' and, in rare cases, may still wear nappies. These children will be assisted in the class toilet area by two members of staff. The pupil's dignity will be considered and staff will encourage each child to do as much for themselves as they can. (see Intimate Care Policy)

Plans will be made for all children with regular requirements of an intimate nature. e.g. IEPs. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

### **Monitoring**

This policy will be monitored by the senior leadership team in accordance with our procedures outlined below. It should be read and followed in conjunction with the Child Protection, Supporting Pupils with Medical Conditions, Intimate Care, Health, Safety & Wellbeing and Inclusion policies.

The Governing Board (CARS committee) will review the policy every three years.



Appendix A

**MEDICAL AND FIRST AID PROCEDURES**

<b>Person with overall responsibility for medical and first aid in school:</b>	Head of School
<b>Person responsible for storing and ordering First Aid equipment:</b>	GB
<b>Person responsible for specific individual healthcare plans:</b>	SC / TC
<b>Person responsible for allergy identification and recording:</b>	GB
<b>Person responsible for allergy care plans (auto injectors):</b>	GB
<b>Main First Aid point location:</b>	School Office
<b>Other First Aid locations / facilities:</b>	Each class has a small first aid kit containing plasters and wipes. First Aid kits are also taken outside at break and lunchtimes and on school visits
<b>Location of Automatic External Defibrillator (AED)</b>	Outside Hub
<b>Appointed Paediatric First Aiders:</b>	SB, LT, JM, LG. GC
<b>Appointed First Aiders:</b>	GB, KL, KC, RH, CM,

**Procedures – First Aid**

Classroom	<ul style="list-style-type: none"> <li>• Each class has a basic first aid kit containing wipes &amp; plasters.</li> <li>• LSA (in class or year group) to deal with any minor first aid issues within the class</li> <li>• Any soft tissue injury can be treated in the classroom, following the procedures outlined below.</li> <li>• Class First Aid Record to be filled in after any treatment given (in the class or anywhere else)</li> <li>• Treatment letter to be sent home with child at the end of the day.</li> </ul>
Playground – morning break time	<ul style="list-style-type: none"> <li>• Member of staff on duty to take out first aid kit for year group use</li> <li>• Any first aid treatment given must be recorded on class first aid record</li> <li>• Treatment letter to be filled in by member of staff who carried out the first aid treatment and sent home with child at the end of the day.</li> </ul>
Playground - lunchtime	<ul style="list-style-type: none"> <li>• MDAs to administer first aid for own class and record on class first aid record • KS2 - Member of staff on first aid duty to take out first aid kit</li> <li>• First aid treatment recorded in the lunchtime first aid record.</li> <li>• Treatment letter to be filled in by member of staff who carried out the treatment and given to class teacher or LSA to be sent home with the child at the end of the day.</li> </ul>

Hall - lunchtime	<ul style="list-style-type: none"> <li>• Member of staff on duty or responsible for child at that time to use first aid equipment in the school office.</li> <li>• First aid treatment needs to be initially recorded in the lunchtime first aid record but transferred to the class record at the end of lunchtime.</li> </ul>
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**Procedures – specific injuries or conditions**

Head injury	<ul style="list-style-type: none"> <li>• Any head injury must be examined thoroughly. • Ask child to take their hair out of any bands etc.</li> <li>• An ice pack (not wet cotton wool) must be applied and child must sit with you for a minimum of 10 minutes.</li> <li>• Observe child during this time – if they appear ok (no dizziness, nausea and are not pale or clammy) they can carry on with play.</li> <li>• Make sure the class teacher knows.</li> <li>• Adults to keep observing during the day for any signs of concussion. Record the injury and treatment on the class first aid record &amp; let the office know about it.</li> <li>• Make a phone call to the child’s parent to let them know. Parent may want to come and check their child – this is ok.</li> <li>• Send home a first aid treatment letter with the child at the end of the day (even if a phone call has been made).</li> </ul>
Soft tissue injury (twist, sprain etc)	<ul style="list-style-type: none"> <li>• This can be treated in class or on the playground – child does not need to come to the office. If a child says they have twisted a part of their body examine carefully and observe their pain threshold. Apply an ice pack if they are in significant pain and elevate/support the injured area.</li> <li>• Child needs to rest for a minimum of 10 minutes (use common sense).</li> <li>• Record the injury and treatment on the class first aid record &amp; let the office know about it. • If the child is in a lot of pain, let the office know and someone will come and give a second opinion – DO NOT MAKE THE CHILD WALK TO THE OFFICE IF THEY HAVE INJURED THEIR FOOT OR LEG.</li> <li>• If the child is still in pain after 15 minutes or if the injury looks more serious, call the parent and ask them to collect the child and get them checked by a medical professional.</li> <li>• Send home a first aid treatment letter with the child at the end of the day (even if a phone call has been made).</li> </ul>
Fainting, collapsing or seizures	<ul style="list-style-type: none"> <li>• Follow recommended first aid treatment procedures (as in training)</li> <li>• Call 999</li> <li>• If patient is not breathing – rescue breathes to be given</li> <li>• If patient has no heartbeat – use chest compressions and send for the defibrillator. • Call the school office for support</li> </ul>
Asthma inhaler used by pupil	<ul style="list-style-type: none"> <li>• Inhalers to be stored in child’s class (in first aid cabinet) or taken outside with them during playtimes, PE lessons etc.</li> <li>• Adult to check on healthcare plan what dosage is required.</li> <li>• Dosage recorded on individual treatment record.</li> </ul>
Auto-injector used by pupil	<ul style="list-style-type: none"> <li>• Auto-injector to be stored in child’s class in first aid cabinet and must be taken wherever the child is.</li> <li>• Staff to call 999 and ask for ambulance, explaining that a child was at risk or has gone into anaphylaxis shock and that an auto injector has been used.</li> <li>• Phone call to parents after to inform of actions taken.</li> <li>• Use recorded on child’s individual treatment record.</li> </ul>

Allergies to foods	<ul style="list-style-type: none"> <li>• Allergy Information Form completed by parent.</li> <li>• School to create lanyard for child.</li> <li>• List of pupils with allergies given to each class teacher, office and kitchen staff.</li> <li>• Pupil wears lanyard at lunchtime; this is checked by MDA in servery area and kitchen staff before food is served.</li> </ul>
Administering medications	<ul style="list-style-type: none"> <li>• Staff must be present when children are takin medications and watch to ensure they take them correctly, following the care plan provided.</li> <li>• If child is using inhaler, in addition to normal dose, parents must be informed by the class teacher or office.</li> <li>• All medications administered must be recorded on the child's individual record.</li> </ul>

### Procedures – FORMS

Class First Aid Treatment Record	<ul style="list-style-type: none"> <li>• Every class has these in a green folder</li> <li>• To be completed every time first aid treatment is given.</li> </ul>
Specific medical conditions – individual treatment / medication record	<ul style="list-style-type: none"> <li>• If a child has a specific medical condition and requires treatment or medication (asthma, anaphylaxis, diabetes, cystic fibrosis etc.), they will have an individual medication record.</li> <li>• This must be completed every time they take any medication, including the use of asthma inhalers.</li> <li>• This form will also be used if a child has been prescribed medication for an illness or infection. <ul style="list-style-type: none"> <li>• Depending on where the medication is given (class or office) will depend on where the record is kept.</li> </ul> </li> </ul>
Allergy Information Form	<ul style="list-style-type: none"> <li>• This must be given to all new starters as part of the admissions process.</li> <li>• Information from this is transferred onto SIMS and the correct lanyard created and given to the child's class teacher.</li> </ul>
Asthma Care Plan	<ul style="list-style-type: none"> <li>• These must be completed by the parents for every child who uses an inhaler.</li> <li>• Copies must be kept in the school office, uploaded onto CPOMS and in the child's class green medical folder</li> </ul>
Allergy / Anaphylaxis Care Plan	<ul style="list-style-type: none"> <li>• These must be given to the GP to complete for all children who are prescribed an Auto-injector.</li> <li>• Copies must be kept in the school office, uploaded onto CPOMS and in the child's class green medical folder.</li> <li>• NB: There are different plans for different types of auto-injectors so make sure the correct one is completed.</li> </ul>
Lunchtime first aid record	<ul style="list-style-type: none"> <li>• This is kept with the playground first aid kits and must be taken outside at lunchtimes.</li> <li>• MDAs are responsible for completing this when carrying out first aid treatment.</li> </ul>
Parental Agreement for the Administration of Medicines	<ul style="list-style-type: none"> <li>• Parents must complete this form if a child needs medicines at school (including asthma pumps, insulin etc).</li> <li>• Only medicines that are prescribed by a doctor and require 4 doses a day or a dose at a specific time during the school day are allowed to be administered in school. Parents must bring the medication to the school office and it must be in its original packaging, with dispensing information attached.</li> <li>• If other medication is required, parents may bring this to school and administer it themselves.</li> <li>• Copies of this form must be kept in the school office.</li> </ul>

First Aid Treatment Letter	<ul style="list-style-type: none"> <li>This must be completed for every child who receives any first aid and given to the child to take home.</li> </ul>
Care Plans (including anaphylaxis & asthma)	<ul style="list-style-type: none"> <li>Any child with a specific medical condition must have a care plan in place</li> <li>Copies of this must be kept in the school office and uploaded onto CPOMS and shared with relevant staff</li> <li>Care plans must be transferred with the child when they move schools.</li> <li>Care plans must be updated annually by SMT but reviewed each term by the class teacher to ensure everything is still relevant and correct.</li> </ul>

**Procedures – STORAGE OF MEDICATIONS ALL MEDICATION MUST BE KEPT SECURELY – IN A LOCKED CUPBOARD**

Asthma inhalers	Kept in child's classroom in first aid cabinet. Taken with the child when outside for PE or on other activities.
Auto-injectors	Kept accessible to child at all times (wherever they are). Spare auto-injectors in school office.
Diabetes equipment and insulin	Kept accessible to child at all times (wherever they are). Spare insulin to be stored in fridge in school office.
Antihistamine (Piriton etc)	To be stored in locked cupboard in school office or in class medical cabinet (Kept locked). Medication must be in original packaging and be clearly labelled with child's name and the dosage requirements
Pain relief	To be stored in locked cupboard in school office. Medication must be in original packaging and be clearly labelled with child's name and the dosage requirements
Antibiotics (liquid)	To be stored in fridge in school office
Antibiotics (tablet form)	To be stored in locked cupboard in school office. Medication must be in original packaging and be clearly labelled with child's name and the dosage requirements
Any other medications	Check on packaging or healthcare plan for storage instructions
Expiry dates	<ul style="list-style-type: none"> <li>All medication used must be in date.</li> <li>It is the parents' responsibility to provide the school with medication which is in date.</li> <li>Class teacher / LSAs will check medications every term and will notify the parents if medication is reaching or is past its expiry date.</li> <li>The class team will sign their class checklist to say this has been completed and JH/SN will double-check and record in office medical file.</li> </ul>

***NB: If auto-injectors, antihistamine or asthma inhalers are not in date, the school may not allow the child to be in school if it is felt that the child may be at risk of harm by not having medication on site.***

**Monitoring & Reviewing**

Care Plans (inc. allergy and asthma plans)	<ul style="list-style-type: none"> <li>Updated annually by Sarah Carswell / SENco</li> <li>Review termly by class teacher with parent</li> <li>Must be updated if any changes to medications, treatments or condition</li> </ul>
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Allergy list	<ul style="list-style-type: none"> <li>• Updated / reviewed in July every year by office staff</li> <li>• New forms sent home if changes are needed</li> </ul>
First Aid kits	<ul style="list-style-type: none"> <li>• Class kits to be checked and re-stocked by class LSA</li> <li>• Office equipment to be checked half termly by office staff</li> <li>• Playground kit to be checked and re-stocked by lead MDA</li> </ul>
Medications – asthma pumps, antihistamine, auto injectors	<ul style="list-style-type: none"> <li>• September – class LSA checks medication in class and reports to</li> <li>• to record on central list</li> <li>• If any is out of date, class LSA to contact the parent and ask for new medications.</li> </ul>
Expiry Dates	<ul style="list-style-type: none"> <li>• Checked termly (September, December, April) by class LSA</li> <li>• Parents contacted for new medications if needed (before they expire)</li> <li>• Office staff to monitor / audit checking process</li> </ul>
First Aid records	<ul style="list-style-type: none"> <li>• Checked by each half term</li> </ul>
General Audit	<ul style="list-style-type: none"> <li>• Medical audit by SLT each term with a specific focus</li> </ul>
Medical Conditions List	<ul style="list-style-type: none"> <li>• Termly check with</li> </ul>