



**LOWER PEOVER**  
CofE Primary School

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## **First Aid and Medications Policy**

<b>Date:</b>	<b>October 2022</b>
<b>Chair of Governors:</b>	<b>Louise Lawton</b>
<b>Review:</b>	<b>October 2024</b>

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## Further References

Documents: [CWAC Guidance intranet A-Z H for health & safety](#)

DfE - Supporting Pupils at School with Medical Conditions [Dec 2015] Public Health England – Guidance on infection control in schools and other childcare settings [Sep 2014]

## First Aid Arrangements

### First Aid Provision

First-aid provision should be available at all times while people are on school premises and off the premises whilst on school visits

#### 1 First Aiders and Personnel

- 1.1 The school's current first-aider(s) and appointed persons are shown on the first-aid notices located in the staffroom and first aid room.
- 1.2 The main duties of a first-aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school, and to call an ambulance or other professional help.
- 1.3 An appointed person, in the absence of a first aider, is someone who takes charge when someone is injured or becomes ill and ensures that an ambulance or other professional medical help is summoned. They will deal with routine first aid requirements but must not give first aid treatment for which they have not been trained.
- 1.4 First aiders and appointed persons should be trained in accordance with HSE requirements. The school admin staff hold a record of first aiders and their certification dates.
- 1.5 First Aiders should be called upon when an accident requires treatment. They are not expected to deal with very minor injuries such as falling over where comfort and reassurance and a wet paper towel would suffice. They should not be called upon when a child is sick. The headteacher or deputy headteacher should be consulted on whether children complaining of being unwell should go home. It is not for administrative staff in the office to determine whether a child is unwell enough to go home.

#### 2 Facilities and supplies

- 2.1 The school's first aid stock is located in the staff room. The room contains a full stock of first aid supplies and a bed.  
Medication requiring refrigeration is stored in the medications fridge.
- 2.2 Epi-pens are located in the first aid drawer. On no account must these be locked away.
- 2.3 In addition, a small stock of first aid supplies is kept in bags for the mid day assistants to wear.

#### 3 Educational visits

- 3.1 The group leader should have a good working knowledge of first aid and ensure that adequate first aid supplies are taken.
- 3.2 A risk assessment of the trip will ascertain whether the venue has qualified first aiders and note any pupils requiring medication to be taken on the trip. The risk assessment will also note any potential hazards or risks on the trip which could require first aid.



3.3 On visits that involve adventurous activities, visits abroad or residential visits where the accommodation does not provide 24-hour first aid cover, the party should, include a competent person to carry out first aid.

#### **4 Hygiene/ Infection control**

4.1 Staff should take precautions to avoid infection and should follow basic hygiene procedures and take appropriate care when dealing with blood or other body fluids. See 'Health Issues for Employees Guidance Note' within the Departmental Health and Safety Manual.

4.2 In line with NHS guidance children have been absent with stomach upsets they must remain off school for 48 hours following the last incident of vomiting or diarrhoea.

4.3 We ask parents and carers to inform us of incidence of head lice and then pass this on to the school community on order that all families can be vigilant. We do not check children's hair, although if lice are observed, parents and carers will be requested to treat at home, before returning to school.

4.4 Following any incident of norovirus or winter vomiting cleaning staff are informed and additional cleaning carried out as appropriate. This may include a deep clean, where a high percentage of children have been off school and there has been a high incidence of vomiting in the building.

4.5 Hand washing remains the most important step in preventing infections. Good hand hygiene should be enforced for all pupils and staff and a programme should be put into place that encourages children to wash their hands at the start of the school day, after using the toilet, after play, before and after eating, and at the end of the school day. It is important that hands are washed correctly and pictures and guides are displayed in all washrooms.

4.6 Liquid soap via a soap dispenser is available with a plentiful supply of paper towels.

4.7 Children and adults are encouraged to cover their mouth and nose with a tissue when they cough and sneeze and to wash hands after using or disposing of tissues. Spitting is discouraged.

4.8 Breaching the skin barrier provides a portal of entry for organisms such as Scarlet Fever, therefore children and staff are reminded that all scrapes or wounds should be thoroughly cleaned and covered while at school.

#### **5 Other building users**

5.1 Out of school clubs run by private providers and catering staff are responsible for their own first aid arrangements and for providing their own equipment.

5.2 Contractors and other visitors will be covered by the school's first aid arrangements.

5.3 Kids Club and organisations using the building out of hours are required to provide a risk assessment including the name/s of qualified first aiders in attendance.

#### **6 Reporting accidents and record keeping**

6.1 For very minor accidents such as a fall not requiring treatment other than some sympathy it can be dealt with by any member of staff and is recorded informally in the accident book. This should include the date and time of the accident and any care provided (e.g. wet paper towel, medi-wipe).

6.2 Minor accidents where there is an open wound, grazing or bruising require the wound cleaning and dressing. A minor accident form should be completed. The following information should be recorded:

- Date of accident
  - Name of injured person
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- Where the accident occurred
  - Time
  - Reason for the accident
  - Any first aid provided
  - Other action taken (eg sent home, parents called)
  - The first aid room is located with the disabled WC in the entrance hall. First aid supplies and the accident book are located in the first aid room.
- 6.3 Any bump to the head must be reported to a qualified first aider who will attend the child. A bump note and minor accident form must be completed for all head bumps, no matter whether a lump is apparent. The child will require a minor accident form to be completed and the attached bump note should be taken home. When a bump to the head occurs at lunch time or play time the member of staff on duty who is in attendance must inform the class teacher so an eye can be kept on the child.
- 6.4 A 'head bump' letter must be sent home to inform parents of all bumps to the head. The teacher/s teaching the child after the bump must be informed by the person in attendance.
- 6.5 For any accident requiring parents/carers to be called and the child leave school early, the bursar/office manager must be informed and a 'Prime Safety' online report must be made to the Local Authority.
- 6.6 If a child goes home at the usual time, with an injury that has been attended by a first aider, and the parent/carer subsequently seeks further medical advice, a prime safety report must be made by the bursar/office manager.

## **7 Defibrillator**

7.1 A defibrillator is located in school, by the accessible toilet

7.2 Defibrillator training is included within the routine first aid training for staff.

## **8 Emergencies**

8.1 In a medical emergency one member of staff must ensure an ambulance is called. Another, preferably a trained first aider, should stay with the patient. A member staff should open the gate to the playground if required and then stand by the school gate to guide the ambulance into school and to the right place. Other staff must ensure that children are kept away and reassured if required.

8.2 Following a medical emergency the school leadership team will evaluate the success of their policies, consider whether any amendments are required and provide support to anyone affected.

## **Medication in School**

Under the Equality Act and our statutory duties updated in DFE circular Supporting Pupils at School with Medical Conditions [Dec 2015] we expect that on rare occasions or unusual circumstances, we are required to administer medication and we follow Cheshire West & Chester LA guidance.

## **9 Guidelines and Procedures**

9.1 We work closely with other agencies such as the School Nurse and Macmillan nurses when appropriate to ensure that staff are competent to administer first aid medication in specific, unusual, cases. We will work under the supervision and direction of medically trained personnel from the NHS to administer routine medication. We do not expect medically untrained staff in school to make clinical decisions regarding dosage or when to give medication (other than inhalers and epipens which are in common use and with which teaching staff are familiar). While all staff retain the right

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to refuse to give medication, the head teacher has a responsibility to ensure that medication required in a child's health or care plan is administered.

- 9.1 Parents requesting medication to be administered in school must obtain a written request from the child's GP, nurse or doctor stating that the medication must be administered in school hours.
- 9.2 Parents and carers must complete **both sides** of the CWAC form requesting that the medication be administered in school.
- 9.3 No medication will be administered without the authorisation of the headteacher, or deputy headteacher in her absence.
- 9.4 Parents and carers, not the school, are responsible for ensuring that medication is up to date.
- 9.5 Medication is stored in the staff room with antibiotics and medication requiring refrigeration stored in the fridge in the staff room. Any medication left over holidays may be destroyed or returned to a pharmacy.
- 9.6 Emergency medication such as inhalers and epi-pens are kept in an accessible place.
- 9.7 The school will only administer medication such as antibiotics, required more than three times a day or that which must be taken within the school day, under instruction from a medical professional.
- 9.8 Only the headteacher, deputy headteacher in her absence or a qualified first aider may administer medication to children.
- 9.9 Parents or carers may be asked to come into school to administer medication themselves.
- 9.10 Throat sweets are not permitted in school as they are no more effective than a drink of water.
- 9.11 We do not administer over the counter medication such as Calpol although parents and carers may come into school to administer this if they wish.
- 9.12 Parents or carers must complete a formal request in advance, the headteacher or deputy in her absence is the person who authorises medication.
- 9.13 Doses given are recorded on the reverse of the request form.
- 9.14 The school accepts no responsibility for medication for pupils not administered because the child has failed to come for it.
- 9.15 In the case of serious medical conditions the school may require a welfare assistant to support a child's medical needs, including the administration of medication.

## **10 Asthma**

- 10.1 Parents and carers must advise the school if their child is asthmatic and keep us informed regarding the most recent care plan for their child. Inhalers are kept in an unlocked drawer in the medical room or the child's classroom. Children have access to their inhaler throughout the day.
  - 10.2 All staff have a list of all children with medical and other needs who require additional care and attention in school. The teacher should note the time the child uses their inhaler. If the child does not experience relief within ten minutes, the head teacher, or deputy in her absence will take the decision to call their parents and an ambulance. Any child with asthma, having difficulty breathing or having used an inhaler must be accompanied closely by an adult and kept in direct sight of an adult who should monitor their condition over time and consult a first aider if concerned.
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## **11 Allergies**

- 11.1 It is the responsibility of parents and carers to inform the school of any allergies affecting their child in school. Following the Serious Case Review into the death of Daniel Pelka, we require an instruction from a medical professional regarding serious allergies, in particular food allergies, before particular foodstuffs are withheld in school.
- 11.2 Epi-pens must be kept in school and the parent/carer must take responsibility for ensuring the medication is in-date and a copy of the care plan is given to the school. We keep Piriton in school to be given before an epi-pen is used.

## **12 Monitoring and Review**

- 12.1 The Bursar and head teacher will carry out an annual review of the school's first aid needs and provision. In addition to annual reviews, case reviews will be carried out informally or formally when appropriate.
- 12.2 First aid stocks will be checked and replenished every half term by the first aid coordinator.
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