

First Aid Policy and Procedure

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1. Purpose

- 1.1. To ensure that suitable arrangements are in place for the provision of first aid.
- 1.2. To ensure that all staff are aware of their roles and responsibilities in relation to the provision of first aid treatment.

2. Policy

- 2.1. Cambian will ensure that:
 - Adequate resources are available for the implementation of this policy.
 - This policy and procedure are effectively communicated.
 - An assessment is made to ensure that suitable first aid facilities are provided.
 - Arrangements are made for the provision suitable first aid facilities.
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 - Employees with first aid responsibilities receive adequate training.
 - Arrangements are made for the periodic monitoring of performance against this standard
- 2.2. This policy will be reviewed and revised at least annually.

3. Procedure

Who is responsible for implementing this procedure?

- 3.1. The Compliance and Regulation Director has overall responsibility for management of health and safety.
- 3.2. Registered Managers/School Heads will be responsible for ensuring that first aid arrangements are in place.

What needs to be done?

Provision of first aid facilities

- 3.3. Ensure employees know where First Aid Kits are located and the names of Trained First Aiders/Appointed Persons. Keep them informed of any changes.
- 3.4. First aid facilities should be clearly identified, eg on the site health & safety notice board

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First aid kits

- 3.5.** Regularly check the contents of first aid kits and ensure they remain fully stocked. They should contain a First Aid Guidance card (HSE publication) which will specify the contents that should be provided.
- 3.6.** Contents of British Standard Compliant (BS 8599-1:2019)

First Aid Kits for the Workplace

Contents	Small Upto 25 Employees	Medium 25 to 50 Employees	Large 50 to 100 Employees	Travel Individual Employee
F/A guidance leaflet	1	1	1	1
Contents Label	1	1	1	1
Medium sterile dressing	2	4	6	0
Large sterile dressing	2	3	4	1
Triangular dressing	2	3	4	1
Eye dressing	2	3	4	0
Waterproof Plasters	40	60	100	10
Sterile wet wipe	20	30	40	4
Microporous tape	1	2	3	0
Nitrile gloves - pair	6	9	12	2
Finger Dressings	2	3	4	0
Face shield	1	1	2	1
Foil blanket	1	2	3	1
Burn dressing 10 x 10cm	1	2	2	0
Clothing shears	1	1	1	1
Conforming bandage	1	2	2	0

N.B. Where a first aid assessment of need identifies the need for eye wash stations, separate eyewash kits should be placed in those areas

Trained first-aiders

- 3.7.** Ensure that employees are aware that they can only give first aid if they hold a current first aid certificate. This treatment can be provided to employees, individuals, visitors and any other people who are within Cambian's control.
- 3.8.** Provide sufficient First Aiders on the site, to take account of shifts and absences. Cambian's policy is that there should be a minimum of one trained first aider per site.

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- 3.9.** Ensure that each first-aider holds a current Certificate of Competence. Re-training is required every 3 years, i.e. before the expiry date.
- 3.10.** Ensure that where there are 'appointed persons' they receive emergency first aid training (normally 4 hours duration). They should not give first aid treatment. Their role should be limited to maintaining first aid boxes and assisting trained First-Aiders.

Administering first aid

- 3.11.** First aid should only be administered by a trained first aider.
- 3.12.** For minor injuries which are within the first aider's capability, appropriate treatment should be provided. Otherwise the injured person should be made comfortable until the emergency services arrive.
- 3.13.** Ensure that contaminated waste is safely disposed of and any blood or body fluid spillages are safely removed.
- 3.14.** Record any first aid treatment on the accident report form.
- 3.15.** Copies of first aid certificates should be systematically filed.

Monitoring

- 3.16.** Registered Managers/School Heads will regularly monitor that first aid facilities are being maintained. This is included in the monthly checklist.

Review

- 3.17.** This procedure must be reviewed annually or sooner if legislation changes or if there are changes with work processes. Any changes will be communicated to the workforce.

4. Standard Forms, Letters and Relevant Documents

- 4.1.** GHS 04.10.01 First Aid assessment of Need

Hartlepool School Administration of Medications Policy

Policy on the Administration of Medicines during School Hours

Parents are responsible for the administration of medicine to their children. For casual ailments it is often possible for doses of medication to be given outside school hours. In principle if a child needs a dose of medicine at lunchtime, the child should return home for this or the parent should come to the school to administer the medicine. In reality this is not realistic and the administration of medicine in School falls within our remit for the Duty of Care for the children. Generally, members of staff will administer medicine to children only at the request of individual parents/guardians and with precise instructions as to dosage. Medication may be administered at school provided a consent form has been completed by a person with parental or medical responsibility for the child and handed to the School Office. All medicines must be clearly labelled with the child's name and dosage required and handed to the office by the parent/carer. If it is unavoidable that a child has to take medicine in school for treatment for a long-term illness to be effective, then each individual case will be considered. Please note that teachers are not required to dispense medicines and any involvements would be purely on a voluntary basis. Therefore, no member of staff is required to administer medication unless willing to do so.

The normal procedure is for any necessary medication to be given by designated persons. However, sometimes arrangements are made (by agreement with the Headteacher) for special circumstances to prevail - as in the administering of "Ritalin" for example. Staff giving medication needs to be aware of any schedule requiring completion in the School Office. Where staff have indicated that they are willing to give a child Ritalin they need to be aware that there is a relating schedule for completion in the School Office. Where it is agreed that medication is kept at school, there are appropriate facilities (including a fridge) for the safe storage of medicines. Medicines must be clearly named. In the case of life saving treatment/medication a letter from the child's doctor (GP or Consultant) must be required to stating the child's condition and details of treatment/medication that the school may be required to administer.

Long term medication

For the school to agree to assist in long term medication:

- Parents must write to the school giving authorisation for medicines to be administered to their children filling the Administering Medication Form. This needs to include instructions regarding the quantity and frequency of administration.
- The medicines must be brought into school in a properly labelled container which states: (a) The name of the medicine, (b) The dosage and (c) The time of administration.
- Where possible the medicine should be self-administered under the supervision of an adult. Medicines will be kept in a secure place by staff in accordance with safety requirements.
- The forms will be kept in the School Office, filed in the Medication Folder.
- The member of staff administering the medication is responsible to register his/her action on the Medication Administration Record
- In case the pupil for any reason refuses to take the medication a Missed Administration Medication will be filled in, the original will go to the Parents and a copy in the Administration Medication file attached to the Administering medication Form.

Prescribed Emergency Medication

Where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance. Detailed written instructions should be sent to the school and the parent/guardian should liaise with their child's class teacher. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times. The parents are request to fill a Health Care Plan. The Health Care plan is filed in the Pupil Medical Cupboard and a copy given to the parents. Any emergency medication (for example: Inhalers, EpiPens and diabetic pen) and

generally all the medication are kept in the School Office in a secure cupboard in clear container clearly marked with: pupil's name, name of medicine and expiry date. In exceptional circumstances it may be required to take different arrangement for the storage of daily medication. Parents must write to the school giving authorisation for medicines to be administered to their children filling the Administering Medication Form. This needs to include instructions regarding the quantity and frequency of administration. Pupils who use asthma inhalers, EpiPens and diabetic pens may keep where possible a spare in their classroom. Prescribed Emergency Medication is taken to every out of school activities. Children are not permitted to carry medicines other than the above

Non-Prescribed Medication

In principle no medication is administered to the pupils without a Medication Administration Form signed by Parents/Cares. Nevertheless in case of a pupil in a situation of great discomfort with pain and/or temperature, in school or during a field trip or out of school activities, if the Parents wish their child to be given medication (as antipyretic or pain killers before their arrival), the school will seek parents approval via email or text message. For this purposes only some paracetamol sachets are kept in the school offices. The member of staff seeking the parents' permission is responsible to fill an Administering Medication Form. A copy of the form will be appropriately filed and a copy sent home.

Receipt and Discharge of Medication

All medication brought into and taken out of the School should be recorded and documented on a Administering Medication Form. The medication should be locked in the designated cupboard. All medication received by the School must be in the original container/packaging that it was dispensed in. The container/packaging should be labelled with the original, unaltered pharmacy label that clearly states:

- Name of child
- Name of medication and its strength
- Quantity and volume supplied
- Dosage and frequency
- Clear direction for administration
- Date that the medication was dispensed and its expiry date
- Contact telephone number of the dispensing pharmacy

Medication which comes in without a pharmacy label or one that has incorrect information cannot be accepted and the parents/carers should be informed immediately. Information must be available before medication can be given. This may mean the parent/carer contacting the GP or Out of Hours Service to obtain this. Staff must never make assumptions about children's medication and administer any drug without the relevant and specific information. If medication is expected and has not arrived with the child or appears to be missing, an initial search should be undertaken. Parents/carers, transport and/or other location the child has arrived from, must be contacted to ascertain where the medication might be. If medication is found to be missing, lost or has not been sent in, arrangements must be made to ensure the child has access to replacement supply and this is reported to the Headteacher. Parent/carer remains responsible for ensuring medication is correctly sent in from home and that there is adequate supply. Medication sent in is recorded on Administering Medication Consent form; which is then held on the pupil's file.

Safe Storage

All medication must be stored in the Medicine cupboard in the School Office. In a locked cabinet secured to a sturdy wall. (Controlled Meds / Drugs will be kept inside a locked box inside the locked cabinet) Those requiring refrigeration are kept in a secure fridge. The designated First Aid Officer will hold the key to the cabinet but administration staff will be aware of the location of the spare key. If the child is going out or away from the school (e.g. organised offsite activity) and medication needs to be given out whilst they are out, then the medication should be taken out in a labelled container with a strictly measured dose and specific instructions. At all times it must remain secure under the supervision of a permanent member of staff.

Administering Medication

Administering of medication must always remain the responsibility of *named persons* who will be relieved of all other tasks whilst undertaking the medication duties. Medication must only be prepared in the designated areas which contain the secure medication cabinets. The administration of medicine must be carried out on an individual child basis. Where it is necessary to cut tablets in half, and only one half is administered, the remaining half should be retained in the original container/packaging and administered on the next opportunity when a tablet is needed or returned home with the child. Requests for a tablet to be crushed must be subject to medical/pharmacy advice. This must be sought before doing so. If tablets are to be crushed this must be recorded on the child's Administering Medication Consent form and the advice to do so held on the child's file. At the prescribed time, the child's medication should be removed from the cabinet and the following steps taken: Check the child's name on the Administering Medication Consent form against the name on the medication package/container. Check the date – is the prescription valid? (name of medicine, dose and frequency and route of administration). Ensure the dose has not already been administered. Select the required medicine and check the label for medication name, strength, form and expiry date. Verify that the name of the medication, the dosage, and the time that it is being given is the same on the Administering Medication Consent form and the packaging. Identify the child.

Avoid handling/touching the medication. Medication pots should be used to give liquid medication and tablets where appropriate. Gloves should be used to apply creams or lotions. Give the prescribed medication as directed to the child in the agreed manner as detailed on the Administering Medication Consent form. If medication needs to be given covertly, (i.e. hidden in their food) then the UKCC statement on the 'Covert administration of Medicine (2001)' should be followed. Parental/carer consent should be obtained and their preferred way in which the medication is to be administered should be stated (section 17). Make clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the child/young person.

Problems in Administering Medication and Errors

The following steps should be taken:

If a child refuses medication then this should be clearly recorded on the medication chart and in the child's notes. Every encouragement should be given to ensure the medication is taken, however a child must not be forced to take medication. If a child refuses medication, medical advice must be sought. If medication is spat out immediately and the tablet is recovered unspoiled, give the tablet again. If a liquid medication is spat out and it is unclear if some of the initial dose has been swallowed medical advice must be sought. If a tablet is dropped, liquid spilled or spoiled prior to administration, then re-administer using a fresh dose.

Note that a second dose has been given on the medication chart and in the child's notes. When a dose is re-administered from medication sent from home a check must be made that there are sufficient doses for the remainder of the child's stay. If there are not enough doses to re-administer then the parents must be contacted to bring in more. If a child vomits within 30 minutes of taking their medication, medical advice should be sought as it may be appropriate to re-administer the medication. If the vomiting occurs after 30 minutes the medication should not be re-administered and advice should be sought at the earliest opportunity. Do not re-administer inhalers where they appear not to have worked properly. Some of the medication may have been administered. The Headteacher must be informed immediately of any instances of a missed dose or error in the medication process and medical advice must be sought. An incident form should be completed by the person involved. Any variation to the administering procedure, error, or missed dose etc must be reported immediately to the Headteacher and be recorded on the child's file. The pharmacist should be notified within 48 hours of all administration and prescribing errors using the procedure agreed.

Non-Prescribed Medicines (Homely or Household Remedies)

There is a recognised duty of care by care staff to be able to make an appropriate response to symptoms of a minor nature e.g. headache, toothache. These medications are agreed locally within the RPSGB guidance and held securely in the medication cabinets. If the parent/carer wish their child to be given a non-prescribed medication

(e.g. paracetamol for headaches). The circumstance, dosage and time of administration should be recorded on the child's Adminstrating Medication Consent form. In no circumstances can agreed doses exceed the recommended dosage stated for that medication. Wherever possible instructions from parents regarding non-prescription medication should include GP advice as to the most appropriate dose i.e. consideration of age, body weight, etc in respect of child/adult doses. If a child is prescribed or needs a non-prescription "as required" or "when necessary" or "p.r.n" medication, then clearly written instructions from the prescriber and or parent/carer must be recorded on the child's Adminstrating Medication Consent form and details held on the child's Medication file. This must include the reasons for the administration, the time interval between doses, maximum dosage and the time span over which the "when necessary" medication is given.

Many non-prescribed medications contain paracetamol. This must be taken into account before giving further paracetamol to ensure that no more than the prescribed dose is given – cumulative effect.

The child's General Practitioner (GP) or Consultant should provide guidance and details of the dose and frequency of the medication and how it should be given. The instructions should be signed and dated. Parents/carers must take the responsibility of obtaining these details from the GP/Consultant and should provide a further letter from the GP/Consultant if the medication or dose is changed in any way. It would be advisable to ask the parents to sign the medication chart to confirm that the medication is correct.

Any homely remedies administered must have signed consent from parents before medication can be given. A child can bring homely/non-prescribed medication in with them to the School as agreed with the parent/carer. Each item must be clearly marked with the child's name. Staff must only give the medication following clear instructions on the box. Parental advice re symptoms, when to give etc. may be followed by only if this falls within the directions specified on the medication. All such medicines must be treated in the same way as prescription medication. Recorded into and out of the school and a record of any administration kept of the child's Adminstrating Medication Consent Form. Advice should always be sought from a pharmacist about any potential interactions between the non-prescribed medicine and the child's regular medication. If a parent/carer wished their child to have a non-prescribed over the counter medication (e.g. paracetamol) it should be sent in its original box and container, labelled for that child only and must not be used for general administration. Instructions must be recorded by the parent/carer on the Adminstrating Medication Consent Form.

Use of Homeopathic or Herbal Remedies

Homeopathic or Herbal remedies must be treated in the same way as any other medication and recorded as such.

Safe Transfer of Medication Sent to or from School

Any missing medication or inconsistent information must be checked immediately with those responsible at the location medication has been transferred from/sent in from and with anyone responsible for the transfer (i.e. taxi service etc.). We maintain a regular liaison with parents/carers and agency providers in order to ensure good information flow and swift resolution of any difficulties.

Disposal

All discontinued, expired or unused medication, creams etc. should be returned to the parent/carer for disposal at the earliest opportunity. Where this is not possible or the medication is non-prescription over the counter remedy that has been held at the school, any such items for disposal should be returned to the local pharmacy.

Training and Assessment

Hartlepool School Staff will follow an agreed training programme, specifically addressing the Safe Administration of Children's Medication. Training must be provided wither by the relevant local health agency or an accredited training agency. No member of staff may administer children's medication until they have joined the agreed training programme and successfully completed it. The First Aid Officer is to make spot checks during the administration process and of Medication Files and Records, and informs the Health and safety Manager and the Deputy Head of any changes required with reference to the school policy, procedures or working practices.

Training and Assessment: Safe Administration of Children's Medication

The First Aid Officers will provide training feedback with regard to Administering Medication as and when required. The first aid officers are to make spot checks during the administration process and of Files and Records.

Signed: Date: November 2025



Paul Barnfather
Headteacher

This Policy will be reviewed annually.

Reviewed Sept 2025

Next Review Sept 2026