

Read St. John's C.E. Primary School



First Aid Policy 2026-2027

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid
2. Clearly defines the responsibilities of all staff
3. Enables staff to see where their responsibilities end
4. Ensures good first aid cover is available in the school and on visits

Guidelines

New staff are given a copy of this policy when they are appointed. As part of the induction process new staff are given details of the first aiders in school and shown where first aid supplies are stored.

This policy is annually reviewed and updated.

First Aid Policy Guidelines

First aid in school

At Read St John's C of E Primary School, the following members of staff are currently trained to deliver first aid.

Appointed Person: Fran Agar

Paediatric First Aid Course
(completed in Sept 26)
Sandra Nutter
Lynn Royle
Jade Gamble
Alicia Wade
Abbie Raynor
Sharon Troth
Kay Galea
Emma Hill
Amy Knight
Brad Rushton
Rebecca Brierley
Alison Clarke
Paige Heap
Fran Agar
Joanne Shaw

We ensure that there is at least two paediatric first-aid trained member of staff in school at all times (during the school day and extended school day when necessary).

In the Foundation Stage at least one person who has a current paediatric first aid (PFA) certificate is on the premises and available at all times when EYFS children are present and accompany EYFS children on outings.

When children are taking part in off-site visits, we ensure that a first aider accompanies all groups. Staff are expected to identify this member of staff when planning any visits. For Foundation Stage visits, we ensure that a paediatric first aider accompanies the group.

Training

All staff are offered paediatric first-aid training.

The school keeps a register of who is first-aid trained and when their training expires. The head teacher is responsible for organising first-aid training.

Roles and Responsibilities

The main duties of a first aider in school are:

- To complete a training course approved by the Health and Safety Executive, as required.
- To give immediate help to casualties with common injuries and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.

First Aid Facilities

In each classroom, the staffroom and the Key Stage 1 and 2 areas there are first aid boxes which contain sufficient first-aid materials to administer first aid as recommended by the HSE.

The school has a travelling first-aid rucksack used for off-site visits. This is kept in the office, and contains supplies recommended by the HSE.

Inventories are kept of all first-aid supplies. Full lists can be found in each first aid container. The defibrillator is located in the Staff Room.

Accident and Injury Reporting

All first-aid incidents should be recorded in the first-aid record book even if no treatment is required. The first-aid slip will be sent home. Where a child has a bump to the head the first aider will decide if a phone call home to inform parents is necessary. A letter to inform parents will be sent home and it is the parent's responsibility to sign and return the slip to acknowledge the incident.

Where a child has a serious injury the staff member should inform the headteacher or senior teacher who will decide whether parents should be contacted immediately.

All serious injuries should be reported to the headteacher or senior teacher and should be recorded as directed in appendix 1.

Calling the emergency services

In the case of major accidents, it is the decision of the First Aider if the emergency services need to be called.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school – Straits Lane, Read, BB12 7PE

In the event of the emergency services being called, a member of the admin staff OR another member of staff, should wait by the school gate and guide the emergency vehicle. If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately.

All contact numbers for children and staff are held in the school office.

Appendix 1

LCC Employees

Accidents at Work A LCC employee has an accident or is involved in an incident whilst at work which does not require reporting to the HSE under RIDDOR. Or Accidents Outside Work A LCC employee has an accident/incident whilst off duty which results in their absence or affects their ability to undertake their normal work activities (e.g. is unable to drive or operate machinery or sit at their work station etc).	The employee should complete the first part of the LCC Accident/Incident Report Form on ESS using the Oracle HR system as soon as possible after the event. Once completed, this is then to be submitted electronically to their manager. Alternatively, the manager will arrange for this to be done on their behalf. Employees who do not have easy access to a computer or do not have a user log-in should check with their manager what local procedures they need to follow to report an accident/incident. The manager is then responsible for completing their part of the Accident/Incident Report Form on MSS, including any subsequent investigation, and adding the findings to the on-line system before submitting the form. Where a school does not buy into the LCC HR payroll system and does not have access to Oracle, then the LCC Accident/Incident Report Form should be completed and returned to the HS&W Team. In either of the above cases, managers must print out a copy of the completed form and have the employee sign and date it. The manager must also sign and date the form. The signed copy should be held by the manager at the establishment. Report any accidents/incidents caused or contributed to by a premises issue to the Premises Manager for consideration.
An employee and a service user or a pupil are involved in a minor accident/ incident which does not require reporting to the HSE under RIDDOR	Due to the nature of some services e.g. working with service users with learning difficulties, or with pupils with special educational needs (SEN), it is not always practical to complete a LCC incident report form for every minor accident/incident. In these situations it is acceptable to use a 'low level accident/incident ' log sheet, or similar, in which to record such incidents. These records should be monitored on a regular basis to identify trends, inform employees and update care plans and risk assessments as necessary. Please note that in these instances (with the exception of pupils on work experience – see section below) it is not necessary to inform the LCC

	Health, Safety and Wellbeing Team of the incident via the Oracle HR system or otherwise.
A LCC employee has an accident or is involved in an incident whilst at work which does require reporting to the HSE under RIDDOR. Please note: any accident/ incident which occurs to an employee while they are off duty, no matter how serious, does not require reporting to the HSE. Specified injuries as defined by RIDDOR	If a fatality or specified injury as defined under RIDDOR, inform the RIDDOR Incident Contact Centre and the LCC HS&W Team by telephone immediately. Make a note of the incident number provided to you by the Incident Contact Centre. If not a fatality or specified injury inform the RIDDOR Incident Contact Centre by completing a RIDDOR report form (F2508) online The employee who has had the accident/incident should complete the first part of the LCC Accident/Incident Report Form on ESS using the Oracle HR system as soon as possible after the event. Once completed, this is then to be submitted electronically to their manager. Alternatively, the manager will arrange for this to be done on their behalf. Employees who do not have easy access to a computer or do not have a user log-in should check with their manager what local procedures they need to follow to report an accident/incident. The manager is then responsible for completing their part of the Accident/Incident Report Form on MSS, including any subsequent investigation, and adding the findings to the on-line system before submitting the form. Where a school does not buy into the LCC HR payroll system and does not have access to Oracle, then the LCC Accident / Incident Report Form should be completed and returned to the HS&W Team; In either of the above cases, managers must print out a copy of the completed form and have the employee sign and date it. The manager must also sign and date the form. The signed copy should be held by the manager. Report any accidents/incidents caused or contributed to by a premises issue to the Premises Manager for consideration

School Governors and Volunteers

Type of Accident/Incident	Action required
Accidents at Work A voluntary worker, etc, has an accident or is involved in an incident whilst at work which does not require reporting to the HSE under RIDDOR. Or Accidents Outside Work	The voluntary worker, etc, is to complete a LCC Accident/Incident Report Form as soon as possible after the event. This may be done electronically or as a hard-copy. If the voluntary worker, etc, is unable to complete the form then their manager will arrange for this to be done on their behalf. The manager will conduct an investigation if necessary and complete section 'L' of the LCC Accident/Incident Report Form.

A voluntary worker, etc, has an accident/incident whilst off duty which results in their absence or affects their ability to undertake their normal work activities (e.g. is unable to drive or operate machinery or sit at their work station etc).	The manager will print out a copy of the completed form and have the voluntary worker sign and date it. The relevant manager should also sign and date the form and retain a copy at the establishment and use to locally monitor for trends and types of accidents. The manager will forward a copy of the completed report form to the HS&W team. The manager will report any accidents/incidents caused or contributed to by a premises issue to the Premises Manager for consideration
A voluntary worker, etc, and a person using the service or a pupil are involved in a minor accident/ incident which does not require reporting to the HSE under RIDDOR	Due to the nature of some services e.g. working with service users with learning difficulties, or with pupils with special educational needs (SEN), it is not always practical to complete a LCC incident report form for every minor accident/incident. In these situations it is acceptable to use a 'low level accident/incident ' log sheet, or similar, in which to record such incidents. These records should be monitored on a regular basis to identify trends, inform employees and update care plans and risk assessments as necessary. Please note that in these instances it is not necessary to inform the HS&W Team of the incident.
A voluntary worker, etc, has an accident or is involved in an incident whilst at work which does require reporting to the HSE under RIDDOR. Specified Injuries as defined by RIDDOR Please note: any accident/ incident which occurs to a voluntary worker, etc, while they are off duty, no matter how serious, does not require reporting to the HSE.	If a fatality or specified injury as defined under RIDDOR, inform the RIDDOR Incident Contact Centre and the LCC HS&W Team by telephone immediately. Make a note of the incident number provided to you by the Incident Contact Centre. If not a fatality, specified injury or dangerous occurrence inform the RIDDOR Incident Contact Centre by completing a RIDDOR report form (F2508) online The voluntary worker, etc, will complete a LCC Accident/Incident Report Form as soon as possible after the event. This may be done electronically or as a hard-copy. If the voluntary worker, etc, is unable to complete the form then their manager will arrange for this to be done on their behalf. The manager will confirm that the incident has been reported to the HSE and include the RIDDOR reference number in section 'K' of the LCC report form The manager will conduct an investigation and complete section 'L' of the LCC incident report form. The manager will retain a signed copy of the incident report form on file and use to locally monitor for trends and types of accidents.

	The manager will forward a copy of the completed incident report form to the HS&W Team. The manager will report any accidents/incidents caused or contributed to by a premises issue to the Premises Manager for consideration
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Supply Staff

Type of Accident/Incident	Action required
An agency worker, etc has an accident or is involved in an incident which does not require reporting to the HSE under RIDDOR	The manager will complete a LCC Accident/Incident Report Form as soon as possible after the event. This may be done electronically or as a hard-copy. The manager will conduct an investigation if necessary and complete section L of the LCC Accident/Incident Report Form. The manager will forward a copy of the completed incident report form to the HS&W Team. The manager will send a copy of the completed form to the employing agency. The employing agency may also wish to undertake an investigation. The manager will retain a signed copy of the Accident/Incident Report Form at the establishment and use to locally monitor for trends and types of accidents. These records should be monitored on a regular basis to identify trends and review risk assessments as necessary. The manager will report any accidents/incidents caused or contributed to by a premises issue to the Premises Manager for consideration.
An agency worker, etc, is involved in an incident which does require reporting to the HSE under RIDDOR	The manager should inform the employing agency of any accidents/incidents that are reportable under RIDDOR as soon as possible. The employing agency is responsible for reporting accidents/ incidents to the RIDDOR Incident Contact Centre for their own employee. The employing agency may wish to undertake their own investigation and will require the co-operation of the LCC service manager/ premises manager and any LCC employees involved who may have witnessed the accident/incident.

School Pupils

Type of Accident /Incident	Action required
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A school pupil has an accident or is involved in an incident which does not require reporting to the HSE under RIDDOR	Complete a LCC Accident/Incident Report Form as soon as possible after the event. This may be done electronically or as a hard-copy. Conduct an investigation if necessary and complete section 'L' of the LCC Accident/Incident Report Form. Retain a signed copy of the report form and use to locally monitor for trends and types of accident. Report any accidents/incidents caused or contributed to by a premises issue to the Premises Manager for consideration Please Note: Due to the nature of the service e.g. working with pupils with special educational needs (SEN), it is not always practical to complete a LCC incident report form for every minor accident/incident which occurs. In these situations it is acceptable to retain a 'low level' accident/incident log sheet or a First Aid Treatment form or an accident book, or something similar, in which to record such incidents. These records should be monitored on a regular basis to identify trends, inform employees and update SEN plans and risk assessments as necessary. NOTE: Do not forward either of the above to the HS&W Team.
A school pupil has an accident or is involved in an incident which does require reporting to the HSE under RIDDOR *It is only reportable under RIDDOR if the incident was caused by: - a failure in the way a work activity was organised; - the way equipment or substances were used; - the condition of the premises.	If a fatality that <i>*arose out of or in connection with a work activity</i>, inform the RIDDOR Incident Contact Centre and the LCC HS&W Team by telephone immediately. Make a note of the incident number provided to you by the Incident Contact Centre. If not a fatality, but the accident results in an injury that <i>*arose out of or in connection with a work activity and the person is taken from the scene to hospital for treatment (this also includes walk-in centre's that provide an 'A&E service' for non life-threatening injuries similar to that in hospitals)</i>, inform the RIDDOR Incident Contact Centre by completing a RIDDOR report form (F2508) online. If they are taken to hospital merely as a precautionary measure and no injury is found, then it would not be reportable under RIDDOR Make a copy of the RIDDOR form before submitting to the HSE and forward a copy to the HS&W Team. (There is no need to complete an LCC Accident Form as well as the RIDDOR form.) Send a copy to the HS&W Team. Conduct an investigation if necessary and record findings. Retain a copy of the report form for your records and use to locally monitor for trends and types of accidents. Report any accidents/incidents caused or contributed to by a premises issue to the Premises Manager for consideration.

Pupils on work experience

Type of Accident /Incident	Action required
A school pupil on Work Experience placement has an accident or is involved in	Placements organised by the school

an incident which does not require reporting to the HSE under RIDDOR	All accidents / incidents which involve a pupil on work experience MUST be reported to the LCC Health, Safety and Wellbeing Team: Complete a LCC Accident/Incident Report Form as soon as possible after the event. electronically or as a hard-copy using Section B to record that it involves a pupil on Work Experience If necessary, conduct an investigation with the placement provider and complete section 'L' of the LCC Accident/Incident Report Form. Retain a signed copy of the report form at the premises for your records Placements organised by VIA If the VIA Partnership (previously LEBP) organised the work experience placement, they will inform the HS&W Team of the accident / incident. The school should still retain details for their records.
A school pupil on Work Experience has an accident or is involved in an incident which does require reporting to the HSE under RIDDOR	Placements organised by the school A pupil on work experience is classed as the employee of the host company during a placement, therefore a representative from the organisation where the accident / incident took place is responsible for reporting any that are RIDDOR reportable to the Health and Safety Executive and for conducting an investigation. The school should request a copy of the RIDDOR form and investigation report and forward copies to the HS&W Team stating that it relates to a pupil on work experience and retain a copy for their records together with any investigation report. Placements organised by VIA If the VIA Partnership (previously LEBP) organised the work experience placement, they will inform the HS&W Team of the accident / incident. The school should also be informed and retain details for their records.
	Note: In the event of any accident / incident involving a pupil on a Work Experience or Work based learning placement, the information on the Accident Report Form or RIDDOR form should be used to review the risk assessment and to decide whether it is appropriate to continue to use the work placement provider. For placements organised by schools, it is the responsibility of the school to do this. For placements organised by VIA, it is their responsibility to do this and inform schools of any outcomes. Also see Work Experience page

Visitors

Type of Accident/Incident	Action required
A visitor has an accident or is involved in an incident which does not require reporting to the HSE under RIDDOR	Complete a LCC Accident/Incident Report Form as soon as possible after the event. This may be done electronically or as a hard-copy. Conduct an investigation if necessary and complete section L of the LCC Accident/Incident Report Form. Retain a signed copy of the Accident/Incident Report Form for your records at the establishment and use to locally monitor for trends and types of accidents. These records should be monitored on a regular basis to identify trends and review risk assessments as necessary. Report any accidents/incidents caused or contributed to by a premises issue to the Premises Manager for consideration. NOTE: Do not forward the above to the HS&W team.
A visitor is involved in an incident which does require reporting to the HSE under RIDDOR *It is only reportable under RIDDOR if the incident was caused by: - a failure in the way a work activity was organised; - the way equipment or substances were used; - the condition of the premises.	If a fatality that <i>*arose out of or in connection with a work activity</i>, inform the RIDDOR Incident Contact Centre and the LCC HS&W Team by telephone immediately. Make a note of the incident number provided to you by the Incident Contact Centre. If not a fatality, but the accident results in an injury that <i>*arose out of or in connection with a work activity and the person is taken from the scene to hospital for treatment (this also includes walk-in centre's that provide an 'A&E service' for non life-threatening injuries similar to that in hospitals)</i>, inform the RIDDOR Incident Contact Centre by completing a RIDDOR report form (F2508) online. If they are taken to hospital merely as a precautionary measure and no injury is found, then it would not be reportable under RIDDOR. Complete a LCC Accident/Incident Report Form as soon as possible after the event (either electronically or as a hard copy), remembering to confirm that the incident has been reported to the HSE and including the RIDDOR reference number in section K of the LCC form. Conduct an investigation if necessary and complete section L of the LCC Accident/Incident Report Form. Retain a signed copy of the Accident/Incident Report Form for your records at the establishment and use to locally monitor for trends and types of accidents. Report any accidents/incidents caused or contributed to by a premises issue to the Premises Manager for consideration. NOTE: Do not forward the above to the HS&W Team.

Contractors

Type of Accident/Incident	Action required
A contractor has an accident or is involved in an incident which does	Complete a LCC Accident/Incident Report Form as soon as possible after the event. This may be done electronically or as a hard-copy.

not require reporting to the HSE under RIDDOR	Conduct an investigation if necessary and complete section L of the LCC Accident/ Incident Report Form. Send a copy of the completed form to the contractor's HQ. The contractor may wish to undertake their own investigation. Retain a signed copy of the Accident/Incident Report Form for your records at the establishment and use to locally monitor for trends and types of accidents. These records should be monitored on a regular basis to identify trends and review risk assessments as necessary. Report any accidents/incidents caused or contributed to by a premises issue to the Premises Manager for consideration. NOTE: Do not forward the above to the HS&W team.
A contractor is involved in an incident which does require reporting to the HSE under RIDDOR	Wherever possible, the manager should inform the contractor's HQ of any accidents/incidents that are reportable under RIDDOR as soon as possible. The contractor's employer is responsible for reporting accidents/ incidents to the RIDDOR Incident Contact Centre for their own employee. The contractor may wish to undertake their own investigation and will require the co-operation of the LCC service manager/ premises manager and any LCC employees involved who may have witnessed the accident/incident. For self-employed contractors: If the contractor is self-employed then the person hiring them e.g. the school's Headteacher or person in control of the premises, is effectively classed as their 'employer' under RIDDOR and is responsible for reporting the accident/incident to the HSE.

Dangerous Occurrences

Type of Accident/Incident/ Near Miss/Dangerous Occurrence	Action required
Dangerous occurrence as defined by RIDDOR, including: collapse, overturning or failure of load-bearing parts of lifts and lifting equipment; plant or equipment coming into contact with overhead power lines; electrical short circuit or overload causing fire or explosion;	On identification of the dangerous occurrence, inform the HSE by completing a RIDDOR Report Form online. Send a copy of the RIDDOR report form to the HS&W Team. Complete a LCC Accident/Incident Report Form as soon as possible after the event (electronically or a hard copy) remembering to confirm that the occurrence has been reported to the HSE and including the RIDDOR reference number. Report the occurrence to the Premises Manager for consideration.

accidental release of a biological agent likely to cause severe human illness; collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall. NB Full list is available on HSE's website	
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Supporting Children With Medical Needs

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in the document Supporting Pupils in School with Medical conditions, DfE Sept 2014 is intended to help school governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. School/setting staff may be asked to perform the task of giving medication to children but they may not, however, be directed to do so. The administering of medicines in schools/settings is entirely voluntary and not a contractual duty unless expressly stipulated within an individual's job description. In practice, many school/setting staff do volunteer. If a decision is made that medication is not going to be given, the school/setting will need to consider what other measures are to be taken when children have long term health conditions or otherwise need medication. These measures must not discriminate and must promote the good health of children. Policies must be made clear to parents. Further advice can be sought from your Trade Union or Professional Association.

Access to education and associated services

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995/Equality Act 2010. The public sector Equality Duty, as set out in section 149 of the Equality Act, came into force on 5 April 2011, and replaced the Disability Equality Duty. Disability is a protected characteristic under section 6 of the Equality Act. The public sector

Equality Duty requires public bodies to have due regard in the exercise of their functions to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

Responsible bodies for schools must not discriminate against pupils in relation to their access to education and associated services. This covers all aspects of school life including: school trips, school clubs, and activities. School should make reasonable adjustments for

disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices, procedures and school policies.

Some pupils may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For pupils with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those pupils.

Safeguarding

Children and young people with medical conditions are entitled to a full-time education and they have the same rights of admission to school as other children. In effect, this means that no child with a medical condition should be denied admission or be prevented from taking up a place in school due to circumstances in relation to arrangements for their condition that have not been made. Schools therefore must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented to align with their wider safeguarding duties.

The Consent Form to Administer Medicines must be filled in by the parent/carer before staff can give any medication. A record must be made of the administration on the reverse of this form. The Care Plan for Pupils with Medical Needs is only to be completed for children who have serious medical conditions e.g. diabetes, epilepsy, severe allergies and severe asthma, and who may need emergency medication.

School Trips, Visits and Sporting Events

School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Medication required during a trip should be carried by a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary. Parent/carer must have completed a Consent Form if their child requires any medication whilst on a trip or visit.

Analgesics (Painkillers)

The Early Years Statutory Framework allows children to be given analgesics. However, written permission must be given beforehand and the same recording procedures followed for prescribed medication. Once written permission has been given, it does not have to be provided on each occasion. It is good practice, however, to ask the parent/carer to sign the written record to confirm that you have told them that you gave the agreed medication. For children who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school/setting. It is recommended that schools/settings do not keep stock supplies of analgesics e.g. paracetamol, for potential administration to any child. Parent/carer consent must be in place. More information is available from the school

nurse/health visitor. Children under 16 should never be given medicines (including teething gels) containing aspirin or ibuprofen unless prescribed by a doctor.

Over the Counter Medicines (non-prescription)

Over the counter medicines, e.g. hay-fever treatments, cough/cold remedies should only be accepted in exceptional circumstances and be treated in the same way as prescription medication. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a Consent Form. Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified that this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine. There is a potential risk of interaction between prescription and over the counter medicines so where children are already taking prescription medicine(s), prior written approval from the child's GP should be considered. The use of non-prescribed medicines should normally be limited to a 24hr period and in all cases do not exceed 48hrs. If symptoms persist medical advice should be sought by the parent.

Antibiotics

Parent/carers should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school/setting hours wherever possible. Most antibiotic medication will not need to be administered during school/setting hours. Twice daily doses should be given in the morning before school/setting and in the evening. Three times a day doses can normally be given in the morning before school/setting, immediately after (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in school/setting if the dose needs to be given four times a day, in which case a dose is needed at lunchtime. Parent/carers must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school/setting in the morning and taken home again at the end of each day by the parent/carer. (Older pupils may bring in and take home their own antibiotics if considered appropriate by the parent/carer and teachers.) Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent/carer. All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing and be in their original container. In the school/setting, the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so this will be stated on the label. Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent/carer. The appropriate records must be made. If the pupil does not receive a dose, for whatever reason, the parent/carer must be informed that day.

Emergency Medication

Anyone caring for children including teachers, need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicines and/or taking action in an emergency. New or temporary staff must be made aware of any pupil with specific medical needs. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

This type of medication must be readily accessible in a known location, and clearly labelled in a separate container with the child's picture on the front because in an emergency, time is of the essence.

The emergency medication which might be used includes:-

- Buccal Midazolam
- Rectal Diazepam
- Adrenaline (Epipen/Anapen)
- Glucose (dextrose tablets or Hypostop)
- Inhalers for asthma

(Staff will have appropriate training for administering the above medications).

Return of Medication

Medication should be returned to the child's parent/carer whenever:-

- The course of treatment is complete
- Labels become detached or unreadable. (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent/carer.)
- Instructions are changed
- The expiry date has been reached

This should be documented on the administration record held in the child's file and the Care Plan amended accordingly. The parent/carer should be advised to return unwanted medicines to their pharmacist. In exceptional circumstances, e.g. when a child has left the school/setting, it can be taken to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

It is the parent/carers responsibility to replace medication which has been used or expired, at the request of the school/setting staff.

First aid box contents

As a guide the minimum contents of a first aid box should contain:

a leaflet giving general guidance on first aid (for example HSE leaflet Basic advice on first aid at work)

20 individually wrapped sterile adhesive hypoallergenic dressings (assorted plasters) appropriate to the type of work (dressing may be coloured blue for food handling)

2 sterile eye pads

3 individually wrapped triangular bandages (preferably sterile)

3 medium individually wrapped sterile un-medicated wound dressings (approximately 12cm x 12cm)

2 large wrapped sterile un-medicated wound dressings (approximately 18cm x 18cm)

2 pair of disposable latex non-powdered gloves.

3 gauze squares (Melolin) Micropore tape

Alcohol Free Wipes

2 face shields

2 tubes eye wash

As a guide the minimum contents of a travelling first aid kit should contain:-

A booklet giving general guidance on first aid (for example HSE leaflet Basic advice on first aid at work);

6 individually wrapped sterile adhesive dressings (assorted plasters);

2 triangular bandages;

1 large wrapped sterile un-medicated wound dressing (approximately 18cm x 18cm)

2 pair of disposable latex non-powdered gloves.

3 adhesive wound dressings.

Individually wrapped non-alcoholic moist cleansing wipes

2 tubes of sterowash

1 instant ice pack

1 Face Shield

6 sick bags

Guidelines for the Administration of Epipen/Anapen by Staff

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours. ***An Epipen/Anapen can only be administered by staff who have volunteered and have been designated as appropriate by the Head teacher/setting lead or manager and who has been trained by the appropriate health professional.*** Training of designated staff will be provided by the appropriate health professional and a record of training undertaken will be kept by the Head teacher/setting lead or manager. Training will be updated at least once a year. An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Care Plan. The Epipen/Anapen should only be used for the person for whom it is prescribed.

1. Where an Epipen/Anapen may be required there should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. (Kept in the box with the epi-pen) They will be completed before the training session in conjunction with parent/carer, school/setting staff and doctor/nurse.

2. The Epipen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the Epipen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box
3. It is the parent's responsibility to ensure that the Epipen/Anapen is in date. Schools have a statutory duty to keep children safe. As such, they may put systems in place whereby expiry dates and discolouration of contents are checked termly. Parents are ultimately responsible for replacing medication as necessary.
4. The use of the Epipen/Anapen must be recorded on the pupil's Care Plan, with time, date and full signature of the person who administered the Epipen/Anapen.
5. Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parent's notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.
6. It is the parent/carer's responsibility to renew the Epipen/Anapen before the child returns to school.
7. The Epipen/Anapen must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who has been trained to administer the Epipen/Anapen.

Other sources of information: The Anaphylaxis Campaign PO Box 275 Farnborough Hampshire GU14 6SX Helpline: 01252 542029 Website: www.anaphylaxis.org.uk Email: info@anaphylaxis.org.uk

Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. Staff who have volunteered to assist children with inhalers, will be offered training from the school nurse/other appropriate health professional. Schools are now able to hold salbutamol inhalers for emergency use. For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, DfE, September 2014. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Appropriate training is available from the school nursing service.

1. If school/setting staff are assisting pupils with their inhalers, a Consent Form from parent/carer should be in place. Schools may wish to keep a register of children in school with asthma. Individual Care Plans need only be in place if pupils have severe asthma which may result in a medical emergency.
2. Inhalers **MUST** be readily available when children need them. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place. Individual circumstances need to be considered, e.g. in small schools; inhalers will be kept in a clearly labelled container in the child's classroom.
3. It would be considered helpful if parent/carer could supply a spare inhaler for pupils who carry their own inhalers. This could be stored safely at school in case the original inhaler is

accidentally left at home or the pupil loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.

4. All inhalers should be labelled where possible with the following information:-

- Pharmacist's original label
- Child's name and date of birth
- Name and strength of medication
- Dose
- Dispensing date
- Expiry date

5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.

6. School/setting staff should take appropriate disciplinary action, in line with the school/settings Behaviour and Managing Substance Related Incidents policies, if the owner or other pupils misuse inhalers.

7. Parent/carer is responsible for renewing out of date and empty inhalers.

8. Parent/carer should be informed if a pupil is using the inhaler excessively.

9. Physical activity will benefit pupils with asthma. The inhaler **MUST** be available during PE and games. If pupils are unwell they should not be forced to participate.

10. If pupils are going on offsite visits, inhalers **MUST** still be accessible.

11. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer.

12. Asthma can be triggered by substances found in schools/settings e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these is advised not to have contact with them.

Other sources of information: National Asthma Campaign Tel: 0800 1216255

www.asthma.org.uk Education for Health Tel: 01926 493313 www.educationforhealth.org

Guidelines for Supporting the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

Type 1 Diabetes develops when the pancreas is unable to make insulin. The majority of children and young people have Type 1 diabetes. Children with type 1 diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy.

Type 2 Diabetes is most common in adults but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly.

Treating Diabetes

Children with Type 1 diabetes manage their condition by the following:-

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump.
- Eating a healthy diet
- Exercise.

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school/setting. Insulin Therapy Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump. The insulin pen should be kept at room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at school and on school trips at all times. Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Health Care Plan should provide details regarding their insulin requirements. Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

Medication for Type 2 Diabetes

Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels. If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist hospital liaison nurses as treatment is individually tailored. A Care Plan will be written.

Other sources of information: Diabetes UK 10 Parkway London NW1 7AA Tel: 020 7424 1000 Careline: 0845 1202960 Fax: 020 7424 1001 Email: info@diabetes.org.uk Website: www.diabetes.org.uk

Guidelines for Managing Hypoglycaemia (hypo or low blood sugar) in Children Who Have Diabetes

Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Training might be in conjunction with paediatric hospital liaison staff or Heart of England Foundation Trust staff. Staff who have volunteered and have been designated as appropriate by the head teacher/setting lead or manager will administer treatment for hypoglycaemic episodes.

To prevent a hypo

1. There should be a Care Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent/carer. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.

2. Children must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent/carer.

To treat a hypo

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child may experience a "hypo". Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion and slurred speech.

2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many school-age pupils will carry the treatment with them. Expiry dates must be checked each term by the parent/carer.

3. It is the parent/carer's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent/carer should be informed of a hypo where staff have issued treatment in accordance with the care plan.

If Glucogel/Hypostop has been provided the Glucogel/Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Glucogel/Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent/carer responsibility to renew the Hypostop/Glucogel when it has been used. **Do not use Glucogel/Hypostop if the child is unconscious.**

Blood Glucose Monitoring for Children All staff must use a fully disposable Unistik Lancet device if they are undertaking near patient blood glucose testing on behalf of a pupil. This is a use once only device and the lancet remains covered once it has been used. Unistik 3 Comfort Lancets are recommended for use with children. If a child has an insulin pump individual arrangements will be made with a specialist nurse and parents to ensure school/setting staff are fully trained in the management and use of the pump. This will be documented in the Care Plan.

When to use For children who self-test the use of Unistiks is not necessary and he/she will be taught to use a finger pricker device in which a disposable lancet will be inserted. This device can be purchased at a local chemist or in some cases provided by the Paediatric Diabetes Specialist nurse. The disposable lancet can be ordered on prescription via the pupil's GP. Whenever possible, staff will encourage pupils to undertake their own finger prick blood glucose testing and management of their diabetes, encouraging good hand hygiene. However in exceptional circumstances such as a pupil having a hypoglycaemic attack, it may be necessary for a member of staff to undertake the test.

How to use the Unistik lancet:

- Prior to the test wash hands / use alcohol rub.
- Encourage pupil to wash their hands wherever possible.
- Ensure all equipment is together on a tray including a small sharps box

- Where possible explain the procedure to the pupil
- Apply gloves before testing
- Use a meter which has a low risk for contamination when blood is applied to the strip such as: an optium xceed or one touch ultra
- Ensure meter is coded correctly for the strips in use and that the strips are in date.
- Place the strip into the meter
- Prick the side of the finger using a Unistik comfort 3
- Apply blood to the test strip according to the manufacturer's instructions
- Once the test is completed put the used test strip and lancet directly into the sharps box
- Return the tray to a safe area/room
- Wash hands following the removal of gloves/possible contact with blood, use alcohol rub.
- Record the blood glucose reading in the pupil's Care Plan/diary
- Parents are responsible for supplying all necessary equipment and medication. Provision and disposal of a sharps box should be discussed individually with the School nurse / Paediatric Diabetes Specialist nurse.

Guidelines for Managing Eczema

Eczema (also known as dermatitis) is a dry skin condition. It is a highly individual condition which varies from person to person and comes in many different forms. It is not contagious so you cannot catch it from someone else. In mild cases of eczema, the skin is dry, scaly, red and itchy. In more severe cases there may be weeping, crusting and bleeding. Constant scratching causes the skin to split and bleed and also leaves it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed. Eczema affects people of all ages but is primarily seen in children. In the UK, one in five children have eczema. Atopic eczema is the most common form. We still do not know exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics (hereditary) and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and cracked. The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress and depression. There is currently no cure for eczema but maintaining a good skin care routine and learning what triggers a pupil's eczema can help maintain the condition successfully, although there will be times when the trigger is not clear. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema with topical steroids commonly used to bring flare ups under control.

Common problems:

Dealing with allergies and irritants e.g. pets, dust, pollen, certain soaps and washing powders;

Food allergies can create problems with school lunches and the school cook having to monitor carefully what the child eats;

Needing to use a special cleaner rather than the school soap, they may also need to use cotton towels as paper towels can cause a problem;

Changes in temperature can exacerbate the condition, getting too hot (sitting by a sunny window) or too cold (during PE in the playground);

Wearing woolly jumpers, school uniforms (especially if it is not cotton) and football kits can all exacerbate eczema;

Applying creams at school, a need for extra time and privacy;

Needing to wear bandages or cotton gloves to protect their skin;

If the eczema cracks they may not be able to hold a pen; Eczema may become so bad that the child is in pain or needs to miss school, due to lack of sleep, pain or hospital visits;

Sleep problems are very common. A nice warm cosy bed can lead to itching and therefore lack of sleep;

Grumpiness and lack of concentration can result due to tiredness.

For more information, please see: National Eczema Society www.eczema.org
mailto:helpline@eczema.org Helpline - 0800 089 1122 - Monday to Friday, 8am to 8pm

Medical Conditions in School – This school is an inclusive community that welcomes and supports pupils with medical conditions. This school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they left school.

The school makes sure all staff understands their duty of care to children and young people in the event of an emergency. All staff are confident in knowing what to do in an emergency. This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. This school understands the importance of medication and care being taken as directed by healthcare professionals and parents. All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils. This policy will be reviewed every year and is next due to be reviewed in **September 2027**. It is available from the school website or the school office.

This school has clear guidance on providing care and support and administering medication at school

This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

Parents at this school understand that they should let the school know immediately if their child's needs change.

Once a course of short-term medication is completed, it should be collected by parents to dispose of appropriately.

This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.