First Aid & Medication Policy

Policy ratified by the Finance & Premises Committee

Summer Term 2026

Review Date: Summer Term 2027 (or as required)

Policy Owner: Hayley O'Brien – School Business Manager

EXTERNAL POLICY

FIRST AID & MEDICATION POLICY

This policy is written with the treatment of children in mind, however, the same procedures will be followed for all on site incidences, including staff and visitors.

All external providers of after school activities are instructed to provide their own qualified first aider and first aid kit (although clubs organised and run by Grove Park School staff may use the school first aid facilities and equipment).

School staff designated to administer first aid or medicines to pupils will be covered by the school in the event of liability/negligence claims made against them, as long as they have taken all reasonable steps to follow the procedures contained in these guidelines and parental instructions.

Many staff at Grove Park are qualified first aiders including the majority of Teaching Assistants and Lunchtime Staff (SMSAs). A full list can be found in the First Aid room.

Overall responsibility for First Aid (Lead First Aider) is the Welfare Officer (Deborah Ferguson).

This policy is to be read alongside our Health & Safety Policy, Safeguarding and Intimate Care Policy.

Minor Incidents requiring First Aid (cuts, bruises, scrapes etc)

First Aid boxes are kept in the following areas:

- The First Aid room
- The Back Office
- Reception class (by sink area)
- Nursery class (first aid shelf)
- Every classroom
- The School Flat

First aid equipment, when used, should be replenished by the first aider, using the main store in the first aid room. SMSAs must do this daily before leaving. The Welfare Officer is responsible for reordering stock as and when it is needed, within the annual budget allowance.

A first aid kit will be carried by a teacher or TA going outside the school on a trip for use in minor incidents. If a more serious injury occurs away from school, first aid help should be sought from the site being visited if possible. Otherwise an ambulance should be called.

Pupils

All injuries and treatments, regardless of how minor, must be recorded online using Medical Tracker. Every incident must be recorded, if you are treating a child who already has an incident open then you must add your name and any action

taken in the notes. If for any reason, the internet is unavailable or unusable a form must be completed for each incident and filed in the First Aid Folder in the medical room. Please see Appendix 1.

For further guidance on reporting please see the Health & Safety Policy - section 3.11.

Please note: Never use Dettol or any other antiseptic cream on wounds. Water and tissue or antiseptic wipes can be used (do not use cotton wool).

During the school day:

There are several trained first aiders at Grove Park. All teaching assistants should be first aid trained. Deborah Ferguson (Welfare Officer) is available as a second opinion and medical support for serious incidents.

In the morning, if there is an incident, then a teaching assistant in the class and/or the year group should treat the child in class and update medical tracker. If there is first aid needed during morning PE lessons, the children should return to their classroom and receive help from the year group TA.

During lunch the SMSAs are responsible for all First Aid.

In the afternoon Deborah can administer first aid if a class do not have a TA available, please call the office before you send a child to let them know that you are sending a pupil and what the first aid concern is. Children must only come to the office via the door by the Headteacher's room

At playtime: Any sick or injured child should be sent to the first aider on duty. The first aider should take out the first aid bag and must wear their 'First Aid' or orange Hi-Viz jacket.

At lunchtime: SMSAs who are qualified first aiders are based in a central location in the playground with the first aid kit. SMSAs should be made aware if there are any ongoing incidents by the class teacher/TA before going outside or to lunch. They then take over this duty and care. Any cases that need further attention when the SMSAs' duty comes to an end should be passed on to the office.

Specific Incidents

Bodily fluids: Clinical waste i.e. bloody tissue etc. should be disposed of in a clinical waste bin (available in medical room). First aiders or staff are required to wear gloves and/or aprons and masks when dealing with bodily fluids.

Vomiting & Diarrhoea: In the event of a child vomiting at school, please follow these procedures:

- Remove child from area if possible, preferably to the first aid room or toilets, until a bucket is available.
- After attending to the needs of the child, ensure any vomit on the floor is covered in absorbent powder (kept in the medical room). Wet floor signs may

be used as a warning. The first aider on duty will clean up as soon as possible using assigned cleaning products from first aid room.

- An adult should remain with the vomiting child at all times.
- Soiled clothing should be removed and placed in a plastic bag. Spare underwear is available in the medical room and nursery and reception classrooms and spare uniform in the cupboard in the corridor.
- Parents or carers will be contacted immediately and asked to collect their child.
- Children may not return to school until 48 hours after vomiting & diarrhoea has ceased.

Head lice: If the school becomes aware of any cases of head lice in the school an e-mail is sent to all parents. This e-mail includes the NHS guidance: https://www.nhs.uk/conditions/head-lice-and-nits/

Asthma: Asthma varies from child to child, it is impossible to give specific guidelines that suit everyone. Children often know what to do themselves and usually respond well and quickly to reliever treatment. The guidelines in Appendix 4 will support staff in dealing with an attack. If medication is required this must be recorded on medical tracker.

Serious medical incidents

A first aider should be sent for immediately to deal with the incident if there is not one present. This can be done by calling the office or sending a child with a red 'help needed' card and the location of the incident. All rooms in the school and all SMSAs should have an easily accessible 'help needed' card. The injured child must not be left unattended at any time.

If the child is collected and taken home, a medical advice slip (Appendix 3) must be signed by the adult collecting the child, in order to hand over responsibility for the child's well-being. A copy of the signed form must be taken and filed in the accident file.

If there is not enough time to complete the medical advice slip before the child is taken home, the lead first aider will send an e-mail outlining the incident in as much detail as possible and what the recommendations are for next steps e.g. seek medical advice.

The decision to call an ambulance will be made by the first aider dealing with the incident ideally in consultation with the Welfare & Attendance Officer and a Senior Leader. If a first aider needs additional advice, 101 will be called and their advice followed through. The office will call the ambulance and informsthe parents or carers. A responsible adult will accompany the child to hospital, ideally the parents or carers; however on no account should the provision of urgently needed medical attention be delayed pending the arrival of parents.

Whilst waiting for an ambulance to arrive a first aider will care for the child. There is:-

- a 'Revive Aid' (for use if and when artificial respiration is ever necessary in an emergency) kept in each first aid kit (in the bag on the back of the classroom door) and at each first aid point

- a defibrillator (for use if a person's heart stops) is kept in the corridor next to the first aid room on the wall.

Head Injuries: All cases of head injuries must be seen by a First Aider and must be recorded, even if it is only slight. If the injury occurs at playtime or lunchtime the class teacher must be notified and the child should be closely monitored. Parents must be notified of head injuries; children will be given a 'bumped head' sticker to wear for the rest of the day (kept in the Accident Treatment File), so that parents know what time the incident took place. Non-serious head bumps are recorded in the yellow book in the front office and a text is sent home to make parents aware.

Serious injuries: There are a number of injuries that might cause parental concern, including: ANY facial injury, ANY injury to the genital area, severe head bumps, pain that will not go away despite treatment (these are only a few examples). As a first aider, if you feel that an injury would cause parental concern, please fill in Medical Tracker, call home and also alert the member of staff who will be dismissing the class on that day. If leaving the room to call home would affect the staff ratio for the class, please call to the Office and a member of staff will come to cover you.

If an injury has been caused purposefully by another child please complete Medical Tracker and then make sure you let the Class Teacher know. The Class Teacher will discuss with the Team Leader and a decision will be made about calling/contacting parents.

As always, please let the teacher know if a child has had a serious injury.

Children with ongoing medical needs (including asthma and allergies)

- A medical requirements form is completed by all children when they start school. This form is saved in the child's records. A copy of this form is given to the lead first aider. All staff that need to know about medication for specific children with asthma are informed by the lead first aider.

- A list of all pupils named as having asthma is maintained by the lead first aider in the first aid room. Inhalers and details of treatment are obtained from parents, together with clear guidance on correct usage. All inhalers must be clearly labelled with the child's name, class and any specific instructions. They are kept in the child's classroom on the first aid shelf. If a child has a reliever inhaler it is essential that they have access to it at all times. It is the parent's responsibility to ensure that the inhalers are in date.

- A parent of a child who may require an epipen at certain times must supply 2 epipens which will remain in school at all times. An epipen will be kept in the child's class and one stored in the first aid room. Two epipens will accompany the child out of school on any trips. It is the parent's responsibility to ensure that the epipens are in date.

- A list of children with allergies, showing their photographs, is maintained by the Welfare Officer in the first aid room. Pineapple, nuts & kiwi are not allowed in school due to current allergies and other items may also be disallowed at any time depending on the allergies of pupils and staff within the school. A list of items in this category is displayed in the staffroom.

Children requiring medicine in school

It would normally be expected that the parent at home would administer medicine, e.g. antibiotics. However, where a child is taking a limited course of prescribed medication, but is fit to return to school, he or she might be allowed to do so by agreement as long as full written instructions are given to the school office. There may also be children requiring ongoing medication for specific medical conditions.

The school will only administer medicine if prescribed 4 times a day. If only required 3 times a day, parents will be requested to administer before and after school, and before bedtime. If parents would like to attend school and administer a dose at midday then they may do so.

In all cases of medicine being given in school, the label on the medicine container should be checked against the school medicine record (completed by parent). Any discrepancy should be queried with the parent before administering a medicine. The school will only give medicines in accordance with the instructions and name on the medicine container. This will usually be dealt with by the school office.

If a child requires pain relief (e.g. paracetamol) during school hours, this can be given by the lead first aider, at their discretion, with parental permission. This can be by phone or on completing a slip (appendix 5).

In the case of medicines being given in school for a limited period of time, the following guidelines apply:

- Parents will be required to sign an acknowledgement ("medicines given in school" form) that they have requested the administration of medicine to their child (see appendix 4). These forms are kept in a named file in the school office.

- The lead first aider checks the form and approves the administration of medicine. All medication must be prescribed unless an exceptional circumstance as decided by the lead first aider.

- A record will be kept of doses given, when given and by whom on the form. These will be signed and witnessed by the person giving medicine and one other member of staff.

A few children, whilst fit to attend school, may, for prolonged periods of time or permanently, require to take medicine in school hours (diabetics, asthmatics, epileptics, etc.). In this case, the following additional guidelines apply:

- *The parent must make a request for medicines to be given by school staff, i.e. in writing and in person to the welfare officer. This request must be accompanied by a prescription or written letter from the doctor.*

- *The welfare officer shall ensure that a named person is responsible for medicines, together with a nominated deputy. The day-to-day mechanics of medicine administration may be delegated to competent, trained staff. (First Aid trained).*

- *The medicine will be provided to the School in the original container from the pharmacy clearly labelled with:*
  1) *Child's name*
  2) *Name of medicine*
  3) *How much to give (i.e. dose)*
  4) *When to be given*
  5) *Any other instructions*
  6) *Family doctor's number*

  If necessary, the parent should ask the doctor to provide two prescriptions, one for home and one for school.

- *Parents or carers are responsible for notifying the school in writing of any changes in medicine and replenishing the supply of medicines if necessary. No more than four weeks supply of medication should be sent to the school at any one time.*

- *Medicines, when not in use, shall be kept in a safe and secure place (a refrigerator if appropriate). However medicines, which may be required in an emergency, will always be readily accessible (this includes asthma inhalers, which are kept on the first aid shelf, in class). Epipens are always kept in the first aid room and classroom.*

- *The lead first aider will check medicines stored in school permanently, such as inhalers and epipens, at the beginning of each year. The lead first aider will check these at the beginning of each year. These are administered according to the child's needs, which will have been agreed by staff working with the child.*

- *Medicines no longer required should not be allowed to accumulate. They should be returned to the parent in person for disposal. In the last resort, unwanted medicines should be given to the local pharmacist for disposal as required by the Environmental Health Regulations.*

Appendix 1

Accident/Incident Treatment Record

Child's Name	Date and Time	Class	Location of incident	Injury/Symptoms	Injury Description	Treatment	Signature

Appendix 2

Guidance for Dealing with Asthma Attacks

1. Ensure that the reliever medicine is taken promptly and properly.

A reliever inhaler (usually blue) should quickly open up narrowed air passages: try to make sure it is inhaled correctly. Preventer medicine is of no use during an attack; it should be used only if a child is due to take it.

2. Stay calm and reassure the child.

Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what s/he wants: the child has probably been through it before. Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold, but don't put your arm around the child's shoulder as this is very restrictive.

3. Help the child to breathe

In an attack people tend to take quick and shallow breaths, so encourage the child to breathe slowly and deeply. Most people with asthma find it easier to sit fairly upright or leaning forwards slightly. They may want to rest their hands on their knees to support the chest. Leaning forward on a cushion can be restful, but make sure that the child's stomach is not squashed up into the chest. Lying flat on the back is not recommended.

In addition to these three steps, loosen tight clothing around the neck and offer the child a drink of warm water, enough to moisten the mouth, because the mouth becomes very dry with rapid breathing.

Call a doctor urgently if

- The reliever has no effect after 5 or 10 minutes.
- The child is either distressed or unable to talk.
- You have any doubts at all about the child's condition.

If a doctor is unavailable, call an ambulance.

After the attack

Minor attacks should not interrupt a child's concentration and involvement in school activities. As soon as the attack is over, encourage the child to continue with normal school activities. Notify the parents once the child is back in class.

Appendix 3

MEDICAL ADVICE SLIP

Child's Name:

Date: | Class:

Your child reported the following injury / illness today:

Time of injury / reporting illness:

Treatment given:

We recommend you take the following action:

- Whilst we believe this to be a minor injury / illness, please continue to monitor the situation and seek medical advice if there is no improvement or if your child's condition deteriorates in any way.
- Please seek medical advice and let us know the outcome / advised A&E
- Please be watchful for any signs of concussion, i.e. vomiting, confusion, undue tiredness or severe headache. Should any of these symptoms develop, please seek medical attention immediately.
- Please contact us, we would like to discuss the matter with you.
- Other
  ……
  ……

Treated by:
(please print)

Signed:
Date:

Collected by:
parent / carer (please print)

Signed:
Date:

Appendix 4

Medicines Administered in School

Child's Name ..... Class / Age: .....

Name of medicine .....

How much to be given (i.e. dose)
.....

When to be given .....

How to be stored .....

Any other instructions .....

Telephone number of parent of adult contact .....

Family doctor's number .....

I hereby give permission for a member of staff at Grove Park Primary School to administer the above medication, as prescribed by my doctor, to my child as per the instructions above

Parent's signature ..... Date .....

OFFICE USE ONLY TICK NUMBER OF DAYS REQUIRED						
TICK	DAY	DATE	ADMINISTERED BY:	TIME	WITNESSED BY	TIME
	MON					
	TUES					
	WED					
	THURS					
	FRI					

Appendix 5

I give permission for a First Aider to administer pain relief to my child:

Child's Name _____

Class _____

Date _____

This morning, before school, they have had:-

Name of medicine _____

Quantity (mls) _____

Time dose given _____

Signed: _____