

The Vine Inter-Church Primary School

The Vine Inter-Church Primary School is committed to the prevention of discrimination and the promotion of equality of opportunity for all.

THE VINE INTER-CHURCH PRIMARY SCHOOL



First Aid and Managed Medicines Policy

Policy Development: Autumn 2024

Policy Ratification: Spring 2025

Policy Review: Autumn 2025

Link to The Vine Vision – Let love abide here.
This policy aims to offer support when we are not feeling at our best
or involved in an incident that puts us at our neediest.

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1. Aims

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#) advice from the Department for Education on [first aid in schools](#), [health and safety in schools](#) and guidance from the Health and Safety Executive (HSE) on incident report in schools, and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which requires employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), sets out the timeframe for this and how long records of such accidents must be kept. The [Incident reporting in schools \(accidents, diseases and dangerous occurrences\) Guidance for employers, HSE Information sheet](#) details how RIDDOR differs for employers / pupils and visitors to schools.
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records

3. Roles and responsibilities

The Vine-Inter Church Primary School will always meet the legal requirements for the appropriate number of Paediatric first Aid (PFE) qualified and trained staff on the premises.

The Vine-Inter Church Primary School will always have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work.

3.1 The Local Authority and Governing body

The governing body has ultimate responsibility for health and safety matters in the school.

The governing body delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.2 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aiders are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures

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- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils and staff
- Reporting specified incidents to the HSE when necessary (see section 6).

3.3 Staff and First Aiders

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports on ScholarPack for all incidents they attend to
- Informing the headteacher, CMT or their manager of any specific health conditions or first aid needs

3.4 Pupils

Pupils are responsible for caring for their own welfare and that of other pupils and understanding the importance of risk assessment.

3.5 Parents and Carers

Parents and Carers have prime responsibility for their children's health and should give the school sufficient information about their children's medical condition/s and treatment or special care needed at school. They must complete and sign the relevant documentation appropriate to their child and contact numbers must remain current.

4. First aid procedures

The Vine Inter Church Primary School has trained first aiders across the school. The school also has paediatric first aiders across the school who will support and assist with first aid procedures if required. The CMT will attend all emergency first aid requirements if present and available.

In-school procedures – In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents. The CMT will also be involved in the decision to send home.
- If emergency services are called, the parents will be contacted immediately.

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- The first aider will complete an accident report on ScholarPack. If an accident involves a staff member being injured, Tracy Beedle should be informed, and the accident reported on ScholarPack.

Off-site procedures – When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Child specific medications (inhalers, Adrenaline Auto-injectors, child specific medicines)
- Parents' contact details

Risk assessments will be completed by staff prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider on school trips and visits.

4.1 Asthma

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own reliever inhaler at school to treat symptoms and to use if they have an asthma attack. Asthma UK found that 86% of children have at some point forgotten, lost or broken the inhaler or have run out. In October 2014 it came into force to allow schools to hold an emergency inhaler.

Salbutamol is a relatively safe medicine, particularly when inhaled, however, all medicines can have adverse effects. Salbutamol side effects are mild and temporary and are not likely to cause serious harm. A child may feel shaky or may tremble and their heart may beat faster.

Salbutamol should only be given to children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The Vine Inter-Church Primary school follow the guidance provided by Asthma UK (as detailed on personalised 'asthma cards or plans').

- Pupils have access to their own inhalers (in their bags/trays/classroom cupboard)
- Staff will know where the child's inhaler is kept
- Spare, emergency inhalers are kept in the Snug and staff room.
- All staff will have a clear understanding of what to do in the event of an asthma attack
- The CMT can be called to assess and assist if required.
- Parents will be contacted if a child has a severe asthma attack or increased need for inhalers throughout the day
- An ambulance will be called if the child does not respond to medication

4.2 Anaphylaxis

Anaphylaxis is a severe allergic reaction with rapid onset of circulatory collapse and is life threatening – Immediate medical attention is required.

Less severe symptoms may include itching throat, hives, flushing, abdominal cramps, nausea or vomiting. Even when these milder symptoms are present the child **MUST** be watched as this may be the start of a more serious reaction and parents to be called and informed.

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- An IHCP must be provided to the school and an Auto Adrenaline Injector to be kept in school.
- If a child has a severe allergic reaction, they will be administered with their prescribed AAI (Adrenaline Auto -injector). An ambulance and parents/carers will be contacted.
- It should be administered through clothes and should be injected into the upper outer thigh.

ALWAYS GIVE AN ADRENALINE AUTO INJECTOR IF THERE ARE ANY SIGNS OF ANAPHYLAXIS PRESENT. IF IN DOUBT GIVE ADRENALINE

- After administering adrenaline, do not move the person. They should be lying down with legs raised, if breathing difficulty, allow to sit up, or place in the recovery position.
- Child specific AAI's will be stored with the child's medication administration form in a plastic clear box. With the child's name and photo clearly written on the box. The boxes are stored in the child's classroom and staff aware.
- Spare school AAI's are stored in the staff room in an un-locked accessible cupboard.
- The photos of those children known to have anaphylaxis, on a red triangle, dose and allergies are placed on the cupboard door
- After the administration of an AAI correct documentation must be completed on ScholarPack and correct disposal of the AAI. This can be given to the paramedics or taken to a pharmacy.

All staff are encouraged to complete online training. All staff must understand the rapidity of anaphylaxis and progress to a life threatening reaction.

4.3 Diabetes

- An IHCP must be provided to the school
- The school recognises that emergency doses of glucose may be necessary, and parents must ensure that the child always has sufficient snack food
- All staff will be made aware of the symptoms of low blood sugar (hypoglycaemia) and know how to respond
- All staff will be made aware of the symptoms of high blood sugar (hyperglycaemia) and know how to respond
- All staff must be aware of symptoms that require urgent medical attention. Ambulance will be called, and parents will be contacted.
- If insulin is prescribed within school hours, a 'Medication Administration Form/Consent' must be signed by the parents
- Correct training to be given to staff assisting or giving insulin.
- Correct disposal of needles (a yellow plastic bin) must be provided by parents for school use.

4.4 Diarrhoea, vomiting and travel sickness

Children who have diarrhoea and or vomiting can be highly infectious to other children and adults around them. If a child has continuous diarrhoea and or vomiting, they are to stay at home for 48 hours free from symptoms. If a child has diarrhoea and or vomiting in school and it is thought to be related to an infection.

- The child will be placed in an area safe and away from other people.
- They will be looked after until they can be collected, observed and First aid administered if required.
- Parents/carers will be contacted to collect them.
- CMT will be informed of reason for being collected
- Parents or carers will be advised to keep the child at home for 48 hours from last symptom.

Travel sickness/motion sickness is usually not regarded as infectious and is caused by repeated movements when travelling.

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If a child is known to suffer with travel or motion sickness:

- Staff should be informed before any travel with school
- Outgoing – Remedies should be given where possible at home by the parents/carers
- Incoming –in extenuating circumstances staff can administer medication/remedies– **Medication Administration Form** including consent needs to be completed by the parent/carer.
- Medication should be handed over to staff and not given to the child to look after or self-administer
- If administering medication–staff need to have a 2nd checker before administering medication to the child and sign the date, time and dose given on the **Medication Administration Form**.

4.5 Cuts and grazes.

- First aiders must wear protective disposable gloves whenever there is a risk of coming into contact with blood or other body fluids.
- The nearest adult deals with small cuts.
- All open cuts should be cleaned with antiseptic wipes or 0.9% sodium chloride as appropriate.
- Wounds/cuts should be covered after they have been treated/cleaned. Pupils should always be asked if they can wear plasters BEFORE one is applied. Pupils who are allergic to plasters will be given an alternative dressing.
- Where spillages of blood or other body fluids have occurred, clean contaminated surfaces (eg: floor, table, chair, etc) with an approved cleaning solution.
- Swabs, dressings, paper towels and disposable aprons and gloves should be secured in a plastic bag and placed in the yellow (incineration/medical bin) in the Snug.
- **Disposable equipment must NEVER be reused or used to treat more than one casualty.**

4.6 Bumped heads/head injuries

- Any bump to the head from the neck up, no matter how minor, is treated as serious.
- All bumped heads should be treated with an ice pack.
- The child's bump area should be checked for swelling and tenderness, bleeding or bruising.
- Movement of the neck and head should be checked and coherence of the child.
- If the child vomits as a result of a head injury or there are any serious concerns, the child's parents or carers must be informed.
- Parents/carers must be informed by a red letter if not considered serious or informed immediately by telephone if considered serious.
- Year group staff should be informed and should keep a close eye on the progress of the pupil. If pupils are complaining of a headache or feeling sick, they should be asked if they have bumped their head and if they have, this should be reported to a First aider who will assess the child.

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Disposable gloves

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- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- The Snug
- Main Reception
- Staff room
- The school Kitchen
- The After School Club
- The classrooms
- Gardening Club
- Available for PE

The School Defibrillator is kept in a windowed safety box on the wall close to the Snug. This can be used by all staff, pupils and members of the public.. When opening the defibrillator clear instructions are given to follow and any equipment needed e.g. scissors/gloves are within the bag.

6. Record-keeping and reporting

6.1 First aid and accident recording

- An accident record on Scholar Pack will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be recorded when reporting an accident, including date, time of accident, if anyone else was involved in the accident, place where the accident occurred and the injury to the child (if any). Treatment and outcome if appropriate.
- Parents will be informed if appropriate either by phone or at time of collection by a verbal handover.

6.2 Reporting of Serious Injury

All accidents that result in serious injury, that occur in school are reported to the Governing Body by the Headteacher, Pete Hynes

6.3 Reporting to Cambridgeshire County Council

All staff accidents, pupil serious injury and near miss will be reported to Cambridgeshire County council Health and Safety [CCC Incident report Form](#)

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6.4 Reporting to the Health and Safety Executive (HSE)

Following on from 6.3 CCC will review any logged incident / accident to identify if the incident is classed as a RIDDOR, as defined in the RIDDOR 2013 legislation. <https://www.hse.gov.uk/riddor/>

The [Incident reporting in schools \(accidents, diseases and dangerous occurrences\) Guidance for employers, HSE Information sheet](#) details how RIDDOR differs for employers, pupils and visitors to schools.

Pete Hynes and Tracy Beedle will assist with any further investigation for the HSE report after gaining advice from Browne Jacobson LLP Solicitors.

Information on how to make a RIDDOR report is available here: <http://www.hse.gov.uk/riddor/report.htm>

All incidents must be treated appropriately and by a qualified 1st aider where appropriate and documented on Scholar Pack. Any written documentation should be held and stored for 3 years.

7. Administering Medication in school

There may be times when a child has been prescribed medication during the school day and it may be in their best interest to have the medication in school.

There is no legal duty requiring teaching staff to administer medication. Staff who assist with any form of medication in accordance with the procedures detailed within this guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified.

- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that medicine has been obtained from the child's parent and/or carer. The parents must complete, sign and date a **Medicine Administration Form**.
- The parents and carers are responsible for checking the dose and medication prescribed/non prescribed are correct.
- The school must keep a written record of administration on the **Record of medication administered to pupils form** each time a medicine is administered to a child and inform the child's parents and/or carers on the same day, or as soon as reasonably practical, if appropriate. (This is not required if it is a daily medication).
- Where possible the parents must administer the medication.
- In extenuating circumstances, school may administer medication without seeking parents written consent. E.g. Antihistamine where there is no previous record of allergies and medical professionals have advised this. In these rare circumstances, see below for the procedure.
- There must be two staff present to check and observe administering and both will sign the **Medicine Administration form** when administering medication to a child.
Non-prescription/over the counter medication will only include:
 - **Antihistamine**
 - **Paracetamol**
 - **motion sickness medication**
 - **skin emollients**

This can be administered without a prescription. "Non-prescription medicines can include those that can be purchased from pharmacies (including some over the counter medicines which can only be purchased from a pharmacy), health shops and supermarkets. See also BMA advice: <https://www.bma.org.uk/advice-and-support/gppractices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools>"

- Medication must all be stored in a locked cupboard or fridge in the Snug, this excludes emergency medicine for anaphylaxis, allergies, diabetes and inhalers.
- Parents are responsible for checking the dates of expiry on all medication held on the school premises.

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8. Monitoring

Accident records are used to help the headteacher and the Governing Body identify trends and areas for improvement. They can also help to identify training or other needs and may be useful for insurance or investigation purposes. First aid records are collated and analysed each month and any necessary remedial actions are identified and put into place.

9. Review

This policy will be reviewed by the headteacher every year.

At every review, the policy will be approved by the Full Governing Body.