

# Health & Safety Policy

## First Aid & Medication

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### Key Document Details

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Version	Date	Page	Change	Origin of change e.g. Change in legislation, Policy review.
1.5	Sept 2020	6	Medical Conditions and Medicines HSF 4.4 forms re-numbered HSF 4.7 Accident Slip for Parents/Carers	
1.6	Nov 2020	8	Head Injury's HSG 4.5 Managing Head Injury Guidance	
1.7	Sept 2022	5 6 7 8 8 8	First Training requirement updates point 2-4 Secondary school to enter all ICP and all issuing of medication on EVOLVE accident book database Non-prescription medication Contacting the H&S Manager if you suspect a RIDDOR Saving of minor injuries Head injury recording requirements  <b>Documentation updated:</b> HSF 4.1 Parent/carer head injury advice form HSF 4.4b Short term medication authorisation form HSF 4.5 First Aid Local Arrangements HSF 4.7 – First aid file index - Removed and moved to indexes HSF 4.8 – Medication file index – moved to indexes HSF 4.9 – Removed and moved to indexes HSG 5.2 Accident/Incident Reporting Flow Chart HSG 4.4 - DSE guidance updated from 214 to 2015 version HSG 4.5 – Managing Head Injuries – No significant changes	

			GRA 4.1 - Medication Risk Assessment – changes highlighted in green GRA 4.2 – First Aid Risk Assessment – changes highlighted in green	
1.8	Sept 2024	1.1 1.4 1.5 1.6 1.7 1.12 HSF 4.4a HSF 4.4b HSF 4.4c HSF 4.4d HSF 4.4h HSF 4.4i  GRA 4.1 GRA 4.2 GRA 4.4 GRA 4.4 GRA 4.5  HSG 4.4A HSG 4.9 HSG 4.9A HSG 4.9B HSG 4.6A	First Aid requirements for trips Secondary schools to hold a major bleeds kit – <b>New</b> <b>Secondary school Pupils carrying medication</b> Pupils may carry a single dose of paracetamol or ibuprofen (2 tablets) in their bags. Prescribed medication must be authorised and administered through the Admin team. School trips – recording medication Allergies and Anaphylaxis - <b>New</b> Asthma - <b>New</b> Individual Health Care Plan - <b>updated</b> Short term authorisation and administration - <b>Form amended</b> Controlled drug administration - <b>Form amended</b> Long Term administration - <b>Form amended</b> BSACI - Allergy Action Plan-Epi Pen – <b>New</b> Emergency Medication Log – <b>New</b>  <b>Updated</b> <b>Updated</b> <b>Updated</b> <b>Updated</b> Person with a medical condition – <b>New</b>  Medication Flow Chart – <b>New</b> First Aider Requirements – <b>New</b> Secondary School – Major Injury Emergency Response Team – <b>New</b> Asthma Attach Guidance - <b>New</b> Signs and Symptoms of an Allergic Reaction - <b>New</b>	

<b>Title:</b>	HSP 04 – First Aid
<b>Author(s):</b>	David Maine
<b>Date:</b>	September 2024
<b>Review date:</b>	September 2027
<b>Application:</b>	<p>This policy applies equally to all The White Horse Federation (TWHF) employees including agency or casual staff, and to all premises where TWHF is either the ‘employer’ or is in control of the premises.</p> <p>The Health and Safety (First-Aid) Regulations 1981 place a duty on TWHF to make an assessment of first-aid needs appropriate to the circumstances of each workplace. In practice this means that a sufficient number of suitably competent personnel, appropriate equipment and facilities are provided so that first-aid can be administered.</p>

### Definitions

For the purpose of this policy, the following definitions apply;

First Aid	Initial help given to a sick or injured person until full medical treatment is available, or the person is well enough to continue with normal activities.
First Aider	A trained person who holds a valid full certificate of Competence in “First Aid At Work” or the Emergency First Aid at Work training.
Accident Report	A written report of any accident, incident or near miss that occurs on TWHF premises or as a result of TWHF activities.
First Aid Kit	A supply of first aid equipment provided for the initial treatment of a casualty following an accident or incident.
Appointed Persons	A person appointed by the employer to take charge of the first aid arrangements, including looking after the equipment and facilities and calling

	for emergency services in the absence of a first aider or when the appointment of a first aider is not necessary.
Workplace	For the purpose of this policy the workplace shall be any site, building or vehicle occupied by employees of TWHF who are undertaking work on behalf of TWHF.

### Policy Aims

To ensure that there are sufficient numbers of trained first aiders on duty and available for the numbers and risks on TWHF premises.

To ensure that there are suitable and sufficient facilities and equipment available to administer first aid.

### Policy

It is the policy of TWHF to ensure that the provision of first aid at work is adequate and appropriate in the circumstances to aid employees and service users who are injured or who become ill.

### Risk

Lack of effective and timely first-aid to avert further suffering in the event of injury to a person at work/school.

### Responsibility

This responsibility must be discharged primarily at the line management/operational level.

## Section I – Roles & Responsibilities

Roles and responsibilities are defined in HSP2 Organisation. Any specific actions are detailed in the arrangements section below.

## Arrangements

### 1.1 Provision of First Aid

- First-aid provision must be available at all times whilst people are on school premises and also off the premises whilst on school visits.
- In certain circumstances, such as special events, there may be a need to put in place special arrangements to meet the requirements of the First Aid Regulations. These arrangements should be made in conjunction with the Site Manager, Headteacher or Regional Estates Manager. Organisers of such events are required to ensure that adequate first aid arrangements are made.
- The number of first aiders that schools/departments require will be determined by a first aid risk assessment, taking into account the activity risks (science, DT, PE etc.), location of the premises, number of buildings or split levels, any specific needs (medical conditions) and the guidance provided by the DFE. The risk assessment should be reviewed regularly as a result of a change in the type of activity, numbers of staff, an increase in the numbers of accidents reported, higher risk activities or persons with specific needs.
- First Aiders are to provide initial treatment and to prevent further injury/illness. Professional medical advice should then be sought if further treatment is required.
- First Aiders are not to provide professional medical treatment, provide diagnoses, dispense medicines or give medical oxygen, unless directed by ambulance or medical professionals.
- TWHF recommends 1 First Aider per 100 staff, Pupils and visitors combined. Enough first aiders must be available to cover for sickness, absence, off site visits (where required subject to risk assessment) and any specific medical needs.
- First aid cover must be provided for all staff, Pupils and visitors whilst on site.
- Each school/site will clearly define what the local arrangements are including the names and locations of first aid staff, paediatric first aid staff, first aid room and first aid equipment. See Local Arrangements for First Aid HSF 4.5.
- Any delivery of first aid treatment will be recorded according to HSP 5 Accident Reporting Policy and following HSG 5.2 Accident/Incident Reporting Flow Chart.
- First aid support for trips must be risk assessed for appropriate cover in the trips planning.

### 1.2 First Aid/Medical awareness Training

- First Aiders must undertake and pass either a First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) course and thereafter hold a valid certificate – HSG 4.9 First Aider Requirements.
- All lead first aiders in secondary schools must hold a current First aid at Work certificate.
- In Primary schools the PSO and TA's shall be trained in Emergency First Aid at Work as a minimum. MDSA's are to

complete a half day Basic Emergency First Aid training course.

- Contact the Central HR Team for training provider details. All first aid training must be delivered by an accredited first aid training company.
- Candidates must check with their Line Manager before booking onto a first aid training course and confirm there is a need and budget available.
- A re-certification course must be undertaken every 3 years and commence prior to expiry of the current certificate.
- If you decide not to renew your certificate, please email Central HR and your name will be removed from the first aider's database.
- First Aiders must act in accordance with the training received.
- Schools will review the training requirements for medical conditions on an annual basis or as the school becomes aware of a new medical condition.

### 1.3 First Aid Assistance

- Headteachers and Managers are responsible for ensuring first aid procedures are in place and that the details of first aid procedures and first aiders are communicated to all staff under their responsibility.
- Local Arrangements for First Aid (HSF 4.5) are to be posted on notice boards and within communal staff areas on TWHF premises, and the central First aider training spread sheet to be kept up to date.
- In the event that a first aider is required:
  - Contact the nearest First Aider to you.
  - Where local site procedures differ to these general requirements, please ensure to adhere to your local site procedures.
- Non first aid trained staff must use their best endeavour to assist if a trained first aider is not available. Refer to professional medical advice as soon as possible for serious or life-threatening situations.

### Secondary School Emergency Response Team

Each secondary school will ensure there is an Emergency Response team identified, a process is put in place for communication and coordination in the event of an incident.

- SLT – To ensure area is cleared and manage the situation
- Lead First Aid – to call the Emergency Services
- Level 3 trained first aider to deal with casualty
- Other first aiders to assist lead first aider
- Site team to meet emergency services and allow access on site.

### 1.4 First Aid Equipment

- Each school will provide First Aid equipment and facilities as set out in DFE Guidance on First Aid for Schools.
- The location of First Aid kits will be available from the school office.
- The contents of each First Aid kit will be checked regularly by a designated member of staff.
- First aid box/storage content will be based on HSE guidance: [First aid in work: What to put in your first aid kit - HSE](#)
- Non latex gloves should always be used when dealing with bodily fluids.
- Biosteriostatic absorbent powder should be used on any bodily fluid spillage.
- In Secondary schools a major bleed kit to be stored with the Defib and First aid kit for emergency response.
- The tourniquet must be stored securely and only be available for staff trained in major bleeds.
- If a first aid a tourniquet is required it can be accessed as a secondary action with readily available standard triangular bandages doing the work in the first instance.

### 1.5 Administration of medicines

Medication will only be administered in school if it is determined that it is key to Pupil health and attendance at school. Parents/carers are encouraged to administer medicine at home whenever possible.

Parents/carers will be made aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication.

Non-prescription medication (Calpol) will not be held by the school and will only be administered if the HSF 4.4 b Short Term Medication – Parent Authorisation Form has been filled out by the parent and medication supplied by the parent.

Parents/carers may request that they come to school to administer the medicine themselves. Medicine may then be administered by the parent/carer having received confirmation that the school agree.

All use of medication, even if the child can administer the medication themselves, is done under the supervision of a member of staff at the school. If medication is taken more than once in a day the parents are informed.

Each school will have its own procedures for managing medication as per GRA 4.1 Medication Risk Assessment.

### **Secondary school Pupils carrying medication**

Pupils may carry a single dose of paracetamol or ibuprofen (2 tablets) in their bags. Prescribed medication must be authorised and administered through the Admin team.

### **Records for Medicine Administration**

Medicine will only be administered in school if the Pupil has:

- An Individual Healthcare Plan (IHCP HSF 4.4a) for long term medication
- Short term medication parent Authorisation Form (HSF 4.4b)
- All controlled medication administration must be countersigned by another staff member and administration to be logged on HSF 4.4c Record of Controlled Drugs Administered to Pupils with an IHCP.
- Records of all long-term medication administered will be recorded on HSF 4.4c record of long-term Medication Administered to Pupils with an IHCP.
- Where an Epi Pen is administered this will be reported on either a HSF 5.1 Accident Incident Form in Primary Schools, or on EVOLVE as a Major incident in Secondary Schools.
- Where an individual (Pupil, Staff Member or Member of the public) is taken to hospital in an ambulance or by private transport due to a medical incident, a HSF 5.1 Accident Incident form must be completed in Primary schools, or reported as a Major event on EVOLVE in Secondary schools. The Health & Safety Manager should also be informed ASAP.

Parents are responsible for giving the school information on medication administration and any changes in the dose and administration method.

### **Training**

Training is given to all staff members who agree to administer medication to children, where specific training is needed. Training records to be kept on HSF 4.4e

School staff should be aware of anything that may trigger severe medical events, based on information provided by parents or carers.

All school staff have been informed through training that they are required under common law duty of care to act like any reasonable prudent parent in an emergency situation. This may include taking action such as administering prescribed medication.

### **Educational Visits**

All staff attending off-site visits will be aware of any Pupil with medical conditions on a visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary including any additional medication or equipment needed.

Trip leaders will ensure medications and triggers form part of the trip risk assessment and emergency medication is readily available during the trip. The trip leader will have to account for medications during residential trips that are not accounted for in the normal school day, these can be recorded on the short-term medication form.

If a trained member of staff who is usually responsible for administering medication is not available, alternative arrangements will be made to provide the service. This is always addressed in the risk assessment for off-site activities.

All medicines must be taken on any out on school trip.



## Emergency Medication

- All children at school with medical conditions have easy access to their emergency medication.
- Where appropriate all children are encouraged to administer their own emergency medication (I.E Inhalers), when their parents/carers and health specialist determine they are able to start taking responsibility for their condition.
- Children know where their medication is stored and how to access it.
- Children understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.
- If a child suffers a severe medical event, a first aider should be utilised and ambulance called if required. Parents and the Headteacher (or other nominated person) should be informed ASAP.

## Medication storage

Emergency medication is readily available to children who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug (such as medicine for epilepsy) this will be secured at all times. The keys are readily available and not held personally by members of staff.

The Pupils know exactly where to access their emergency medication.

All non-emergency medication is kept in a secure place. Pupils with medical conditions know where their medication is stored and how to access it. Staff ensure that medication is only accessible to those for whom it is prescribed.

Expiry dates for all medication stored at school are checked at the end of each term.

A member of staff, along with the parent/carer of Pupils with medical conditions, ensure that all emergency and non-emergency medication is brought into school is clearly labelled with the Pupils name, dose of the medication and the frequency of dose.

Medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Schools will identify where Pupil refrigerated medicine will be stored. This may be in a specific fridge located in the office or first aid room.

All medication is sent home with Pupils at the end of each school term. It is the parent/carers responsibility to ensure new and in date medication comes into school on the first day of the new academic term.

Staff are responsible for managing their own emergency medication and must alert their line manager of where their medication is located.

## Safe Disposal

- Parents/carers are asked to collect out of date medication.
- If parents do not pick up out of date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal, or by a licensed waste disposal contractor.
- Staff are responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check should be done at the end of each term.
- Sharps boxes are used for the disposal of needles when needed. Parents/carers obtain sharp boxes from the Pupils GP, paediatrician or purchased separately. All sharps boxes in school are stored in a locked cupboard
- If a sharps box is needed off site or on a residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, back to school or to the parents/careers.
- Collection and disposal of sharps boxes is arranged with a licensed disposal company.

## 1.6 Allergy and anaphylaxis

Anaphylaxis is a severe and potentially life threatening allergic reaction that can occur within minutes of exposure to the allergen. TWHF aims to minimise the risk of an allergic/anaphylactic reactions during the school day.

### Schools will:

- Ensure staff members respond appropriately to an allergic/anaphylactic reaction by recognising and initiating appropriate treatment including the administration of auto adrenaline injector device (Epi Pen) where needed.

- Ensure staff responsible for monitoring Pupils with allergies receive Epi Pen training.
- Raise awareness of allergy/anaphylaxis and its management throughout the school.
- Establish a clear procedure and responsibilities to be followed by staff in meeting the needs of children with allergies.
- Work with parents and establish an Individual Health Care Plan – IHCP .
- HSF 4.4h BSACI Allergy Action Plan form to be filled in and kept with the Pupils Epi Pen.
- Keep a log of all emergency medication on site, its location, expiry date and who is trained to administer it. This document shall be reviewed termly or as changes occur. - HSF 4.4i Emergency medication log.
- Risk assess the use of Epi Pens on a case-by-case basis considering activities such as PE, Trips etc. and taking in to account the Pupil's individual capacity to look after the pen.
- Ensure effective communication of individual child's medical needs with teachers and other staff including catering team.
- Anaphylaxis Kits will be available in all schools as a back up to Pupils/staff's own Epi Pen. These should only be administered on the instruction by the emergency services as they are not prescribed to the individual.
- Ensure First Aid Staff training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed.
- Request that parents of children with packed lunches/cake sales give careful thought to eliminating food that may be of risk.

### 1.7 Asthma

TWHF recognise that asthma is a widespread, serious, but controllable condition and aim to support Pupils in school.

- The Pupil asthma register will be updated termly.
- The parents will fill out HSF 4.3 School Asthma Card.
- Asthma inhalers may be kept by the teacher (Nursery and KS1), or by the Pupils in KS2 and above.
- A generic asthma inhaler (Salbutamol) may be held on site in a secure location to cover for lost or forgotten personal inhalers. This should only be used in emergencies if the prescribed personal inhaler cannot be obtained and if written consent has been given by the parent or guardian. Use must be recorded and parents informed. A register of children who have been prescribed with an inhaler and who have permission granted to use the school's inhaler in an emergency must be maintained and held with the school's inhaler. (See HSF 4.4c)

### 1.8 Contacting Emergency Services

- In the event that emergency services are required, contact the emergency services in the usual way by dialing 999 from any TWHF telephone extension or mobile phone. (See HSF 4.4f)
- A member of the School office, Headteacher (or nominated person) must be informed whenever contacting the emergency services.
- Ensure this is recorded as indicated on HSG 5.2 Accident/Incident Reporting Flow Chart
- Parents or carers must be informed if an ambulance is required.

### 1.9 Transporting Casualty to Hospital

- In the event of an emergency, an ambulance should be called in the usual way (by dialing 999).
- In the event that the casualty does not wish to go to hospital, this should be noted on the accident form by the First Aider, who should also obtain the signature of the casualty, if possible.
- If the casualty has an Individual Healthcare Plan this must be transported with them.
- Parents must be contacted immediately if any child needs to go direct to hospital or if hospital treatment is recommended.
- After an accident, if the casualty is transported directly to hospital for treatment this is RIDDOR reportable. Contact the Health and Safety Manager ASAP (See HSP 5 Accident and Incident Reporting for further details).

### 1.10 Non-Emergency Situations

- Any significant injury or head injury to a child must be reported to the parent/guardian as soon as possible. HSF 4.1 Head injury advice sheet should be given for ALL head injuries in Primary schools. Secondary schools will send these to the parent via Evolve/Arbor.
- If the casualty requires medical attention, which is not considered to be an emergency, parents should be advised to visit a drop-in medical Centre, NHS Treatment Centre, General Practitioner or local Pharmacist.
- If the patient/casualty requires transport, a TWHF vehicle may be used if available, or a privately owned vehicle may be used if it is covered by commercial use insurance and the driver is on the authorised drivers list. See HSP 11 Vehicle and Driver Policy for details.

### 1.11 Needle Stick Injuries



- For needle stick injuries or sharps injuries which have been contaminated with human body fluids or material that is believed to be infected, follow HSG 4.3 guidance for initial first aid
- The injured person should immediately be referred to the nearest Accident and Emergency Unit. This should be within the first hour following exposure.
- The Headteacher (or other nominated person) should also be informed following initial treatment and immediately in the event of any accident where exposure to a pathogen or infectious material may have occurred.
- A full accident record should be prepared and as soon as possible (HSF 5.1 Accident/Incident form – On EVOLVE Accident book in Secondary schools.

## 1.12 Head Impact Injuries

### Head Impact Injuries

The majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of Pupils can suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. In order to assess the level of treatment required first aiders will follow HSG 4.5 Managing Head Injury's Guidance.

#### Level 1 Head Injury's

The Pupil shall be assessed by the first aider and shall be kept in school and monitored throughout the day for signs of concussion.

Primary schools shall record all head impact injury's on HSF 4.1 Head Advice Form and on HSF 4.2 Minor injury form. The head injury form should be scanned and added to the Pupils profile before the form is sent home.

Secondary schools shall enter the incident on to EVOLVE and record it as a Level 1 head injury.

In Primary schools the HSF 4.1 Head Injury Advice Form will be sent home, in Secondary schools the First Aid Lead will send an email home so that parents can monitor their child for signs of a more significant injury.

#### Level 2/3 Head Injury's

The Pupil shall be assessed by the first aider and the level of injury established.

Primary schools shall record all head injury's on HSF 4.1 Head Advice Form and on the HSF 5.1 Accident form and send into the H&S Manager. Secondary schools shall record this as a Level 2/3 Head Injury on EVOLVE

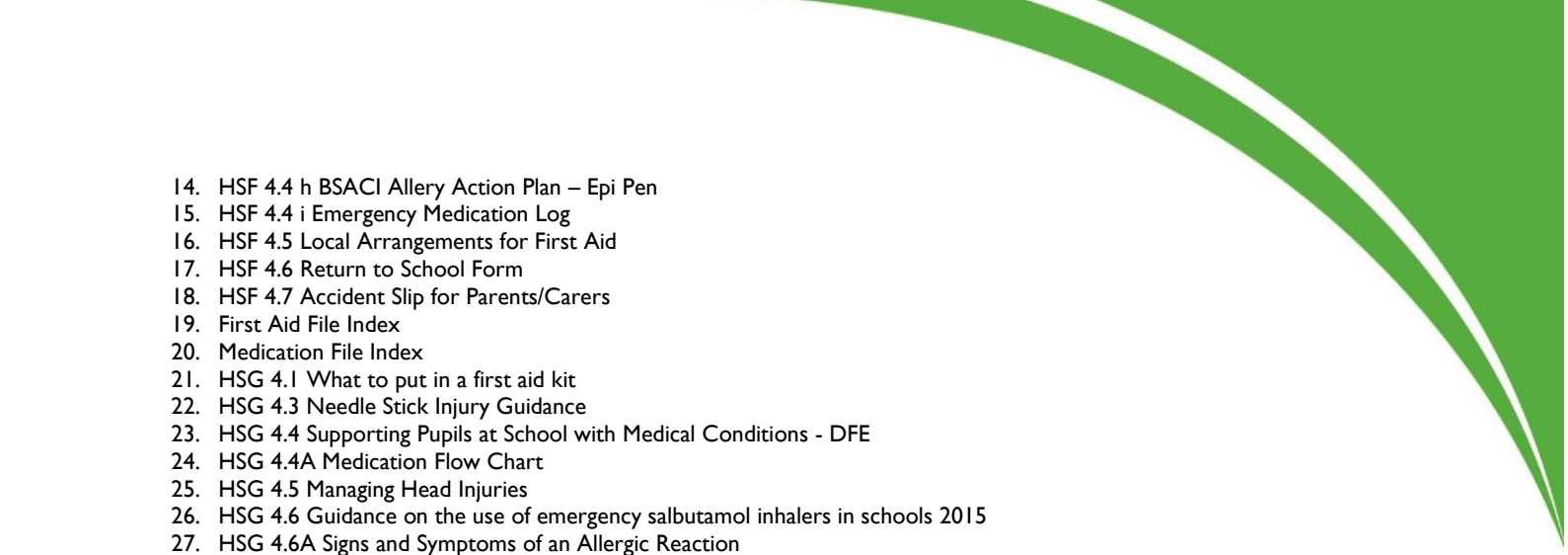
Parents will be phoned if the Pupil is deemed to have a level 2 or 3 head injury to be picked up and taken to A&E. This will be followed up by either the Head Advice Form in Primary schools or an email from Secondary schools with the NHS head injury advice information.

## 1.13 Limitations to this Policy

The policy cannot anticipate all eventualities; therefore professional judgement should be used to identify the appropriate course of action needed to protect those who are vulnerable and/or at risk. This judgement should derive from multi-disciplinary team discussion rather than any one individual where possible.

## 1.14 Appendices

1. HSF 4.1 Head Impact Injury Advice Sheet
2. HSF 4.2 Minor Injury Record – Primary schools
3. HSF 4.3 School Asthma Card
4. HSF 4.3a Use of School Emergency Salbutamol Inhaler
5. HSF 4.3b Asthma Record – Use of Personal Inhaler
6. HSF 4.3c Asthma Inhaler Letter to Parent/Career – Emergency Inhaler Consent Slip
7. HSF 4.4a Individual Healthcare Plan - IHCP
8. HSF 4.4b Short term Medication Authorisation - Administration
9. HSF 4.4c Record of Controlled Drugs Administrated
10. HSF 4.4d Record of Long-Term Medication Administered
11. HSF 4.4 e Training Record for Administration of Medication
12. HSF 4.4 f Contacting Emergency Services Information
13. HSF 4.4 g Model Letter Inviting Parents to Contribute to an Individual Healthcare Plan Development

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14. HSF 4.4 h BSACI Allergy Action Plan – Epi Pen
  15. HSF 4.4 i Emergency Medication Log
  16. HSF 4.5 Local Arrangements for First Aid
  17. HSF 4.6 Return to School Form
  18. HSF 4.7 Accident Slip for Parents/Carers
  19. First Aid File Index
  20. Medication File Index
  21. HSG 4.1 What to put in a first aid kit
  22. HSG 4.3 Needle Stick Injury Guidance
  23. HSG 4.4 Supporting Pupils at School with Medical Conditions - DFE
  24. HSG 4.4A Medication Flow Chart
  25. HSG 4.5 Managing Head Injuries
  26. HSG 4.6 Guidance on the use of emergency salbutamol inhalers in schools 2015
  27. HSG 4.6A Signs and Symptoms of an Allergic Reaction
  28. HSG 4.7 Parents Information on Accident Communication During the School Day
  29. HSG 4.8 Adrenaline Auto Injectors in Schools
  30. HSG 4.9 First Aid Requirements
  31. HSG 4.9a Secondary School - Major Injury Emergency Response Team
  32. HSG 4.9b Asthma Attack Guidance
  33. GRA 4.1 Medication Risk Assessment
  34. GRA 4.2 First Aid Risk Assessment
  35. GRA 4.3 Bodily Fluids Risk Assessment
  36. GRA 4.4 Control of Allergens
  37. GRA 4.5 Person with a Medical Condition