



ELMLEA SCHOOLS TRUST

FIRST AID ADMINISTRATION OF MEDICINES POLICY

Document History Record of recent Policy changes

Date	Version	Author/Owner	Change	Origin of
April 2018	1.0	C Sanders	Incorporate DfE guidance on supporting pupils with medical conditions (2014) and incorporate Control of Infections Policy	Judicium Policies incorporated into one guidance document.
August 2020	1.0	C Sanders		Adapt EJS/judicium policy to EST policy including update of forms. Separate policy for Accident and Incident reporting and Investigation Procedure.
December 2020	1.0	C Sanders		Further personalisation to provide consistency to both EJS and EIS procedure.
November 2022	2.0	A Bizley		Separate Control of Infections policy based on Summer 2022 Judicium template and personalised.
January 2024	2.0	A Bizley	No change	Judicium review

Trustees 'Committee	Operations /Health and Safety Committee
Policy Adopted	January 2024
Review cycle	Annual
Review date	Autumn 24

1. Statement of Intent

The Board of Trustees believe that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the Trust.

We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at Trust, and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the Trust is appropriately insured, and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the school office. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

The Trust also has a Control of Infections Policy which may also be relevant, and all staff should be aware of.

This policy has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them.

This policy applies to all relevant Trust activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

Contents

1.	STATEMENT OF INTENT	3
2.	ROLES AND RESPONSIBILITIES	6
2.1	The Governing Board	6
2.2	The Headteacher/Principal.....	6
2.3	The Senior First Aider/Nurse/Healthcare Professional	6
2.4	Appointed person(s) and first aiders	7
2.5	Mental Health First Aider	7
2.6	Staff Trained to Administer Medicines.....	7
2.7	Other Staff.....	8
3.	ARRANGEMENTS	9
3.1	First Aid Boxes	9
3.2	Medication	9
3.3	First Aid Needs Risk Assessment.....	9
3.4	Early Years Requirements.....	9
3.5	First Aid Provision	10
3.6	Insurance Arrangements	10
3.7	Educational Visits.....	10
3.8	Administering Medicines.....	10
3.9	Storage and Disposal of Medicines	11
3.10	Accidents/Illnesses requiring Hospital Treatment.....	11
3.11	Allergies.....	11
3.12	Defibrillators.....	12
3.13	Students with Special Medical Needs – Individual Healthcare Plans	12

3.14 Accident Recording and Reporting.....	13
3.15 Mental Health First Aid	15
4. CONCLUSIONS	16
APPENDIX 1 - CONTACTING EMERGENCY SERVICES.....	17
APPENDIX 2 - HEALTH CARE PLAN.....	18
APPENDIX 3 - PARENTAL AGREEMENT FOR SCHOOL/ACADEMY TO ADMINISTER MEDICINE	20
APPENDIX 4 - RECORD OF REGULAR MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD (PARTS A AND B).....	22
APPENDIX 5 - ADMINISTRATION OF MEDICATION DURING SEIZURES	25
APPENDIX 6 - SEIZURE MEDICATION CHART.....	27
APPENDIX 7 - EPIPEN®: EMERGENCY INSTRUCTIONS.....	28
APPENDIX 8 – ANAPEN®: EMERGENCY INSTRUCTIONS.....	32
APPENDIX 9 – NOTE TO PARENT/CARER FOR MEDICATION GIVEN	35
APPENDIX 10 - STAFF TRAINING RECORD.....	36
FURTHER GUIDANCE	37

2. Roles and Responsibilities

2.1 The Trust Board

- 2.1.1. The Trust Board has ultimate responsibility for health and safety matters - including First Aid in the schools.
- 2.1.2. Ensure the first aid risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.
- 2.1.3. Provide first aid materials, equipment and facilities according to the findings of the risk assessment.

2.2 The Executive Headteacher / Director of Finance and Operations

- 2.2.1. To carry out First Aid needs assessment for the school site, review annually and/or after any significant changes.
- 2.2.2. Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes.
- 2.2.3. Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the school and that their names are prominently displayed throughout the school.
- 2.2.4. Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- 2.2.5. Ensuring all staff are aware of first aid procedures.
- 2.2.6. Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- 2.2.7. Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- 2.2.8. Ensuring that adequate space is available for catering to the medical needs of students.
- 2.2.9. Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3 The Senior First Aider

- 2.3.1. Ensure that students with medical conditions are identified and properly supported in the school, including supporting staff on implementing a student's Healthcare Plan.
- 2.3.2. Work with the Executive Headteacher to determine the training needs of Trust staff.
- 2.3.3. Administer first aid and medicines in line with current training and the requirements of this policy.
- 2.3.4. Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by

dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.

2.3.5. Assist with completing accident report forms and investigations.

2.3.6. Notify manager when going on leave to ensure continual cover is provided during absence.

2.4 Appointed person(s) and first aiders

2.4.1. The appointed persons are responsible for:

- a) Taking charge when someone is injured or becomes ill
- b) Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- c) Ensuring that an ambulance or other professional medical help is summoned, when appropriate

2.4.2. First aiders are trained and qualified to carry out the role and are responsible for:

- a) Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- b) Sending students home to recover, where necessary
- c) Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- d) Keeping their contact details up to date.

2.5 Mental Health First Aider

2.5.1. The appointed persons are responsible for:

- a) Provide mental health first aid as needed, at their level of competence and training.
- b) Providing help to prevent mental health issues from becoming more serious before professional help can be accessed
- c) Promoting the recovery of good mental health
- d) Providing comfort to an individual with a mental health issue
- e) also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
- f) Escalate and document any matters if required within a suitable timeframe.
- g) Ensure they maintain confidentiality as appropriate.
- h) Be carried away from their normal duties at short notice
- i) Listen non-judgmentally

2.6 Staff Trained to Administer Medicines

2.6.1. Members of staff in the Trust who have been trained to administer medicines must ensure that:

- a) Prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- b) Wherever possible, the student will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.
- c) If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- d) Records are kept of any medication given.
- e) Staff should never volunteer to give non-prescribed medicines to children unless:
 - there is specific prior written permission from parents; and
 - it is carried out in accordance with the Trust policy.

Children under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

2.7 Other Staff

- 2.7.1. Ensuring they follow first aid procedures.
- 2.7.2. Ensuring they know who the first aiders in school are and contact them straight away
- 2.7.3. Completing accident reports for all incidents they attend to where a first aider is not called.
- 2.7.4. Informing the Executive Headteacher or their manager of any specific health conditions or first aid needs.

3. Arrangements

3.1 First Aid Boxes

3.1.1. The first aid posts are located in:

- Junior school School Office and first aid area in year 4/5 corridor
- Year 1 classrooms outside the toilet area

3.2 Medication

3.2.1. Students' medication is stored in:

- The School Office Junior School or the classrooms or children's schoolbags
- Infant School in the classroom bags or Infant Office fridge

3.3 First Aid Needs Risk Assessment

3.3.1. The Trust will ensure a first aid needs risk assessment is completed to establish if there is adequate and appropriate first aid provisions in place.

3.3.2. The Trust will ensure this assessment is reviewed when significant changes occur.

3.3.3. A sufficient number of staff will be trained in First Aid At Work and/or Emergency First Aid A Work as per the outcome of the first aid risk assessment. Re-fresher training will be provided as required.

3.3.4. A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within student's individual health care plans.

3.4 Early Years Requirements

3.4.1. The Trust ensures first aid requirements set out in the statutory framework for early years foundation stage are in place.

3.4.2. The Trust ensure enough paediatric first aiders are in place as per the Trusts first aid needs risk assessment and early years requirements.

3.4.3. The Trust will ensure all staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within 3 months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years' setting.

3.4.4. The Trust will ensure paediatric first aid training is renewed every 3 years.

3.4.5. The Trust will aim to achieve the Millie's Mark Award (<https://www.milliesmark.com/>). The aim of Millie's Mark is to keep children safe and minimise risk and accidents by:

- Raising standards in paediatric first aid.
- Increasing number of paediatric first aid trained staff.
- Increasing confidence and competencies in applying paediatric first aid – no matter what the situation.
- Enabling trained staff to respond quickly in emergencies.

- Raising the quality and skills of the early years' workforce and helping them with day-to-day first aid issues, such as allergies.
- Providing reassurance to parents.

3.5 First Aid Provision

3.5.1. In the case of a student accident, the procedures are as follows:

- a) The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first-aid post and calls for a first aider.
- b) The first aider administers first aid and records details in our treatment book.
- c) If the child has had a bump on the head, they are given a "bump on the head" sticker along with a first aid note.
- d) Full details of the accident are recorded in our accident book
- e) If the child has to be taken to hospital or the injury is 'work-related' then the accident is reported to the Governing Body.
- f) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Governing Body will arrange for this to be done.

3.6 Insurance Arrangements

3.6.1. The Trust is insured through the Department of Education, Risk Protection Arrangement.

The risk protection arrangement is an alternative to commercial insurance for academy Trusts. Under the RPA, the UK government covers the losses instead of commercial insurance.

Link:<https://www.gov.uk/guidance/academies-risk-protection-arrangement-rpa>

3.7 Educational Visits

3.7.1. In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.7.2. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

3.8 Administering Medicines

3.8.1. **Prescribed medicines** may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

3.8.2. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

- 3.8.3. In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office.
- 3.8.4. Staff will ensure that records are kept of any medication given.
- 3.8.5 Staff should never volunteer to give non-prescribed medicines to children unless:
- there is specific prior written permission from parents; and
 - it is carried out in accordance with the Trust policy.

Children under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

3.9 Storage and Disposal of Medicines

- 3.9.1. Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the school office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.
- 3.9.2. Asthma inhalers / epi-pens will be held by the school for emergency use, as per the Department of Health's protocol.
- 3.9.3. [When medication is no longer required, suitable disposal will be arranged, or medication will be collected by parents](#)

3.10 Accidents/Illnesses requiring Hospital Treatment

- 3.10.1. If a student has an incident, which requires urgent or non-urgent hospital treatment, The school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a child taken to hospital by ambulance if required.
- 3.10.2. Parents will then be informed, and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

3.11 Allergies

- 3.11.1. Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other

foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

3.11.2. Arrangements are in place for whole-school awareness training on allergies.

3.11.3. Allergy Awareness is covered in depth in the Allergy Awareness policy that supports this First Aid & Administration of Medicines policy.

3.12 Defibrillators

3.12.1. Defibrillators are available within the both schools as part of the first aid equipment. In the Junior school it is located within the school office and in the Infant school it is located in the lobby. First aiders are trained in the use of defibrillators.

3.12.2. The local NHS ambulance service has been notified of its location.

3.12.3. Procedures are in place to maintain the equipment in accordance with the manufacturer's recommendations.

3.12.4. The equipment is regularly checked by the Office team in both schools and the date recorded.

3.13 Students with Special Medical Needs – Individual Healthcare Plans

3.13.1. Some students have medical conditions that, if not properly managed, could limit their access to education. These children may be:

- a) Epileptic
- b) Asthmatic
- c) Have severe allergies, which may result in anaphylactic shock
- d) Diabetic

Such students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

3.13.2. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that students with medical conditions are included.

3.13.3. The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

3.13.4. An individual health care plan will help the school to identify the necessary

safety measures to support students with medical needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment.

3.13.5. Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The School Nurse may also provide additional background information and practical training for school staff.

3.13.6 Procedure that will be followed when the school is first notified of a student's medical condition:

The parent/carer will be sent a link to the EST Medical Form

Once parent has completed the form the school office print off an individual health care form for the child- this is then communicated to teacher and added to master Healthcare folder, class pack and trip pack.

Admin team update the child's Arbor profile with medical information and then reprint class summary sheets and trip pack summary sheets

Any medication needs to be labelled and handed into the school office

This will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

3.14 Accident Recording and Reporting

3.14.1. First aid and accident record book

- a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. A copy will be emailed or printed out and sent to parents.
- b) As much detail as possible should be supplied when completing the accident form – which must be completed fully.
- c) A copy of the accident report form will also be added to the student's educational record by the relevant member of staff.
- d) Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

3.14.2. Reporting to the HSE

- a) The Executive Headteacher/Director of Finance and Operations will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- b) The Executive Headteacher /Director of Finance and Operations will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within

15 days of the incident. They will also notify the Chair of Trustees, H&S Chair and H&S Governor.

- c) Reportable injuries, diseases or dangerous occurrences include:
- Death
 - Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
 - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
 - Where an accident leads to someone being taken to hospital
 - Near-miss events that do not result in an injury, but could have been done. Examples of near-miss events include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment.
 - The accidental release of a biological agent likely to cause severe human illness.
 - The accidental release or escape of any substance that may cause a serious injury or damage to health.
 - An electrical short circuit or overload causing a fire or explosion.
- d) Information on how to make a RIDDOR report is available here:

<http://www.hse.gov.uk/riddor/report.htm>

3.14.3. Notifying parents

The first aider who has administered the first aid check will inform the parent/carer of any accident or injury sustained by the student, and any first aid treatment given or if the student refused to have first aid assistance, on the same day. This will either be done by the LSA or the office team.

3.14.4. Reporting to Ofsted and child protection agencies

a) Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

b) The Executive Headteacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

3.15 Mental Health First Aid

- 3.15.1. The Trust is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role in the Trust is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. The Trusts mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
- 3.15.2. The Trust mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.
- 3.15.3. The Trust recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.
- 3.15.4. All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the Trusts confidentiality policy.
- 3.15.5. Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to Executive Headteacher/Line Manager who will advise on the next steps to be taken.
- 3.15.6. All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.
- 3.15.7. If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or Executive Headteacher/Line Manager.
 - The school ensures all staff have access to supporting tools and information. All staff are encouraged to access this information at any time. Free and Confidential Wellbeing Services
 - a. SAS 01773 814 403
 - b. nurse@uk-sas.co.uk
 - c. Schools Advisory Service app

4. Conclusions

- 4.1. This First Aid and Medicine policy reflects the Trusts serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- 4.2. The storage, organisation, and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

Appendix 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

2. Give your location as follows (*insert school address*) and What Three Words

3. State that the postcode is:

4. Give exact location in the school (*insert brief description*)

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone.

Appendix 2 - Health Care Plan

Elmlea Schools Trust -	
Student Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who needs to know about the student condition and what constitutes an emergency?	
Action to be taken in emergency and by whom	
Follow Up Care	
Family Contacts Names Telephone Numbers	
Clinic/Hospital Contacts Name Number	
GP Name Number	
Description of medical needs and signs and symptoms	
Daily Care Requirements	

Who is Responsible for Daily Care	
Transport Arrangements <i>If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
Elmlea Schools Trust - Trip Support/Activities outside school Hours (e.g. risk assessments, who is responsible in an emergency)	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from the school. *If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles*

Appendix 3 - Parental agreement for school/academy to administer medicine

One form to be completed for each medicine.

The school will not give your child medicine unless this form is fully completed and signed.

Name of child _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine _____
(as described on the container) _____

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the school should know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

I understand that I must deliver the medicine safely to school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer's signature _____

Print Name _____

Date _____

Appendix 4 - Record of regular medicine administered to an individual child (Parts A and B)

Part A - Parent/Carer Authorisation

Name of child _____

Date of medicine provided by parent ____/____/____

Group/class/form _____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____

Part B - Records

Name of child _____

Name and strength of medicine _____

Dose and time medicine to be given * _____

Check the medication given coincides with the information stated on Part A.

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			

Name of member of staff			
Staff initials			
Observations/comments			
Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Appendix 5 - Administration of medication during seizures

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This criterion is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school/academy will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

Appendix 6 - Seizure Medication Chart

Name: _____

Medication type and dose: _____

Criteria for administration: _____

Date	Time	Given by	Observation/evaluation of care	Signed/date/time

Appendix 7 - EpiPen®: Emergency Instructions

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



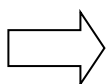
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

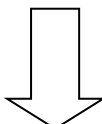


ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see –

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get _____EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**
6. Remain with the child until the ambulance arrives.
7. Place used EpiPen® into a container without touching the needle.
8. Contact parent/carer as overleaf.

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Headteacher/Principal/Principal: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Paediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check expiry date of EpiPen® every few months

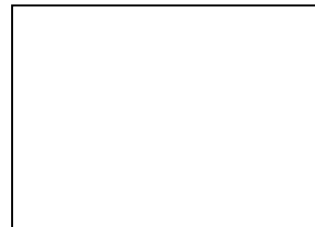
Appendix 8 – ANAPEN®: Emergency Instructions

ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



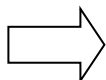
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

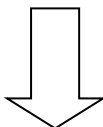


ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see –

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get _____ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an
'ANAPHYLACTIC REACTION'
2. Sit or lay the child on the floor.
3. Get ANAPEN® and remove the black needle cap.
4. Remove the black safety cap from firing button.
5. Hold ANAPEN® against the outer thigh and press the red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until an ambulance arrives. Accompany the child to the hospital in an ambulance.
8. Place used ANAPEN® into a container without touching the needle.
9. Contact parent/carer as overleaf.

Appendix 9 – Note to parent/carer for medication given

Note to parent/carer.

Name of school _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Appendix 10 - STAFF TRAINING RECORD

Name	Job Title	Name of Training Course	Date Undertaken	Date Refresher Required	Date Refresher Undertaken

Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school/academy will keep under review to ensure links are current.

- HSE
<https://www.hse.gov.uk/>
- The Health and Safety (First-Aid) Regulations 1981
<https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made>
- Department for Education and Skills
www.dfes.gov.uk
- Department of Health
www.dh.gov.uk
- Disability Rights Commission (DRC)
www.drc.org.uk
- Health Education Trust
<https://healtheducationtrust.org.uk/>
- Council for Disabled Children
www.ncb.org.uk/cdc
- Contact a Family
www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK
<https://www.allergyuk.org/>
<https://www.allergyuk.org/information-and-advice/for-school/academys>
- The Anaphylaxis Campaign
www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk
- Cystic Fibrosis Trust
www.cftrust.org.uk
- Diabetes UK

www.diabetes.org.uk

- Epilepsy Action
www.epilepsy.org.uk
- National Society for Epilepsy
www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
www.hacsg.org.uk
- MENCAP
www.mencap.org.uk
- National Eczema Society
www.eczema.org
- Psoriasis Association
www.psoriasis-association.org.uk/

Elmlea Schools' Trust

📄 [Guidance and Procedures for Supporting Pupils at School with Medical Needs](#)

📄 [First Aid including recording of playground accidents and incidents](#)

📄 [Control of Infections Guidance](#)

📄 [Please see separate document for \(Non-Minor\) Accident and Incident Reporting and Investigation Procedure](#)

Appendices – Form 1:	Model Letter inviting parents to contribute to Individual Healthcare Plan Development
Form 2	Individual Health Care Plan and Administration of Medication Form
Form 3:	Parent Form - Administration of Temporary Medication Form
Form 4:	Controlled Medication Administration Form
Form 5:	Non- Controlled Medication Administration Form
Form 6:	Sample page of the Playground Incident Reporting Book
Form 7:	Sample page of the HSE Accident Report Book
Form 8:	Analysis – Playground Incident/Accident Excel document
Form 9:	List of Reportable Diseases
Form 10	Catering Contractors – Special Diets/Allergies Form
	10a – Aspens (Elmlea Junior School) 10b – Chartwells (Elmlea Infant School)