First Aid And Medicines policy

St Mark's CofE Primary School

First Aid

St Mark's CofE Primary School will undertake all required actions to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may be affected by our activities.

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Specific Responsibilities

- Katie Leech manages the stock of first aid items.
- Naomi Older manages first aid on a day-to-day basis.
- Naomi Older manages the training schedule for staff.
- Office staff manage the storage and handling of pupil medicines.

Aims & Objectives

Our first aid policy requirements will be achieved by:

- Ensuring that there are a sufficient number of trained first aid staff on duty
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid.
- Ensuring that the above provisions are clear and shared with all who may require them

First Aid Training

The Headteacher will ensure that appropriate numbers of qualified first aiders are nominated and adequately trained to meet their statutory duties. The management of this is delegated to Naomi Older.

First Aiders will be responsible for administering first aid, in accordance with their training, to those that become injured or fall whilst at work or on the premises. There also may be other duties and responsibilities which are identified.

First Aid Provision

St Mark's CofE Primary School holds five first aid kits all kept in the school office. These can be used for off-site activities. There is also one kept in the disabled toilet.
It is the responsibility of Katie Leech to check the contents of all first aid kits termly.

The office is designated as the area for treatment, sickness and administering of first aid. The disabled toilet is also available if needed.

In addition to the first aid provision held at reception, each class has a very basic first kit containing items such as plasters, cleansing wipes, gloves and the recording form. It is the teacher's responsibility to check these stock levels.

A defibrillator is available from the office.

Emergency Arrangements

Upon being summoned in the event of an accident, the first aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a need to call an ambulance.

The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is an obvious fracture of where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

It is our policy, where appropriate, to always notify parents of their child's accident if it:

- Is considered to be a serious (or more than minor) injury
- Requires significant first aid treatment
- Requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents can not be contacted and a message has been left, the second/third contacts will be telephoned. Our policy will be to continue to make contact with the parents at regular ten minute intervals. In the interim, we will ensure that a qualified first aider, appointed person or another member of staff remains with the child in the office area, or sat 1-1 with the child if the symptoms are serious, until parents can be contacted and arrive (as required).

In the event that the child needs hospital treatment and the parents can not be contacted prior to attendance, a qualified first aider, appointed person or another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Records

All accidents requiring first aid treatment are to be recorded with at least the following information

- Name of injured person
- Name of the first aider/appointed person
- Date of the accident
- Type of accident
- Location of accident
- Treatment provided and action taken

When administering first aid

Staff will complete the first aid sheet as above. Children from different year groups can be put on the same sheet. These sheets will be kept in the staff room.

Staff will fill in a first aid slip and hand to the child to give to their teacher either immediately or at the end of break.

Staff will write a brief message (e.g. I have bumped my head (can use bumped head sticker if you have some), I have cut my knee etc.) on a sticky label and put it on the child's top, in case they lose the slip.

See Appendix 2 for examples of recording sheets.

In addition to training staff, all staff will have access to our 'Medical Booklet', which lists in summary form the needs of each child. Critical needs are listed first. It is the responsibility of Naomi Older to keep this up-to-date and to ensure staff are made aware of changes. It is also the responsibility of parents to make the school aware of any new medical issues, or updates, where appropriate.

Medicines

This policy outlines the arrangements for the administration of medication during school hours. It is in accordance with the document 'Medicines in Schools' produced by Hampshire County Council in December 2015 and complies with the DfE statutory guidelines Supporting pupils at school with medical conditions.

Objectives

a) Safe administration of all medicines.
b) Safe storage and accurate record keeping.
c) Clarity of where responsibility for administration of medicines to pupils lies.
d) For pupils with asthma (inhalers) and diabetes (insulin injections) that safe self-administration is promoted.

Responsibilities and duties

a) Children who are unwell enough should not be in school and parents should keep them at home.
b) In general, non-prescribed medicines should not be sent to school, nor should parents expect staff to administer them. However, some non-prescribed medicines such as Calpol, Sudacreme and Piriton, which enable children to remain in school, can be brought into school by a parent and a form completed, as per the prescribed medicines approach.
c) Where prescribed medicines are to be administered in school, with or without involvement of staff, it is important that a written instruction is received from the parent or carer. A form of consent will be available for completion. It must be clear that the medicine is for the correct child. Further, medicine for a sibling will not be given.
d) Children with chronic illness or disability who have prescribed medicines will be encouraged to take responsibility for self-administration. There may be occasions when a very young child or one with special needs will need assistance from an adult.
e) A child with asthma who has an inhaler for regular or occasional use should be encouraged to look after and carry his/her own inhaler if the school and parent feels that he/she is capable and responsible. Cases should be considered individually in consultation with parents, the school doctor or nurse as necessary.
f) A standard practice should be followed when administering medication to any pupil:

1. refer to the written instructions received by the school;
2. check the child's name;
3. check the prescribed dose;
4. check the expiry date;
5. check the prescribed frequency of the medicine;
6. measure out the prescribed dose and check child's name again (for liquid medicines parents should provide measuring spoons);
7. complete and sign a record card when child has taken/been given the medicine.

g) Medicines must be kept in the container supplied by the pharmacist which must be clearly labelled with the name of the child and instructions for use.

h) Some medications may need to be kept in the medicines refrigerator kept in the office.

i) School staff may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

Care Plans and Emergencies

Some life-threatening conditions may need immediate attention eg acute allergy to nuts. A care plan will be drawn up for a child with such a condition and appropriate staff will be trained and up-dated on the procedure for the administration of such medication. An ambulance should be summoned as a matter of routine in such an emergency. Please refer to the policy, Supporting Pupils in School with Medical Conditions, for more information.

For occasional medicines eg antibiotics, parents should endeavour to plan the timing of administrations to avoid one during the school day if at all possible. If this is not possible parents should arrange to come into school to administer the medicine themselves at a suitable time. If it is really necessary for school staff to administer occasional medicines a consent form must be completed with full instructions and the school will endeavour to carry them out. The responsibility for the administration of medicines lies with the parents.

On site, the school will keep at least one emergency inhaler and one emergency Epipen, which can be used where deemed appropriate. Please refer to the policy, Supporting Pupils in School with Medical Conditions, for more information.

Off-site arrangements

The administration of medicines whilst off the school site for a day or residential visit should be carried out according to guidance in the Hampshire County Council manual 'Off-Site Regulations and Guidance'.

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

As a school we believe it to be unacceptable practice to

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments; or
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

Complaints

If you have a complaint about how your child's medical condition is being supported in school please contact the Headteacher and the Chair of Governors in the first instance. Our complaints policy is on the website.

Emergency Asthma Inhalers and Epi-pens

Since 2015 schools may hold asthma inhalers and epi-pens for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep these emergency items. These will only be used for those children who are already prescribed asthma inhalers or epi-pens. They will only be used in an emergency and at all times the school will seek to use the child's prescribed item if possible.

Liability and indemnity

As a school with an SLA with HCC, we are insured as long as all appropriate training and risk assessment has taken place.

Monitoring of this policy

The governors will take responsibility, at least annually, for ensuring this policy is administered correctly.

Reviewed: **Autumn 2019, July 2021, July 2022, July 2023, July 2024, July 2025, June 2026**
Review: **July 2027**

Appendix 1 – Assessment of First Aid Needs

Part 1	**ASSESSMENT OF FIRST AID NEEDS**	
Name of Premises/Organisation/School		
No.	**Aspects to Consider at Your Premises**	**First Aid Provision Considerations (Insert Your Information)**
1	What are the risks of injury and ill-health arising from the work and activities as identified in your risk assessments?	*General hazards of tripping, playground issues etc. No general heavy equipment etc is around, and there are separate risk assessments for these.*
2	Are there any specific risks? (e.g. work with hazardous substances, dangerous tools, dangerous machinery, higher risk activities, HC3S Kitchens, etc)	*Cleaning products, which are locked in the site manager's office. Machinery in the kitchen for HC3S staff.*
3	Are large numbers of people employed on site?	*120+ staff employed, not always on site at the same time.*
4	What is your record of accidents and cases of ill-health? What type and where did they happen?	*Separate accident books for staff and children. Playground accidents are reviewed by governors and SLT. Staff accidents are reviewed case by case.*
5	Are there staff/children on site who have disabilities or specific health problems?	*All children/adults with any health difficulties are known to the school, and health care plans and additional provision is in place.*
6	Are there clients or service users on the site who may need first aid?	*SCL after-school club. They provide their own first aid*
7	Is there first aid cover for lunch times and for the	*Lunchtime staff who are all first aid/Paediatric first aid trained. Teaching and office staff also first aid & paediatric first aid trained at the beginning and end of the day.*

	beginning and end of the working day?	
8	What is the site layout and will the layout require additional first aid cover for separate buildings or floors of a multi-storey building?	*Single storey building, no floors.* *Pre-school separate building with own first aid facilities.*
9	Do you have any work experience trainees?	*Yes, work placement students, usually in the summer term.*
10	Are there a number of inexperienced or young staff/workers/visitors on site?	*ECT staff*
11	Do the numbers of people on site vary throughout the day. Are extra first aiders needed for peak periods?	*Yes, different shift patterns with adequate first aiders at all times.*
12	Do staff work in shift patterns and does each shift have sufficient first aid cover?	*Yes, different shift patterns with adequate first aiders at all times.*
13	Do you work on a site occupied by other organisations and share first aid arrangements?	*No*
14	What is the distance from emergency services and how long are they likely to take to arrive on site?	*Approx 4-6 miles, around 10-15 minutes*
15	Do some staff work alone or remotely (including contracted home workers)?	*Site staff work remotely, separate risk assessment carried out.*
16	Do you have service users aged five years of age or younger?	*Year R children, we have a number of paediatric trained staff.*
17	Do members of the public visit your premises?	*Outside agencies and parents regularly visit.*
18	Do you have any employees with reading or language difficulties?	*No*
Do not forget that first aid trained staff, paediatric first aid trained staff and appointed persons take leave and/or are often absent from the premises for other unscheduled reasons. You must appoint sufficient people to cover these absences to enable first aid personnel to be available at all times when people are at work.		

Part 2	SUMMARY OF REQUIRED FIRST AID PROVISION	
Name of Premises/Organisation/School	**St Mark's CofE Primary School**	

Level of First Aid Staff (Type of Provision)	Numbers of Staff Required to be on Site at Any Time	Numbers to be Trained to Meet On-Site Requirement
Emergency First Aider	**1**	**0**
School First Aid Trained	**1**	**0**
Paediatric First Aid Trained	**1**	**0**
First Aid Kits	**Quantity Required**	**Locations of First Aid Kits**
Yes	**1**	**Classrooms and Office**
Travel First Aid Kits	**Quantity Required**	**Locations of Travel Kits**
Yes / No		**Office**
First Aid Rooms/Areas	**Quantity Required**	**Locations of Rooms**
Yes	**1**	**Office Area / Discovery Tent**
Defibrillator / Additional Equipment	**Quantity Required**	**Locations of Rooms**
Yes - Defibrillator	**1**	**Office & Year 6**

As of June 2026, we have the following numbers of staff at the qualified levels:

- 25 Full Paediatric First Aid (which includes Schools First Aid so that adults are included). Emergency First Aider is covered within Paediatric First Aid.
- 3 Forest School

We also have 2 Defibrillators on site. These are checked annually.

Appendix 2 – First Aid Recording templates

This is a table for recording incidents so that school has a record and also monitoring can take place

First Aid Recording Sheet – St Mark's CofE Primary School

Inform the site manager if there is a potential H&S issue.

Date & Time	Child's first and last name and class	Location (be specific) *e.g. by the left bench on the KS1 playground*	What happened?	Action Taken	Bumped head sticker?	Name and signature initials of staff member

This is sent to class teachers so they are aware of an incident

St Mark's CofE Primary School - First Aid Slip! Date: _____

Child's Name:_____ Class: _____

Incident Location: _____ Adult reporting: _____

Brief description of incident: