Medicines and First Aid Policy

July 2023 – July 2025

Hillside Primary School has clear systems for first aid treatment of pupils, staff and visitors. The following outlines practices and procedures carried out at Hillside Primary.

Trained staff:

At Hillside we have a mixture of first aid training; including First Aid at Work, Paediatric and Forest School specific. All training is updated within guidelines and updates shared whole school. It is advised that staff will wear/use the correct protective equipment when dealing with first aid incidents.
First aiders may also be trained in additional procedures specifically for individual children.

First Aid boxes:

There are First Aid Boxes throughout school; including 1 in each of the classrooms. These are checked and replenished regularly by first aiders.
There is additional first aid stock in a clearly labelled cupboard which staff can access if required.

Lesson times:

Firstly, the class teacher will do an initial assessment to determine the need for first aid treatment. Very minor injuries such as small scratches can be easily treated with a sterile wipe with no further action required.
Should a First Aider be required, each phase in school has a minimum of one first aider; the children will go to their phase first aider first for treatment.
If the phase first aider is unavailable, they will find another first aider in the nearest phase.

Playtimes:

At playtimes there is an emergency first aid bag which accompanies the members of staff on to the playground. First aiders will be available on the playground during playtimes.
In the event of additional first aiders being required outside, staff will send in their ID badge with a message or message the office via walkie talkie.

Lunchtimes:

At lunchtime, all Midday Supervisors are trained to offer first aid and have a first aid bag that accompanies them. In the event of additional first aiders being required, middays will use the walkie talkie to request further assistance.

Trips:

First aid boxes, record book and emergency inhalers are to be taken on the trip. These will be stored/carried with the first aider(s). Records will be completed as they are at school.
Where there is a major incident whilst on a trip, the off-site visit risk assessment will have details to follow.

Reporting accidents:

At Hillside we have an accident book and a separate head bump letter.
Accidents are recorded when:

- It is a head injury with clear injury.
- Possible bruising/swelling may be present but not currently visible.
- Suspected break, fracture or sprain.
- An injury has been monitored and child complains of it hurting still.
- A parent has requested to be informed of all injuries.
- A child is on a child protection plan or has a medical condition which requires times and dates of bumps (for example).

A head bump letter may also be sent if first aider is aware of a bump to the head but the child appears fine and no treatment was necessary, this will be sent as a way of informing parents. Staff members are also informed to ensure they keep a close eye on the child across the remainder of the day..
All injuries are then recorded on Scholarpack.

Injury requiring more treatment:

In the event of an injury requiring closer monitoring or medical treatment:

- The first aider will contact the parents and inform them of the situation.
- The first aider may request that the child is collected to be monitored further at home or that they seek additional medical advice.
- In serious cases requiring an ambulance; school will dial 999 and then parents.
- When sending a child home or to seek further medical requirement they MUST take the accident letter home at that point.

Additional recording:

If a member of staff/first aider is informed that the injury led to a break then it is to be referred to the school office and recorded via the electronic form which is filled in by the office manager.

Cleaning:

Once the incident is treated, the first aider must clean down any areas that have been in contact with bodily fluids, using powder or the agreed spray depending on the situation. Yellow bags are provided for clinical waste and clinical waste bins are located in the disabled toilet in FS2 and in the year 4/5 corridor.

Injury to staff:

Should first aid treatment be needed for a member of staff, then a Staff accident form should be completed.

MEDICINE POLICY

Policy Statement

Hillside is an inclusive community that aims to support and welcome pupils with medical conditions. We aim to provide all pupils with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Hillside ensures that all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

Hillside understands the importance of medication being taken as prescribed.

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. This has been revised within The Children and Families Act 2014 and follows all legal requirements.

Where a child has a long term medical needs, a written health care plan will be drawn up with the parents and where possible, the health care professionals (This may be following written advice from a clinic letter.)

Parents must inform the school office and Twilight if they use it for child care about any particular needs before a child is admitted or when a child first develops a medical need and is already attending school. A care plan will be drawn up.

All schools have a responsibility to provide a broad and balanced curriculum for all pupils. This statutory inclusion statement sets out three principles for developing an inclusive curriculum which provides all pupils with relevant and challenging learning.

Schools must:

- Set suitable learning challenges
- Respond to pupils' diverse learning needs
- Overcome potential barriers to learning and assessment for individuals and groups of pupils.

Responsibilities

Parents and Carers

When we agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form. Verbal instructions **will not** be accepted.

If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the parent(s).

For administration of emergency medication, a Care Plan must be completed by the parent and Hillside. This should include advice from health care professionals where possible. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans are reviewed every September.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of school. Medication should be provided in the original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates whenever possible;
- Dispensing date/pharmacists details.

School Staff Administering Medication

Some teaching unions advise school staff not to administer medication to pupils, the unions also accept that sometimes it is done; if so they advise that the teacher has access to information, training and that appropriate insurance is in place.

In practice, we will consider each request on individual merit. At Hillside we do not wish to see pupils disadvantaged due to medical needs. Any school staff that volunteer to administer medication will have training to understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions will be undertaken.

Health Care Plan

The Health care Plan will be completed by the parent and class teacher. It will be reviewed each September and it is the parents' responsibility to update school if there are changes. A care plan includes the following information, and an example is in appendix 1.

- Details of a child's condition
- Special requirement e.g. dietary needs, pre-activity precautions
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

Staff Training

When training is delivered to school staff, the we will ensure that a training record is completed for inclusion in the Health and Safety records. This will be primarily appropriate for the use of Epipens (for allergies), although other conditions/procedures may also be included from time to time. This is for both insurance and Audit purposes.

Storage

When items need to be available for emergency use, e.g. asthma inhalers and Epipens, they are kept in the classroom (inhalers), or in the medical cabinet. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff. When prescription items are held by us for administration by school staff they are stored in a fixed lockable cupboard/cabinet, with restricted access to keys.

Class 1 and 2 Drugs

When Class 1 and 2 drugs (primarily those prescribed for Attention Deficit Syndrome) are kept at school, a written stock record is also required in order to comply with the Misuse of Drugs Act legislation. This will detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. These drugs are kept in a locked cabinet in a room with restricted access (staff only).

Antibiotics

We would encourage you to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics will be stored in a secure cupboard or where necessary in a refrigerator.

Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions on the label will be carefully followed. Tablets or capsules will be given with a glass of water. The dose of a liquid antibiotic will be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records will be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

Analgesics (Painkillers)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic can be kept in school. Parental consent and a care plan must be in place. We will not give Asprin or medicines containing Asprin.

Over The Counter Medicine (e.g. Hay Fever Remedies)

These will be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication. Parent(s) must clearly label the container with child's name, dose and time of administration and complete a Consent Form. A care plan will also need to be in place.

Disposal of Medicine

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

Residential Visits

On occasion it may be necessary for school to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment , such as a cold or sore throat while away on an Educational Visit . In this instance the parental consent form (EV4) will provide an "if needed" authority, which will be confirmed by phone call from the Group Leader to the parent/carer if this is needed and a written record is kept with the visit documentation.

Refusing Medicine

When a child refuses medicine the parent will be informed the same day and be recorded accordingly. Staff will not force a child to take any medicine.

Self-Management

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

Travel Sickness

In the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply:

- Parents are asked to provide travel sickness medication or wrist bands for both journeys.
- Where possible the first dose will be given before coming into school.

Day Visits (e.g. to a museum or exhibition)

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication will be kept in the charge of a named member of staff.

The Administration of EPIPEN by School Staff

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An Epipen will only be administered by school staff that have volunteered and have been designated as appropriate by the head teacher and who has been assessed as competent by medical professionals. Training of all staff will be provided by a health care professional and a record of training undertaken will be kept by the school office. Training will be updated at least once a year.

There will be a Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and health care professional.

Both Epipens will be stored at room temperature and protected from heat and light. They will be kept in the original named box.

The Epipen will be readily accessible for use in an emergency in a red first aid bag.

Expiry dates and discoloration of contents should be checked by the parents termly. The Epipen should be replaced by the parent(s) at the request of the school or health care professional.
The use of the Epipen will be recorded on the child's Care Plan, with time, date and full signature of the person who administered the Epipen.
Once the Epipen is administered, a 999 call will be made immediately. If two people are present, the 999 call will be made at the same time of administering the Epipen. The used Epipen will be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.
If the child leaves the school site e.g. school trips, the Epipen will be readily available in the red first aid bag.

Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.
If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.
Inhalers will be readily available when children need them. They will be kept in the first aid cupboard of classrooms. The parent is responsible for the supplying of an in date inhaler. All inhalers should be labelled with the child's name.
Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be collected by parents at least once a term for cleaning.
School staff will take appropriate disciplinary action if the owner or other pupils misuse inhalers.
Parent(s) are responsible for renewing out of date and empty inhalers.
Parent(s) will be informed if a child is using the inhaler excessively.
Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler will be available during PE. If pupils are unwell they will not be forced to participate.
If pupils are going on offsite visits, inhalers will still be accessible.
Out of date inhalers, and inhalers no longer needed will be returned to parent(s).

Managing Hypoglycaemia (Hypo's or low blood sugar in people who have diabetes)

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children many need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff. Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's"

There will be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff will be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
Pupils will be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it will be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term by parents.
It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered, a slower acting starchy food such as biscuits and milk will be given. If the child is very drowsy, unconscious or

fitting, a 999 call will be made and the child put in the recovery position. Parent(s) will be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.
Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Hypostop when it has been used.

WE WILL NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS

Guidelines For Managing Cancer

Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- The type of cancer they have
- Its stage (such as how big the tumor is or how far it has spread)

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit. It depends on the type of cancer, their treatment and how their body reacts to treatment.
Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.
Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.
Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- Hair loss
- Weight gain/loss
- Increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

Falling behind with work

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. We will help to reassure them and if necessary arrange extra teaching or support in class.
We will adjust our expectations of academic performance based on individual merit. This is important because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.
We will explicitly teach the pupil strategies to help with concentration and memory when necessary as the pupil may initially need longer to process new concepts.
We will regularly revise the pupils' timetable and school day as necessary.
Our pastoral systems will also help to support individuals.

Physical activity

We will include the pupil as far as possible in PE lessons e.g. allowing them to take part for 20 minutes rather than the full session to avoid tiredness or find other ways for them to participate e.g. as referee or scorer. Their family will be aware and will need to notify school if there are specific restrictions on them doing PE due to medical devices or vulnerability.

Briefing staff

All staff, including lunchtime supervisors will be briefed on key information
If staff are concerned about the pupil, we will phone the parents/carers to discuss the significance of signs or symptoms. Parents can collect the child and seek further medical advice if necessary.
It would be rare for there to be an acute emergency, but if this occurs (as with any child) we will call an ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished, cancer treatment
We will inform parents about infection risks when requested by the child's family or health professionals.

Appendices

1. Health Care Plan
2. Contacting Emergency Services
3. Administration of Medicines record form (Class 1 and 2 drugs)

~~Staff training record - administration of medicines~~
~~4. Permission letter for administration of medicines~~
~~4. Medical permission form – GP~~
~~5. Medicine Administration~~

Appendix 1: Healthcare Plan

Name		**Class**	
Date			
Date Of Birth			
Introduction	This protocol has been written to formalise the care required by ????? whilst s/he attends Hillside Primary School. The contents of this document have been devised and agreed upon by the adults involved in ensuring their continued well-being.		
Agreement	This protocol has been agreed by the following adults: Parents Miss Linsey Taylor(SENCo) Class teacher (Insert name)		
General Information	**Address**		
Emergency Contact Details	**Home**		
Summary Of Medical Problems			
Daily Care Requirements			
What constitutes an emergency			
Management of medicine			
Management of equipment			
Additional information			
Offsite visits			
Review Date			
Signed (parent / carer)	Date:		
Signed (school representative)	Date:		

Appendix 2: Contacting Emergency Services

1. Dial 999, ask for ambulance and be ready with the following information
2. Your telephone number
3. Give your location as follows: (insert school/setting address)
4. State that the postcode is
5. Give exact location in the school/setting (insert brief description)
6. Give your name
7. Give name of child and a brief description of child's symptoms
8. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Appendix 3: Administration of Medicines Record Form (Class 1 and 2 Drugs)

Medicine Administration Form

Name of child: Class:

Name of medication:

Dose:

Time of dose required:

Amount signed in by person over 18 years:

Expiry Date:

I give consent for the school to administer the medication below at the dosage prescribed by the doctor.

Signed: Date:

Date	Administered by	Time given	Countersignature If required	Amount of medication remaining

Signature_____ Date_____