First Aid and Medicines Policy

DRYBROOK SCHOOL

Policy name	First Aid and Medicines Policy
Version date	December 2025
Owner	TH
Approval date	2nd December 2025
Approver	Local Governing Board
Review frequency	Annually
Review date	2nd December 2026

Statement of Intent

The Governors and Head Teacher of Drybrook Primary School believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at school.

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 school is appropriately insured, and that staff are aware that they are insured to support pupils in this way.

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

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

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

Arrangements

1. **The First Aid Team**

The school has a high level of staff trained in both pediatric first aid and first aid at work. In addition to this the school trains staff to administer medication as well as anaphylaxis, epi-pen, diabetes, AED and epilepsy. A full list of the school's current first aiders and their level of training can be obtained by contacting the school office.

2. **First Aid Boxes**

The first aid posts are located in the following areas:

- In classroom
- School Office

A defibrillator is located outside the school office. The Defibrillator includes both pediatric and adult pads, as well as a kit including face shields & clothes shears. The Defibrillator is accessible for use by members of the public should it be needed. The code to access the cabinet can be obtained by calling the emergency services.

An anti-choking device is located in the school office with both pediatric and adult face masks.

3. Medication

Pupils' medication is stored in:

- The staff room kitchen

4. First Aid

In the case of a pupil accident, the procedures are as follows:

- 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.
- The first aider administers first aid and records details in our treatment book.
- If the child has had a bump on the head, they must be given a "bump on the head" note.
- Full details of the accident are recorded in our accident book.
- If the child has to be taken to hospital or the injury is `work' related, then the accident is reported to the Governing Body at the next Governor meeting.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then the headteacher will report it.

5. School Insurance Arrangements

The school has comprehensive insurance cover provided by the RPA scheme. It covers a wide range of accidents that may happen to staff, pupils or visitors. The school also has public liability insurance.

6. School Visits

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

7. Administering Medicines in School

Prescribed medicines may only be administered in school by a member of staff who has completed the relevant training related to the administration of medicine. Only medication that is deemed essential will be administered in school. Staff may also be required to complete additional training with a trained healthcare professional for more complex medicine.

Where medication is given by a member of staff this must be witnessed by a second member of staff to ensure that the correct dose is given. Most prescribed medicines can be taken outside of normal school hours**. Medication that can be administered 4 times a day or more will be administered in school. With medication that is 3 times a day or less this will only normally be given during the day if it needs to be taken with food or if there is a specific medical reason why this needs to happen.** Wherever possible, the pupil 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.

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

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.

Staff will ensure that records are kept of any medication given.

Non-prescribed medicines may not normally be taken in school. The school does make an exception for paracetamol, ibuprofen or allergy medication. School staff would normally ring home before administering this type of medication and would need to know when the last dose of the medication was administered before giving it to a child.

8. Storage/Disposal of Medicines

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. Pupils' medicine will not be locked away out of the pupil'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.

9. Accidents/Illnesses requiring Hospital Treatment

If a child 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 pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

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.

10. Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be (but are not limited to):

-
- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic
- Have congenital conditions.

Such pupils 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. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

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 pupils with medical conditions are included.
The school will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life.

An individual health care plan is in place for each child with significant medical needs which helps staff to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. The school appreciates that pupils with the same medical condition do not necessarily require the same treatment.

Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. A school nurse or suitable healthcare professional may also provide additional background information and practical training for school staff.

Please refer to the school's policy on supporting pupils with medical conditions for more information and to view the school's procedures.

Legal Framework

This policy is aligned with:

- DfE First Aid in Schools (2022)
- DfE Supporting Pupils with Medical Conditions (2015)
- Equality Act 2010
- Health and Safety (First Aid) Regulations 1981
- Children and Families Act 2014
- SEND Code of Practice (2015)
- UK GDPR and Data Protection Act 2018

First Aid Needs Assessment

A First Aid Needs Assessment is completed annually to identify:

- Number and level of first aiders required
- EYFS paediatric coverage
- Placement of first aid kits across the site
- Provision for clubs, forest areas and high-risk activities
- Requirements for off-site visits and residentials

Training

All first aiders receive accredited training at required intervals.

The school keeps an up-to-date log of all training and renewal dates.

Staff administering medication receive medical-awareness training where necessary.

Off-Site Visits

Medical needs are fully incorporated into trip risk assessments.

First aid kits and medication accompany all visits.

IHPs are accessible to trip staff.

A paediatric first aider attends EYFS visits.

Record Keeping & GDPR

All first aid incidents and medication administration are logged on Bromcom.

Records are retained for statutory periods.
Medical information is shared only with staff who need it.
Information is processed in compliance with UK GDPR.

Equality & Inclusion
Drybrook Primary School ensures pupils with medical needs are not discriminated against.
Reasonable adjustments are made to support full access to school life.

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:

   01595 542448

2. Give your location as follows *(insert school address)*

   Drybrook Primary School

   Drybrook Road

   Drybrook

3. State that the postcode is:

   GL17 9JF

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

   Child located at..... Enter through the front entrance.

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

Form 1 - Health Care Plan Form

School	
Pupil Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who Needs To Know About Pupils Condition & What constitutes and 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 *If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles*	
School 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 School. *If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles.*

_____

_____

Form 2 - Parental Agreement for Drybrook Primary School to Administer Medicine Form

The school will not give your child medicine unless you complete and sign this form.

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's signature _____

Print Name _____

Date _____

Form 3 - Record of Regular Medicine Administered to an Individual Child

Name of school _____

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 _____

Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____

Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____

Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____

Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Administered by and signed	_____	_____	_____
Counter signature	_____	_____	_____
Observations/comments	_____	_____	_____

Form 4 - Indication for Administration of Medication During Seizures Form

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 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.

Form 5 - Seizure Medication Chart

Name: _____

Medication type and dose: _____

Criteria for administration: _____

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

Form 6a - Emergency Instructions for an Allergic Reaction **EpiPen®**

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**

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 ambulance arrives and accompany child to hospital.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

Form 7 - Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Head teacher: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Pediatrician/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

Form 6b - Emergency Instructions for an Allergic Reaction **Anapen®**

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 _____
(Antihistiamine) immediately

Monitor child until you are happy he/she has returned to normal.

If symptoms worsen see –
SEVERE REACTION

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 child on floor.
3. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.
5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives and accompany child to hospital.
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

Appendix 2 - Useful Contacts

Allergy UK
Allergy Help Line: (01322) 619864
Website: www.allergyfoundation.com

The Anaphylaxis Campaign
Helpline: (01252) 542029
Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus
Tel: (01733) 555988 (9am to 5pm)
Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)
Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)
Website: www.asthma.org.uk

Council for Disabled Children
Tel: (020) 7843 1900
Website: www.ncb.org.uk/cdc

Contact a Family
Helpline: 0808 808 3555
Website: www.cafamily.org.uk

Cystic Fibrosis Trust
Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)
Website: www.cftrust.org.uk

Diabetes UK
Careline: 0845 1202960 (Weekdays 9am to 5pm)
Website: www.diabetes.org.uk

Department for Education and Skills
Tel: 0870 000 2288
Website: www.dfes.gov.uk

Department of Health
Tel: (020) 7210 4850
Website: www.dh.gov.uk

Disability Rights Commission (DRC)
DRC helpline: 08457 622633
Textphone: 08457 622 644
Fax: 08457 778878
Website: www.drc-gb.org

Epilepsy Action
Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)
Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)
HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)
Website: www.hse.gov.uk

Health Education Trust
Tel: (01789) 773915
Website: www.healthedtrust.com

Hyperactive Children's Support Group
Tel: (01243) 551313
Website: www.hacsg.org.uk

MENCAP
Telephone: (020) 7454 0454
Website: www.mencap.org.uk

National Eczema Society
Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)
Website: www.eczema.org

National Society for Epilepsy
Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)
Website: www.epilepsynse.org.uk

Psoriasis Association
Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)
Website: www.psoriasis-association.org.uk/