

# Carr Primary School

## First Aid and Administration of Medicines Policy



*From small beginnings come great things*

**2023**

## THE ADMINISTRATION OF FIRST AID IN SCHOOL

The Board of Governors and staff of Carr Primary School take a serious and professional approach to their responsibilities in relation to First Aid. This policy identifies and defines the **key roles** that school staff has in fulfilling our duty of care regarding First Aid and supporting children with medical needs. All aspects of the policy are **monitored, evaluated** and kept under **review** on an on-going basis. In all instances and aspects of provision, Carr Primary School will act in accordance with guidance given by the Education Authority.

### 1. First Aid Definition and Principles

First Aid is the initial assistance and treatment administered by a concerned person as soon as possible after an accident or illness. It is given until **definitive treatment** can be accessed. It is this prompt care and attention prior to the arrival of an ambulance, which sometimes means the difference between life and death, or between a full and partial recovery. However, it should also be recognised that certain self-limiting illnesses and minor injuries may not require further medical care past the first aid intervention.

Carr Primary School has a duty of care to provide a safe and happy environment where all children will be cared for and treated in a manner which enables them to feel secure at all times. We realise that children can become ill or have an accident in school on a weekly basis. Therefore, First Aid plays an integral part in assuring that children can participate in many activities in a way that will always be enjoyable, educational and fully controlled.

### 2. Qualified First Aiders – Responsibilities

First Aid may be administered by trained teaching staff and classroom assistants of Carr Primary School. The current first aiders are Mrs Stevenson and Mrs Crawford.

The responsibilities of the First Aiders are:

- To assess a situation quickly and safely and summon appropriate help;
- To protect casualties and others at the scene from possible danger;
- To identify, as far as possible, the injury or nature of the illness affecting a casualty;
- To give early and appropriate treatment;
- To arrange for the removal of the casualty to hospital, to the care of a doctor or home;
- To remain with the casualty until further care is available; and
- To report observations to those taking over care and give further help if required.

### 3. First Aid Equipment and Resources

#### First Aid Cabinet

The staffroom has a lockable First Aid Cabinet. If a parent has requested school-time administration of medicine, that medicine should be locked in the First Aid Cabinet and should only be removed when it is being administered.

#### First Aid Kits

First aid kits are located in each classroom and the staffroom and contain:

- Guaze Swabs

- Triangular bandages
- Safety pins
- 1 pair of scissors
- Sterile Gloves
- Alcohol free sterile wipes
- Hypoallergenic plasters
- Large sterile dressings
- Medium sterile dressings
- Small sterile dressings
- 1 non adhesive absorbent dressing
- Face shields (for protection when administering CPR)

All equipment meets minimum HSE requirements.

In each of the First Aid Boxes are brief descriptors as to how to recognise and deal with each of the following:

- Nose bleeds
- Fractures
- Choking
- Fainting
- Minor Cuts
- Major Cuts
- Stings

A copy of these visual first aid cards can be found in Appendix 2.

### **Emergency Medicines**

All emergency medicines (asthma inhalers, EpiPens etc.) are readily available and not locked away. A check is made termly to ensure that a medicine is not out of date, e.g. epi-pen.

## **4. Procedures**

An **Incident Book** is situated with each First Aid Kit and minor incidents should be recorded. In the event of a bump to the head or other serious incident, the child should be seen by a qualified First Aider.

In the case of a bump to the head, the First Aider should decide whether the head bump is minor or serious and communicate this to the class teacher, along with the appropriate actions to take.

**Minor bumps:** The child should be monitored for the rest of the day.

**Serious bumps:** Parents should be contacted and the child should be sent home immediately. If the parents cannot be contacted, the child should continue to be monitored.

In the case of other serious incidents, e.g. a suspected broken bone, the First Aider should err on the side of caution and ask the child's class teacher (or relevant adult) to make a call home.

Pupils waiting to go home should remain with their class teacher until their parent arrives in school. Children should not be left unsupervised at any time.

An **Accident Report Form** should be completed for **immediately serious accidents/incidents**, i.e. where additional treatment is recommended/necessary or where an accident has led to a prolonged period of school absence or any other accidents/incidents where there are **individual reasons for concerns**.

In general, this should be completed by the class teacher, speaking to witnesses as necessary. When complete, the form should be given to the Principal. In the case of very serious accidents, a further Accident Report Form and Statement of Adult Witness form may need to be completed. These will be issued by the Principal as appropriate.

In the event of an accident to an employee, an **Accident to Employee Form** should be completed. A **Statement of Adult Witness** should also be completed. These will be issued by the Principal as appropriate.

## **5. First Aid on Educational Visits**

A similar procedure for the administration of medicine to that which operates in school will apply to both day and residential visits.

### 5.1 Day Visits

Class medical lists should be brought on all day visits. These will contain the contact details for parents and any medical plans.

A First Aid kit should be taken on every trip. A First Aid kit is available from the school office and should be checked, prior to the trip, to ensure it contains the agreed list of materials. On return any items used should be replaced from the 'spares' box in the school office. The School Secretary should be informed of any items that cannot be replaced from this source.

### 5.2 Residential Visits

The teacher-leaders of residential trips will be given top priority in the rolling programme of first aid training carried out in school, to ensure that their training is always current. There will always be at least one First Aider on a residential trip.

Before residential visits a medical form must be completed with all necessary information and contact details. These are taken on the trip and a copy of the full set is left with a member of staff remaining in school.

All necessary medication should be given to the teacher/group leader at the start of the trip.

In the case of residential trips and children participating who have long-term medical conditions, Individual Medication Plans will be drawn up in consultation with parents, health professionals and the teacher-leader of the trip as appropriate. Such consultations will take place well in advance of any trip to ensure that all aspects of Risk Assessments and practical arrangements can be made before departure.

All teachers will be made aware of any participating child who is on the Central Medical Record or the Critical First Aid Register.

## THE ADMINISTRATION OF MEDICATION IN SCHOOL

The Board of Governors and staff of Carr Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day *where those members of staff have volunteered to do so*.

**Please note that parents should keep their children at home if acutely unwell or infectious.**

### 1. Protocol for the Administration of Medication in Carr Primary School

Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

The school will not make changes to dosages on parental instructions. The school will only make changes to dosages of prescribed medicines on the written and signed instructions from the pupils doctor.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

A member of staff should supervise the taking of the medication and notify the parent in writing on the day the medication is taken.

Only reasonable quantities of medication should be supplied to the school (*for example, a maximum of four weeks supply at any one time*).

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to the School Office, in normal circumstances by the parent. At the School Office, a Parental Request for the Administration of Medication form must be completed (Appendix 3). All medication must be presented **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

- Pupil's Name.
- Name of medication.
- Dosage.
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

**The school will not accept items of medication in unlabelled containers.**

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.

The school will keep records, which they will have available for parents (Appendix 7).

If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long-term or complex medication needs, the Principal, will ensure that a Pupil Health Care Plan is drawn up.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service (Appendix 6).

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.

## **2. School Medical Records**

### 2.1 Individual Pupil Medical Records

These forms are maintained for all enrolled children. They contain general medical information and parents are requested to update these on an annual basis or as circumstances change.

### 2.2 Parental Requests for the Administration of Medicine

Neither teachers, nor support staff, have a legal or contractual duty to administer medicines or provide health care. **Consequently, medication that can be given at home should be given at home.**

When the taking of medication is necessary during the school day this **will only be undertaken** when clear written instructions and consent have been provided and where nothing more than

administration is required. If school time medication is required, it is essential that parents complete the form **Parental Request for Administration of Medicine**.

### 2.3 Central Medical Register

This plays an important role in enabling all members of staff to have first-hand knowledge of any exceptional circumstances. An enlarged copy of this register is displayed in the school staff room. The C.M.R. is continually updated to ensure that children who develop any special medical condition throughout the school year will be placed on the register.

### 2.4 Critical First Aid Records

Some children whose names appear on the Medical Register have more 'serious' conditions that need to be brought to the attention of all staff within school. Each child will have his/her photograph, medical details, contact numbers etc. displayed on a **Healthcare Plan** (Appendix 5) and these are displayed alongside the Medical Register in the staff room. Every member of the teaching staff will also have a copy of each Healthcare Plan and these are to be kept in a folder in the classroom to be made readily available to all substitute teachers. Supervisory/Support staff will also be provided with this information.

In addition, many of these will have an **Individual Action Plan**. A copy of each Individual Action Plan will be held centrally in the school office and in the appropriate classroom First Aid Box along with any associated medication. An early teacher/parent meeting will also be organised for each of the children who require a Healthcare Plan.

Policy Agreed by the Board of Governors

June 2023

\_\_\_\_\_  
(Chair of the Board of Governors)

Review Date: June 2026 or at such times as new guidance becomes available or relevant legislation is passed.

***Appendix 1: Accident/Incident Report Forms***



# First Aid

## Fainting

- Help the child to lie down
- Check the airway and breathing before raising the legs above chest level
- Loosen clothing around the neck, chest and waist
- Reassure the child ensuring he/she has plenty of air

## Major Cuts

- **DO NOT** remove an object stuck in a wound
- Push the edges of the cut around the object
- Raise the injured part
- Pad around the object
- Attach padding with gauze
- **DO NOT** wrap over the object

## Minor Cuts

- Rinse under cold running water
- Use sterile swabs (not cotton wool) to clean around the wound from the inside out
- Remove loose 'dirt' but **NOT** embedded objects
- Dry and apply a dressing

## Stings

- If the sting is visible, remove it by scraping with finger nail, **DO NOT** use tweezers
- Put a cold cloth over the sting to reduce swelling
- If the child has a suspected sting in the mouth, give him/her ice-cubes to suck and call an ambulance immediately

**If in ANY doubt, seek help.**

# First Aid

## Choking

- Encourage the child to cough
- Slap between shoulder blades
- Bend child over so object will fall out
- Recovery position if required

## Nose bleed

- Sit down and keep head slightly forward.
- Pinch nose in the middle and breathe through the mouth
- Spit out any blood in the mouth
- If bleeding has not stopped within 15min. seek medical help
- Do not blow nose for several hours

## Fractures - Leg

- **DO NOT** move the child
- Support the injured part above and below
- Call an ambulance
- **DO NOT** let the child eat or drink anything

## Fractures – Arm

- If possible, bend the child's arm at the elbow
- Pad between the fracture and the body
- Put the arm in a sling
- If the child can't bend his/her arm, pad the elbow and call an ambulance

If in ANY doubt, seek help.

**Appendix 3: Parental Agreement for School to Administer Medication**

**Request by Parent for School to administer medication**

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Example form for parents to complete if they wish the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication

**Details of Pupil**

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Surname:

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Forename(s)

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Address:

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M/F: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class/Form: \_\_\_\_\_

Condition or illness:

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**Medication**

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Name/ Type of medication (as described on the container)

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For how long will your child take this medication:

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Date dispensed: \_\_\_\_\_

Full direction for use:

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Dosage and method:

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Timing: \_\_\_\_\_

Special precautions:

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Side effects:

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Self-administration:

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Procedures to take in an Emergency:

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**Contact Details**

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Name:

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Daytime Telephone No:

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Relationship to Pupil:

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Address:

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I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to pupil:

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**Appendix 4: School's Agreement to Administer Medication**

**School's agreement to administer medication**

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Example form for schools to complete and send to parent if they agree to administer medication to a named child

I agree that \_\_\_\_\_ will receive

\_\_\_\_\_ every day at \_\_\_\_\_.

\_\_\_\_\_ will be given/supervised whilst he/she take their medication by \_\_\_\_\_.

This arrangement will continue until the end date of course of medicine/until instructed by parents\*.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (The Principal/Named Member of Staff)

**Appendix 5: Healthcare Plan for a Pupil with Medical Needs**

**Healthcare Plan for a Pupil with Medical Needs**

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Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Class/Form

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Review Date \_\_\_\_\_

Name of School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Information**

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**Family Contact 1**

Name

\_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship

\_\_\_\_\_

**Family Contact 2**

Name

\_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship \_\_\_\_\_

**Clinic/Hospital Contact**

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

G.P. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily care requirements, (e.g. before sport/at lunchtime):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up care:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is responsible in an emergency: (State if different on off-site activities)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form copied to: \_\_\_\_\_

**Appendix 6: Staff Training Record**

**Staff training record-administration of medical treatment**

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**Example of form for recording medical training for staff**

Name:

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Type of training received:

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Date training completed:

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Training provided by:

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I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested review date:

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