

The Quinta Primary School

Medicines and First Aid Policy

Approved by governors:	FGB 4 – March 2026
Last reviewed	March 2026
Next review due by:	March 2027
Lead Practitioner	Jackie Robinson

Changes since last review	

Policy Statement

- The school will provide appropriate first aid support to pupils, staff and visitors who are injured or become unwell on the school site, during authorised off-site activities and educational visits, in line with the Health and Safety (First Aid) Regulations 1981 and relevant guidance.
- In addition to the above the school will administer medication to pupils following the guidelines below.
- Although staff duties do not have to include giving first aid, any staff member may volunteer to undertake these tasks. The school will ensure that the building has adequate and appropriate trained and qualified staff in the role of first aiders, to meet statutory requirements. The number of first aiders will also follow LA policy and procedure, allowing for sick leave, trips, lunchtimes or off site training.
- **The Lead practitioner for first aid is Mrs Jackie Robinson**, who will identify and recommend training needs for the Senior Leadership Team to agree, and organise training, arrange refresher/renewals for those staff designated as First Aiders.
- The risk assessment of first aid needs and administration of medicines will be carried out in accordance with HSE guidelines, LA procedures and DfE statutory guidance “*Supporting pupils with medical conditions at school*”. The assessment will include the needs of staff, pupils and visitors to the school.
- First aid boxes are readily available in all classrooms, (class teachers to ensure these are stocked). Singular stocked first aid boxes/bags will also be available to take out during trips, playtimes and local visits.

- The school will fully acknowledge and support any members of staff or pupils with specific medical conditions. Individual specific medical plans will be put in place in these incidences. Each plan will detail any special daily requirements, any daily medication, symptoms or signs of illness, appropriate treatment and emergency contact details. These will be shared with appropriate staff where necessary to protect pupil safety.
- The school has a designated First aid Room which contain First Aid supplies and the files/books/forms that need to be kept as a matter of record.
- Medical information relating to pupils is kept in the main office and the school MIS system (Arbor). All medical information is treated as confidential and handled in accordance with the school's Data Protection Policy. Access is restricted to authorised staff only and information will be shared strictly on a need to know basis.

First Aid

- First aiders have completed training and hold a valid certificate of competence approved by the Health and Safety Executive (HSE).
- First aiders should give immediate help to casualties with common injuries or illness and those arising from specific hazards and be responsible for their own safety.
- When necessary, first aiders must ensure that an ambulance or other professional medical help is called.
- First aiders must keep a record of all incidents where first aid has been administered for injury or illness.
- First aiders should stock first aid areas, monitor use by dates on equipment and place orders for new stock when necessary, under the instruction of the Head Teacher/Budget Holder.

Administration of First Aid

- First aid must be administered by a member of school staff who is a named first aider or by a member of staff who has been trained accordingly.

- When administering first aid the first aider must always take into account their own safety along with the safety of others. i.e.
 - Will entering a situation put the first aider or anyone else at risk?
 - Does the first aider need to be wearing protective clothing? (Gloves/apron)
 - If an item of pupil's clothing needs to be removed, ensure that more than one member of staff is present while first aid is being administered.
 - After administering first aid, has the area been cleaned appropriately and left tidy?

- When administering first aid, it may be necessary for first aiders to refer to pupil's medical information. There may be a medical reason why a pupil is feeling unwell, or a pupil may have an allergy to plasters.

- When any first aid is given, for injury or illness, it must be logged on the school's MIS (Arbor)
- If it is necessary to contact emergency services or parents/guardians, the injury or illness must be promptly reported to the main office. Office staff will then contact the appropriate people. If it is not necessary to contact emergency services or parents/guardians, then where possible inform parents/guardians of any injury or illness at home time. If this is not possible the appropriate note must be filled in to go home informing parents/guardians about any injury or illness. This is done on the school home communication app (Seesaw)
- A record of all injuries/illness requiring first aid will be logged and kept on the schools MIS (Arbor) The information will be logged under the following headings:
 - Name of injured or ill person
 - Year group or class
 - Date/Time of injury or illness
 - Injury or illness occurred
 - Where injury or illness took place
 - What happened prior to injury or illness
 - Treatment
 - Name of treatment provider
 - Uploaded to Seesaw

- Any injury or illness deemed to be of a more serious nature will be reported to the lead first aid practitioner. The lead first aider will decide whether this requires reporting on the schools accident and incident reporting software 'Prime'.

Administration of Medicines

Parents/carers are responsible for informing the school of their child's medical needs, whether long-term or short-term. No medication will be administered without appropriate written consent and, where required, sufficient medical information to allow the school to do so safely. Before requesting administration in school, parents/carers should consider with the prescriber whether the medication can reasonably be given outside school hours.

The school retain the right to contact parents in case where risk assessments have been undertaken relating to a pupil's health and request that the pupil be taken home due to their ill health.

All medicine is kept in a secure cabinet in the teacher's resource room. This is locked and pupils do not have open access to this area. Any medication that needs to be kept refrigerated is kept in the staff fridge which pupils do not have open access to.

Guidelines:

1. Written agreement from parents will be required before any medicines are given to pupils.
2. The school will usually only administer medication that has been prescribed by an authorised healthcare professional and is in the original pharmacy packaging with the child's name, dosage and administration instructions. Non-prescription medication will not normally be administered unless specifically agreed by the Headteacher or lead first aid practitioner in exceptional circumstances and supported by clear written parental consent.
3. Medication must be handed directly to the school office or other authorised member of staff by a parent/carer, unless an alternative arrangement has been agreed. The receiving member of staff should check the name, dosage instructions and expiry date. Medication must be stored securely and administered only by appropriately trained staff. A written record must be completed each time medication is administered.
4. Trained First Aiders will administer the medicine. A record of the administration, dosage given, time and who gave will be kept. A book/file is kept in the First Aid room and will complete each time a child is given medication.

5. Relevant information from the individual healthcare plan will be shared only with staff who need it in order to support the pupil safely. Emergency action information will be readily available to appropriate staff.
6. Where applicable, pupils will be supported and encouraged to self-manage their medicine. This is particularly relevant to asthma where pupils need to carry their medication with them. Where pupils can take their medications themselves, staff need only supervise the procedure. Self-administration will only be permitted where agreed by parents/carers, the pupil (where appropriate) and the school and documented within the individual Health Care Plan.
7. All medicines should be returned to the parents when they are no longer required or at a time agreed with the parent. If any medication is not collected these medicines should be returned to a local pharmacy for safe disposal.
8. Educational visits; through risk assessments of visits the schools will need to consider what reasonable adjustments need to be made to enable pupils with medical needs to participate in the visits. These adjustments will need additional consideration if the pupils are undertaking a residential visit and a Health Care Plan may need amending or writing (depending on the need). For residential visits, all medical needs and medication of pupils undertaking the visit will need to be gained from parents and staff leading the visit will need to ensure medication is kept safe and administered correctly.

Circumstances requiring special caution

Administration of all medicines requires caution but some require special attention these are:

- Where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken.
- Where some technical or medical knowledge or expertise is required.
- Where intimate contact is required.

In these cases the Headteacher/Lead first aider will seek medical advice and evaluate if it is in the best interests of the child and staff to undertake the administration of medicines that fall under the above categories. For any invasive procedures or intimate contact these will only be undertaken by trained medical staff, (not school staff), with a second member of staff present.

Within schools there are four common conditions that mostly cause concern; these are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). Appendix A contains notes to offer basic information on these conditions.

APPENDIX A

Asthma

Asthma is common; one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore staff in early years/primary school, who have such children in their classes **must** know how to identify when symptoms are getting worse and what to do when this happens. **This should be supported by written asthma plans, individual Health Care Plans and training and support for staff.**

There are two main types of medicines to treat asthma, relievers and preventers:

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.

Preventers (brown, red, orange or green inhalers) taken daily to make airways less sensitive to the triggers. Usually preventers are used out of school hours.

Young people with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safe but in an accessible place, clearly marked with the young person's name and always available during physical education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

Epilepsy

Young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

Seizures can take many different forms. Parents and health care professionals should provide information to schools, setting out the particular pattern of individual young person's epilepsy. This should be incorporated into the Health Care Plan.

If a young person experiences a seizure in school the following details should be recorded and relayed to the parents.

- Any factors which might have acted as a trigger to the seizure e.g. visual/auditory, stimulation or emotion.
 - Unusual 'feelings' reported by the young person prior to the seizure.
 - Parts of the body showing signs of the seizure i.e limbs or facial muscles.
 - Timing of the seizure – when it began and how long it lasted.
 - Whether the young person lost consciousness.
 - Whether the young person was incontinent.

After a seizure, the young person may feel tired, be confused, have a headache and need time to rest or sleep.

Most young people with epilepsy take anti – epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the chance of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Extra care may be needed in some areas such as swimming or working in science laboratories. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect during a convulsive seizure. Nothing should be placed in the mouth. After the seizure has stopped they should be placed in the recovery position and stayed with until fully recovered. Emergency procedures should be detailed in the Health Care Plan.

Diabetes

One in 550 school age children will have diabetes. Most have Type 1 diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young person's needs or the insulin is not working properly (Type 2 diabetes).

Each young person may experience different symptoms and this should be detailed in their Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents' attention.

Diabetes is mainly controlled by insulin injections with most younger children a twice daily injection regime of a longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

Young people with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care professionals.

Young people with diabetes need to be allowed to eat regularly during the day i.e eating snacks during class time or prior to exercise. Staff in charge of physical education or other physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

The following symptoms, individually or combined, may be signs of low blood sugar – a **hypoglycaemic** reaction: i.e hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience **hyperglycaemic** (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected symptoms and emergency procedures to be followed.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It visually occurs within seconds or minutes of exposure to certain food or substances.

Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit i.e kiwi fruit and also penicillin, latex or stinging insects (bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among young people there may be swelling in the throat which can restrict the air supply or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices containing one measured dose of adrenaline are available (via prescription). Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than hold back.

Day to day policy measures are needed for food management, awareness of the young person's needs in relation to diet, school menu, individual meal requirements and snacks in school.

Parents may often ask for the Headteachers to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic young people should be taken.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Where an adrenaline auto-injector is administered, emergency services must be called immediately and parents/carers informed as soon as possible.

