FIRST AID & MEDICINES POLICY

This policy has been adopted by all schools within The Golden Thread Alliance.

Date Approved	Summer 2023
Next Review Date	Summer 2024

Statement of Intent

The Board of Trustees believe that ensuring the health, safety and welfare of staff, pupils and visitors is essential to the success of The Golden Thread Alliance.

We are committed to:

- Completing a first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils and staff with medical needs are fully supported at The Galaxy Trust and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

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 Trust 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 Golden Thread Alliance school's will not prevent pupils from eating, drinking or taking breaks whenever they need to.

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

This policy has safety as its highest priority: safety for the pupils and adults receiving first aid or medicines and safety for the adults who administer them.

This policy applies to all relevant Trust activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

Name: _____ **Signature:** _____
(Chair of Trustees)

Name: _____ **Signature:** _____
(Headteacher/Head of School)

Date: _____

Distribution of copies
Copies of the policy and any amendments will be distributed to: the Headteacher/Head of School; Health and Safety Representatives; All Staff; Trustees/Local Governing Board and Administration office.

Contents

STATEMENT OF INTENT 2

2. ROLES AND RESPONSIBILITIES 5

2.1 The Board of Trustees 5

2.2 School Business Manager 5

2.3 Senco 5

2.4 Senior Leadership Team and first aiders 6

2.5 Mental Health First Aider 6

2.6 Staff Trained to Administer Medicines 6

2.7 Other Staff 7

3. ARRANGEMENTS 7

3.1 First Aid Boxes 7

3.2 Medication 7

3.3 First Aid Needs Risk Assessment 7

3.4 Early Years Requirements 7

3.5 First Aid Provision 8

3.6 Insurance Arrangements 8

3.7 Educational Visits 8

3.8 Administering Medicines 9

3.9 Storage/Disposal of Medicines 9

3.10 Accidents/Illnesses requiring Hospital Treatment 9

3.11 Allergies 9

3.12 Defibrillators 10

3.13 Pupils with Special Medical Needs – Individual Healthcare Plans (IHP) and Health and Care (EHC) Plans 10

3.14 Emergency Procedures 11

3.15 Accident Recording and Reporting 11

3.16 Mental Health First Aid....12

4. CONCLUSIONS....13

APPENDIX 1 - CONTACTING EMERGENCY SERVICES....14

APPENDIX 2 - HEALTH CARE PLAN....15

APPENDIX 3 – PARENTAL/CARER AGREEMENT FOR SCHOOL/TRUST TO ADMINISTER MEDICINE....17

APPENDIX 4 - RECORD OF REGULAR MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD (PARTS A AND B)....18

APPENDIX 5 - ADMINISTRATION OF MEDICATION DURING SEIZURES....20

APPENDIX 6 - SEIZURE MEDICATION CHART....21

APPENDIX 7 - EPIPEN®: EMERGENCY INSTRUCTIONS....22

APPENDIX 8 – ANAPEN®: EMERGENCY INSTRUCTIONS....26

APPENDIX 9 – NOTE TO PARENT/CARER FOR MEDICATION GIVEN....28

APPENDIX 10 – CALPOL POLICY....29

FURTHER GUIDANCE....0

2. Roles and Responsibilities

2.1 The Board of Trustees

2.1.1 The Board of Trustees has ultimate responsibility for health and safety matters - including First Aid in Trust.

2.1.2 Ensure the first aid needs risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.1.3 Provide first aid materials, equipment and facilities according to the findings of the risk assessment.

2.1.4 Ensure that schools leaders consult health and social care professionals, pupils and parents to ensure that the needs of pupils with medical conditions are properly understood and effectively supported.

2.2 School Business Manager

2.2.1 To carry out First Aid needs assessment for the school site, review annually and/or after any significant changes.

2.2.2 Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes.

2.2.3 Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in school at all times and that their names are prominently displayed throughout the school.

2.2.4 Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.

2.2.5 Ensuring all staff are aware of first aid procedures.

2.2.6 Ensuring appropriate risk assessments are completed and appropriate measures are put in place.

2.2.7 Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.

2.2.8 Ensuring that adequate space is available for catering to the medical needs of pupils.

2.2.9 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.2.10 Assist with completing an accident report forms and investigations

2.3 Senco

2.3.1 Ensure that pupils with medical conditions are identified and properly supported in The Golden Thread Alliance, including supporting staff on implementing a pupil's Healthcare Plan.

2.3.2 Work with the Headteacher/Head of School/School Business Manager to determine the training needs of staff, including the administration of medicines.

2.3.3 Office Staff and first aider to administer first aid and medicines in line with current training and the requirements of this policy.

2.3.4. Office staff/ first aiders periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.

2.3.5 Notify manager when going on leave to ensure continual cover is provided during absence.

2.3.6 Medicine is in the right place and readily available for the children

2.4 Senior Leadership Team and first aiders

2.4.1 The Senior Leadership Team and first aiders are responsible for:

a) Taking charge when someone is injured or becomes ill

b) Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

c) Ensuring that an ambulance or other professional medical help is summoned, when appropriate

2.4.2 First aiders are trained and qualified to carry out the role and are responsible for:

a) Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.

b) Sending pupils home to recover, where necessary

c) Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.

d) Keeping their contact details up to date.

2.5 Mental Health First Aider

2.5.1 The appointed persons are responsible for:

a) Provide mental health first aid as needed, at their level of competence and training.
b) Providing help to prevent mental health issues from becoming more serious before professional help can be accessed
c) Promoting the recovery of good mental health
d) Providing comfort to an individual with a mental health issue
e) also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
f) Escalate and document any matters if required within a suitable timeframe.
g) Ensure they maintain confidentiality as appropriate.
h) Be carried away from their normal duties at short notice
i) Listen non-judgmentally

2.6 Staff Trained to Administer Medicines

2.6.1 Members of staff in The Golden Thread Alliance who have been trained to administer medicines must ensure that:

a) Only prescribed medicines are administered and that the trained member if staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.

b) Wherever possible, the pupil will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.

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

d) Records are kept of any medication given.

2.7 Other Staff

2.7.1 Ensuring they follow first aid procedures.

2.7.2 Ensuring they know who the first aiders in the Trust are and contact them straight away.

2.7.3 Completing accident reports for all incidents they attend to where a first aider is not called.

2.7.4 Informing the Headteacher/Head of School/School Business Manager or their manager of any specific health conditions or first aid needs.

2.7.5 Ensure all staff are aware of all the pupils in school with specific medical needs and are fully aware and up to date with their medical plans.

2.7.6 Class Teachers to ensure all medicine for pupils with health conditions are taken with them to all off site visits.

3. Arrangements

3.1 First Aid Boxes

3.1.1 The first aid posts are located in:

- The School Office
- The Canteen
- All the classrooms
- The Hut
- The Hall

3.2 Medication

3.2.1 Pupils' medication is stored in:

- The Staffroom
- All inhalers and epipens are with the child in their classroom and a spare epipen for each child held in the staffroom

3.3 First Aid Needs Risk Assessment

3.3.1. The academy will ensure a first aid needs risk assessment is completed to establish if there are adequate and appropriate first aid provisions in place.

3.3.2. The academy will ensure this assessment is reviewed when significant changes occur.

3.3.3. A sufficient number of staff will be trained in First Aid At Work and/or Emergency First Aid A Work as per the outcome of the first aid risk assessment. Re-fresher training will be provided as required.

3.3.4. A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within pupil's individual health care plans.

3.4 Early Years Requirements

3.4.1 The academy ensures first aid requirements set out in the statutory framework for early years foundation stage are in place.

3.4.2 The academy ensure enough paediatric first aiders are in place as per the academy's first aid needs risk assessment and early years requirements.

3.4.3 The academy will ensure all staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within three months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years' setting.

3.4.4 The academy will ensure paediatric first aid training is renewed every three years.

3.4.5 The academy will aim to achieve the Millie's Mark Award (https://www.milliesmark.com/). The aim of Millie's Mark is to keep children safe and minimise risk and accidents by:

- Raising standards in paediatric first aid.
- Increasing number of paediatric first aid trained staff.
- Increasing confidence and competencies in applying paediatric first aid – no matter what the situation.
- Enabling trained staff to respond quickly in emergencies.
- Raising the quality and skills of the early years' workforce and helping them with day-to-day first aid issues, such as allergies.
- Providing reassurance to parents.

3.5 First Aid Provision

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

a) The member of staff on duty calls for a first aider; or if the pupil can walk, takes them to a first aid post and calls for a first aider.

b) The first aider administers first aid and records details in accident book.

c) If the pupil has had a bump on the head, they must be given a "bump on the head" note, a wrist band and their parents are informed by telephone.

d) Full details of the accident are recorded in our accident book

e) If the pupil has to be taken to hospital or the injury is `work' related, then the accident is reported to the Chief Operating & Financial Officer.

f) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), the School Business Manager will arrange for this to be done in conjunction with the Chief Operating & Financial Officer.

3.6 Insurance Arrangements

3.6.1 Risk Protection Arrangement for Schools (RPA)

3.7 Educational Visits

3.7.1 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.

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

3.7.3 Additional medicine will be taken on trips for pupils with health plan/medical conditions. If appropriate, an individual Risk Assessment would be undertaken.

3.8 Administering Medicines

3.8.1 Medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance, not to do so.

3.8.2 **Prescribed medicines** may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. 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.

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

3.8.4 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.

3.8.5 Please refer to the Trust Administering Calpol Policy to ensure the correct protocol is adhered to. (Appendix 10)

3.8.6 Staff will ensure that records are kept of any medication given. Medication, e.g for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.

3.8.7 Non-prescribed medicines must not be taken in school.

3.9 Storage/Disposal of Medicines

3.9.1 Wherever possible, pupils 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/carer for safe disposal.

3.9.2 Asthma inhalers/Epi-pens will be held by the school for emergency use, as per the Department of Health's protocol.

3.9.3 When medication is no longer required, suitable disposal will be arranged, or medication will be collected by parents

3.10 Accidents/Illnesses requiring Hospital Treatment

3.10.1 If a pupil has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the pupil 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.

3.10.2 Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the Oakfield Primary Academy with up-to-date contact names and telephone numbers.

3.11 Allergies

3.11.1 Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces

an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

3.11.2 Arrangements are in place for whole-school awareness training on allergies.

3.11.3 Allergy Awareness is covered in depth in the Allergy Awareness policy that supports this First Aid & Administration of Medicines policy.

3.12 Defibrillators

3.12.1 Defibrillators are available within Oakfield Primary Academy as part of the first aid equipment. First aiders are trained in the use of defibrillators.

3.12.2 The local NHS ambulance service have been notified of its location.

3.12.3 Procedures are in place to maintain the equipment in accordance with manufacturers recommendations.

3.12.4 The equipment is regularly checked by School Business Manager/Site Manager on their termly walks.

3.13 Pupils with Special Medical Needs – Individual Healthcare Plans (IHP) and Health and Care (EHC) Plans

3.13.1 Some pupils have medical conditions or special educational needs (SENs) that, if not properly managed, could limit their access to education. A pupil or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them. Such pupils are regarded as having special needs. Most pupils with special needs are able to attend school regularly and, with the support from the school and the Trust can take part in most Trust activities, unless evidence from a clinician/GP state that this is not possible. The school will consider what reasonable adjustments they might make to enable pupils with special 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 special needs are included.

3.13.2 The school will not send pupils with special needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life. However, staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

3.13.3 An individual health care plans (IHP) and Education, Health and Care (EHC) plans will help us to identify the necessary safety measures to support pupils with special needs and ensure that they are not put at risk. Oakfield Primary Academy appreciates that pupils with the same medical condition do not necessarily require the same treatment. Not all pupils with a special need will require an THP or EHC. It will be agreed with a healthcare professional and the parents when an IHP or EHC would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher/Head of School will make the final decision. Where a pupil has SEN but does not have a Statement or EHC plan, their special educational needs should be mentioned in their IHP.

3.13.4 Parents/carers have prime responsibility for their child's health and should provide Oakfield Primary Academy with information about their child's medical condition or special educational needs. Parents/carers should give details in conjunction with their child's GP and Paediatrician. The SENCO may also provide additional background information and practical training for school staff.

3.13.5 Procedure that will be followed when Oakfield Primary Academy is first notified of a pupil's medical condition:

Depending on the severity of the condition ie if it is asthma then a medical consent form is filled out by the parents and the medicine is handed over.

If, however, the condition is more serious i.e. epilepsy or diabetes then a meeting will be held with the parents SENCO to assist in the writing of a health care plan, which will be reviewed at least annually and staff training will be discussed and arranged

This will be in place in time for the start of the relevant term for a new pupil starting at Oakfield Primary Academy or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to Oakfield Primary Academy mid-term.

3.13.6 The procedure that will be followed annually or when there is a significant change in a pupil's medical condition or special educational needs:

A meeting will be held with the parents and the SENCO will assist in writing of a health care plan, which will be reviewed at least annually and staff training will be discussed and arranged.

3.14 Emergency Procedures

3.14.1 Staff will follow the school's normal emergency procedures (for example, calling 999)

3.14.2 Each pupil's IHP will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

3.14.3 If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrived or accompany the pupil to hospital by ambulance.

3.15 Accident Recording and Reporting

3.15.1 First aid and accident record book

a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. A copy will be emailed or printed out and sent to parents.

b) As much detail as possible should be supplied when completing the accident form – which must be completed fully.

c) A copy of the accident report form will also be added to the pupil's educational record by the relevant member of staff.

d) Records held in the first aid and accident book will be retained by the school until the pupil reaches the age of 21, in line with our Data Retention Policy.

3.15.2 Reporting to the HSE

a) The Chief Operating and Financial Officer will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

b) The School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs

- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).

o Where an accident leads to someone being taken to hospital

o Near-miss events that do not result in an injury, but could have done. Examples of near-miss events include, but are not limited to:
- The collapse or failure of load-bearing parts of lifts and lifting equipment.
- The accidental release of a biological agent likely to cause severe human illness.
- The accidental release or escape of any substance that may cause a serious injury or damage to health.
- An electrical short circuit or overload causing a fire or explosion.

c) Information on how to make a RIDDOR report is available here:

http://www.hse.gov.uk/riddor/report.htm

3.15.3 Notifying parent/carers

The first aider who has administered the first aid check will inform parent/carer of any accident or injury sustained by the pupil, and any first aid treatment given, or if the pupil refused to have first aid assistance, the same day.

3.15.4 Reporting to Ofsted and child protection agencies

a) The Headteacher/Head of School will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in Oakfield Primary Academy care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

b) The Headteacher/Head of School will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a pupil while in Oakfield Primary Academy care.

3.16 Mental Health First Aid

3.16.1 The Golden Thread Alliance is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role in the Trust is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. The Trust's mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.

3.16.2 The Trust's mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.

3.16.3 The Trust recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.

3.16.4 All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the Golden Thread Alliance's Confidentiality Policy.

3.16.5 Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to HR/Line Manager who will advise on the next steps to be taken.

3.16.6 All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.

3.16.7 If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or HR/Line Manager.

3.16.8 The Golden Thread Alliance ensures all staff have access to supporting information. All staff are encouraged to access this information at any time:-

The Employee Assistance Programme 08000 856 148

4. Conclusions

4.1 This First Aid and Medicine policy reflects The Golden Thread Alliance's serious intent to accept its responsibilities in all matters relating to management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously. The Golden Thread Alliance carries out regular reviews to check the systems in place meet the objectives of this policy.

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:

   _____

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

   _____

   _____

   _____

3. State that the postcode is:

   _____

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

   _____

   _____

   _____

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.

Appendix 2 - Health Care Plan

School/Trust	
Pupil Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who needs to know about the pupil condition and what constitutes an 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***	
Oakfield Primary Academy 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 Oakfield Primary Academy. ***If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles***

Appendix 3 – Parental/Carer agreement for school/Trust to administer medicine

One form to be completed for each medicine.

The Golden Thread Alliance schools will not give your child medicine unless this form is fully completed and signed.

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 the 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/Carer's signature _____

Print Name _____

Date _____

Appendix 4 - Record of regular medicine administered to an individual child (Parts A and B)

Part A - Parent/Carer Authorisation

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 _____

Part B – Records

Name of child ____

Name and strength of medicine ____

Dose and time medicine to be given * ____

Check the medication given coincides with the information stated on Part A.

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Appendix 5 - Administration of medication during seizures

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/Trust 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.

Appendix 6 - Seizure Medication Chart

Name: _____

Medication type and dose: _____

Criteria for administration: _____

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

Appendix 7 - EpiPen®: Emergency Instructions

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:

Staffroom or School Office

RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious

ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see – **SEVERE REACTION**

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.

7. Place used EpiPen® into container without touching the needle.

8. Contact parent/carer as overleaf.

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Headteacher/Head of School: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Paediatrician/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

Appendix 8 – ANAPEN®: Emergency Instructions

ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:

Staffroom or School Office

RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious

ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see – **SEVERE REACTION**

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. Accompany child to hospital in ambulance.

8. Place used ANAPEN® into container without touching the needle.

9. Contact parent/carer as overleaf.

Appendix 9 – Note to parent/carer for medication given

Note to parent/carer

Oakfield Primary Academy _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Appendix 10 – Calpol Policy

Consent to administer Calpol (Paediatric paracetamol) in an emergency situation

As part of our ongoing commitment to protecting the welfare of all children at every Golden Thread School and in line with recently updated guidance, from 1st September 2023 we will administer paediatric paracetamol (Calpol or own brand) as part of our first aid response to managing a high temperature in a child.

At The Golden Thread Alliance, it is not our policy to care for sick children, who should be at home until they are well enough to return to school. As high temperatures in young children can lead to febrile convulsions which can be triggered by the body temperature rising rapidly above 38℃, Calpol will be administered to children who have a temperature above 37.47℃.

Children will be sent home if they develop a fever at school. The schools reserves the right to refuse future admittance if the school has had to administer Calpol and will request parents seek a GP appointment. Each time Calpol is given, the school's procedure for administering medication will be adhered to. The school will always contact a parent/guardian on the phone to ask if we can administer the appropriate dosage of calpol, in the following circumstances. ℃	F	What this means	What to do
36 -37.2	96.8 -99.0	Normal temperature	No action required
37.4 - 37.8	99.3 - 110.1	Low grade fever	Contact parents, administer Calpol and monitor child. Child must be collected within an hour.
38 -39.9	110.4 - 103.3	High fever	Contact Parents, administer Calpol, request immediate collection

To prevent any allergic reactions, you will be asked if your child has not consumed calpol before. If this is the case, you will be asked to collect your child from school as soon as possible. Calpol will be administered as per the guidelines set out by the label as per the age of the child.

Child's Age	Calpol	How much – up to 4 times per day
2-4 years	Infant (purple box)	7.5 ml
4–6 years	Infant (purple box)	10 ml
6-8 years	SixPlus (red box)	5 ml
8-10 years	SixPlus (red box)	7.5 ml

In the event of an emergency, where parents or carers cannot be contacted and we have not received written consent that calpol can be administered, the emergency services will be called.

Prior written permission is required before the administering of Calpol.

I consent/do not consent to the administration of Calpol in the event of my child:

(name)……developing high fever even if I cannot be contacted and it is deemed an emergency situation.

Parents name:…….. Parents signature: …….....

Date: ……..

Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school/Trust will keep under review to ensure links are current.

- HSE
  https://www.hse.gov.uk/
- The Health and Safety (First-Aid) Regulations 1981
  https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made

- Department for Education and Skills
  www.dfes.gov.uk
- Department of Health
  www.dh.gov.uk
- Disability Rights Commission (DRC)
  www.drc.org.uk
- Health Education Trust
  https://healtheducationtrust.org.uk/
- Council for Disabled Children
  www.ncb.org.uk/cdc
- Contact a Family
  www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK
  https://www.allergyuk.org/
  https://www.allergyuk.org/information-and-advice/for-school/Trusts
- The Anaphylaxis Campaign
  www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
  www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
  www.asthma.org.uk
- Cystic Fibrosis Trust
  www.cftrust.org.uk
- Diabetes UK
  www.diabetes.org.uk
- Epilepsy Action
  www.epilepsy.org.uk
- National Society for Epilepsy
  www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
  www.hacsg.org.uk
- MENCAP
  www.mencap.org.uk
- National Eczema Society
  www.eczema.org
- Psoriasis Association
  www.psoriasis-association.org.uk/