



FIRST AID AND MEDICINES IN SCHOOL **POLICY**

This policy applies to EYFS as well as whole school

Owner	Deputy Head, Head of Primary, Bursar and Lead First Aiders
Authorised by	Head and Governors
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FIRST AID AND MEDICINES IN SCHOOL POLICY

This policy applies to the whole school (including EYFS)

SCOPE

This guidance is applicable to all those involved in the provision of first aid related to school activities. This policy relates to the whole school inclusive of EYFS.

Derby High School understands the duties it holds under the Health and Safety (First-Aid) Regulations 1981, and we have made arrangements to ensure that the provision for first aid is in place.

An assessment of our first aid needs has been undertaken to determine the number of first aiders, the first aid equipment and first aid facilities that are required.

AIMS OF THE POLICY

To ensure that there is an adequate provision of appropriate first aid at all times.

To ensure that where individuals have been injured or fall ill there are suitable mechanisms in place to provide remedial treatment.

GUIDANCE

The School will undertake an assessment to determine the first aid needs. This will include consideration of the following:

- Size of the school and whether it is on split sites / levels.
- Location of the school.
- Specific hazards or risks on the site.
- Staff or pupils with special health needs or disabilities.
- Previous record of accidents / incidents at the school.
- Provision for lunchtimes and breaks.
- Provision for leave / absence of first aiders.
- Off-site activities, including trips.
- Practical departments, such as science, technology and PE.
- Out of hours activities.
- Contractors on site and agreed arrangements.

FIRST AID PROVISION

First Aiders

Support staff and other key first aiders attend regular training sessions in order to keep their first aid certificate up to date. The Senior and Junior School have lead first aiders who have undertaken a 'First Aid at Work' (minimum 18 hours of training) course. Within the EYFS all members of staff (including the lead first aider in the Infant school) undertake paediatric first aid training (minimum 12 hours of training). A list of first aiders is displayed in each staff room and is attached to this policy. To support lead first aiders additional members of support staff are first aid trained. Across all schools at least one member of a department (senior school) or year group (Primary School) is first aid trained.

A first aider (paediatric first aid for EYFS pupils) will accompany pupils on visits out of school.

First aiders will give immediate help to those with common injuries or illnesses and those arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is called.

At least one qualified first aider will be on site from 8.00am– 5.30pm. Before 8.00am, senior pupils are not expected on site. For senior school students, occasional exceptions to this are made if the parent signs to confirm they understand and accept that there is no guaranteed first aid provision.

In the Primary School there is a first aider on site from 7.30am to 5.30pm due to Breakfast Club and Primary Extra Time.

First aid requirements are taken into account when planning all events on site outside of the hours 8.00am-5.30pm, and all trips, fixtures or other excursions remote from the main school buildings.

Detailed guidelines for staff in dealing with medicines and medical emergencies are kept in Senior School Reception, in the medical room for Infants and in the cupboard in the Junior School Reception.

All staff should be aware of:

- location of First Aid Kits,
- location of telephones,
- locations of fire emergency signals,
- emergency exit routes and other possible exit routes.

We actively monitor the expiry dates of our first aider's qualifications in order to identify when further training is required and to ensure that we continue to meet, or exceed, the required number of trained first aiders, as identified in our first aid needs assessment. First aid training will be refreshed every 3 years.

First Aid Kits

First aid kits will be provided in areas of the school where accidents are considered most likely.

A first aid kit will also be taken when pupils leave the school on organised trips or participate in sporting events.

In the Senior School all key personnel are to ensure that first aid facilities are readily available in their departments and that these are checked and re-stocked when necessary. Advice about first aid equipment to be kept for such areas should be sought from the school office First Aid staff, who will seek further advice if necessary.

In the Senior School, if items in a first aid box are used, the Student Receptionist (Lead First Aider) must be notified. For the Primary School, Lead First Aiders check kits and are notified, in order to allow for the box to be replenished. First Aiders in charge of trips are required to check the First Aid bag before leaving school.

In addition, termly checks are completed by the Student Receptionist and Primary Lead First Aider to ensure that all boxes remain fully stocked, and that the contents are in date. A spreadsheet is kept to monitor expiry dates on first aid items

Location of First Aid Kits

- Reception
- Medical room (numerous available for use on school trips)
- Design Technology (in workshop area)
- Art Room
- Sixth Form

- Sport (Sports Hall and PE Office – for away matches)
- Food & Nutrition (on filing cabinet)
- Senior school kitchen
- Junior School (staff room, reception desk and kitchen)
- Infant School (2 in the medical room, 1 in the Reception corridor, 1 for playtime use at the bottom of the Year 1 stairs, 1 in Infant hall for PET).

MEDICAL ROOMS

Medical rooms are located in the Senior School and Primary School. In the Senior School the Medical Room is located near to the main Reception area with facilities including chairs, a sink, and a toilet. The Senior School Student Receptionist (lead first aider) is based in the main reception area. In the Primary School the medical room is located on the first floor of the Infant building.

AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

The school has three defibrillators on site. These are located in the Senior School medical room, outside main reception and outside the Sports Hall. All first aiders receive defibrillator training as part of their first aid qualification. A function test of the defibrillator is completed on a weekly basis and the batteries and pads are replaced in line with the manufacturer's recommendations.

PUPIL ILLNESS

If a pupil becomes unwell during a lesson they should consult the member of staff in charge for help. Where necessary, Senior School pupils can visit the Student Reception (accompanied if necessary) for further assistance.

Where necessary, school will contact parents to discuss the procedures for pupils who become ill or infectious and will take the necessary steps to prevent the spread of infection and illness.

ACCIDENTS OR INJURIES

In the event of an accident, the member of staff in charge should be consulted. The member of staff will assess the situation and decide on the next course of action, which may involve asking for a lead first aider to attend or if necessary calling an ambulance.

In the event a lead first aider cannot deal with the injury by administering first aid, they should arrange for the injured person to be assessed by appropriate medical personnel without delay. Parents will be contacted and arrangements made.

Staff should always call an ambulance when there is a medical emergency and/or serious injury.

Examples of medical emergencies may include:-

- a significant head injury
- fitting, unconsciousness or concussion
- difficulty in breathing and/or chest pains
- exhaustion, collapse and/or signs of an asthma attack
- severe allergic reaction
- severe loss of blood
- severe burns or scalds
- possibility of a serious fracture

Pupils should be accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact at the parents in time.

Please refer to Appendix 2 and 3 for a guide to dealing with emergency situations when life is endangered if a pupil is badly injured.

Minor Injuries

If the pupil is able to walk, they may visit the medical room in senior school and inform the first aid staff. In Infants they can use the medical room (lift available) or the Junior School reception. The school has a wheelchair which may be used and is stored within the senior school medical room.

RECORDING OF ILLNESS, ACCIDENTS, INJURIES AND CONTACTING PARENTS

School Reporting System

All injuries, accidents, illness, dangerous occurrences and near misses must be recorded. This will be recorded in a written or electronic format.

In the senior school all visits to the medical room, illness, injury and accidents are recorded on the school's Management Information System (see appendix 7).

The date, time and place of event or illness must be noted with a brief description of the nature of illness/injury/accident and what first aid was given. Events immediately following should also be recorded.

In the juniors, all visits to a lead first aider, illness, injury and accidents are recorded on the school's Management Information System. In the infants, a hand written record will be submitted to the senior school medical room staff to be added to the school's Management Information System.

Accident Forms

In addition to an electronic record, first aid staff should use their judgement as to when a hard copy accident form should be completed. A hard copy accident form is always completed for more significant injuries/accidents and always for injuries to the head where there is visible bruising/swelling. A copy of the accident form is given to parents on collection of their child.

If a pupil leaves a class or activity through injury or accident the teacher in charge must check up on the treatment received and make a full report on an accident form. In the senior school, the accident form must be counter-signed by the member of the staff providing first aid treatment. In Primary, the accident form is completed by the first aider and countersigned by a member of the Primary Leadership Team.

For minor injuries where the immediate notification of the parents is not required, but an accident form has been completed, a copy of the form should be given to the pupil to take home.

Completed accident reports are stored by the Student Receptionist in the senior school. Accident forms are reviewed termly by the Head.

Contacting Parents

Parents will normally be contacted by the Student Receptionist in senior school or, by the Primary School Receptionist, First Aider or another member of staff on the following occasions:-

- to inform parents of an accident/injury/illness and to arrange collection or to assess what further action is required/or to advise of onward medical plans i.e. ambulance/hospitalisation
- to inform parents of an accident/injury where a visible mark has been left; even if pupil is to remain in school.

When contacting parents they should:

- Appraise parents of the facts.
- Find out how long it will take them to arrive at school.
- If the time is too long, reserve the right to take the pupil to the Accident & Emergency Department of the Royal Derby Hospital if necessary.

Recording of Major Injuries (RIDDOR)

Certain accidents, diseases and dangerous occurrences must be reported to the Health and Safety Executive (HSE) immediately under RIDDOR. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR. Examples that are reportable under RIDDOR are:-

Section 1 – injuries and ill health involving employees

- accidents which result in death or a specified injury must be reported without delay (see ‘Reportable specified injuries’);
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

Section 2 – injuries involving pupils and other pupils not at work

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

Section 3 – dangerous occurrences

- 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.

More information on how and what to report to the HSE, can be found in [Incident reporting in schools \(accidents, diseases and dangerous occurrences\) EDIS1 \(hse.gov.uk\)](#) and at [RIDDOR resources - RIDDOR - HSE](#)

Accidents can be reported online or by telephone (0345 300 9923) or online <https://www.hse.gov.uk/riddor/report.htm>

HYGIENE & INFECTION CONTROL

Spillage of Bodily Fluids

Care must be taken when dealing with the spillage of bodily fluids. The cleaning and lunchtime team have all received bodily fluids spill kit training. Each school has spill kits readily available which contain all the necessary items (including PPE) required to address the spill.

Main points to consider are:

- Cordon off the area or lock doors to the affected area.
- Exclude from the area anyone not involved in clearing the spillage. (It is especially important to exclude pupils who may not appreciate fully the risk of infection.
- Collect together appropriate materials for clearing up, including disposable containers.
- Wear protective disposable gloves, and cover exposed parts of the arms, mouth, nose and eyes.
- Clear up the spillage, taking care not to miss any affected areas.
- Disinfect all affected areas using an approved disinfectant.
- Dispose of all contaminated materials, including the gloves, in accordance with the Safe Working Procedure.
- Follow good personal hygiene practices when finished. Wash hands and forearms thoroughly.

Infection Control

When providing first aid, precautions should be taken to avoid infection. Single use disposable gloves are available in each medical room and, wherever possible, should be used if there is blood or other bodily fluids present. Hand washing facilities are also available throughout the Schools to be used as required.

First Aiders should take the appropriate precautions to avoid risk of infection, including covering any cuts and grazes and wearing appropriate eye and face protections where necessary.

If First Aiders suspect that they or any other person may have been contaminated with blood or other bodily fluids, the following actions should be taken:-

- Wash skin with soap and running water
- Wash splashes from eyes with tap water or eye bath
- Wash splashes from nose or mouth with tap water
- Record the details of the contaminations
- Seek medical advice if appropriate

LOCATION OF SHARPS AND BODILY FLUIDS DISPOSAL RECEPTACLES

The bodily fluids disposal receptacles are located in the medical room in the senior school, the medical room in the infant building and in the disabled toilet within the reception area of the junior building.

The sharps receptacle is securely stored in the student reception of the senior school building.

Management of Sharps Injuries/Contamination

A sharp injury/contamination incident includes:

- Inoculation of blood by a needle or other 'sharp'
- Contamination of broken skin with blood
- Blood splashes to mucous membrane e.g. eyes or mouth
- Swallowing a person's blood e.g. after mouth-to-mouth resuscitation
- Contamination where the individual has an open wound, and clothes have been soaked by blood
- Bites (where the skin is broken).

When a sharp injury/contamination incident occurs:

- Wash the wound in soap and warm running water (do not scrub)
- Cover the wound with a dressing
- Skin, eyes or mouth, wash in plenty of water
- Ensure the sharp is disposed of safely i.e. using a non-touch method into a sharps container
- Report the incident to the line manager.
- An incident form should be completed.
- The incident should be reported to the GP
- Attempt to identify source of the needle/sharp.

ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS

Arrangements for pupils with particular conditions such as epilepsy and diabetes are considered individually and treatment and provision is made for them on a case by case basis. A care plan should be given in to the lead first aider when the pupil starts with at the school.

Asthma: senior pupils who are able to use their inhalers themselves, are expected to carry them with them. In primary, the child's inhaler is stored by the class teacher in the red bag in the child's classroom. It is clearly marked with the pupil's name. Parents are asked to provide school with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers are labelled with the pupil's name and stored in the senior school office.

Both Senior and Primary Schools hold emergency inhalers for use by pupils with asthma, or who have been prescribed an inhaler as reliever medication. (See notes below in Medicines in School.) In the Primary School inhalers are kept in the red bag in the child's classroom.

Please refer to Appendix 4 for the emergency inhaler consent form. An Asthma form (Appendix 10) is filled out for all primary children with inhalers and for those with a care plan from their asthma nurse.

Diabetes: From an early age, children with diabetes are able to test their own blood sugar level and do their own injections. Should it be necessary for these activities to be undertaken at school, for younger children these are observed by a teacher or first-aider. In the Primary, the diabetes nurse from the Children's Hospital visits on a regular basis for each child with diabetes, with a plan of the appropriate regime and action for that child.

At school it may be necessary to initiate treatment for a 'hypo', (when the blood sugar falls too low). Symptoms of hypoglycaemia may vary and may be discussed with the parents and pupil when making plans for the individual. In the event of a 'hypo' some fast-acting sugar such as glucose tablets, hypostop or chocolate should be given rapidly.

Allergies: personal EpiPens are held in the School offices for those pupils at risk of anaphylactic shock as a result of a serious allergy. The main first aider in each section of the school is responsible for arranging the safe keeping of clearly labelled EpiPens for individual pupils known to be at risk of such reactions. Persons administering the EpiPen dose in an emergency situation should have received prior training in the use of an EpiPen. They should be stored in a safe place that is also rapidly accessible during lunch breaks and PE lessons. In the Primary School epi pens are kept in the red bag in the child's classroom. Staff should ensure they understand the locations of epi pens for relevant pupils in their care

Treatment for hay fever is generally by once daily medication that should be administered before school, but for some children Piriton or eye drops may need to be given during the day. Medication must be sent with clear instructions, as detailed in the Medicines in School section.

Parent responsibility: it is the parents' responsibility to ensure that school held medication such as an inhaler or EpiPen is within its expiry date.

IN THE EVENT OF A FIRE ALARM/EVACUATION

Emergency personal medicines will be taken outside in the event of a school evacuation.

Primary School – all red bags containing medication are taken out to the evacuation point.

Trips - the pupil's school held inhaler or EpiPen is taken when the pupil is on a school trip.

MEDICINES IN SCHOOL POLICY

Aim of Policy

- To ensure that everyone is clear about their respective roles regarding children with medical needs.
- To have effective management systems to help support individual children with medical needs.
- To ensure that, within school, medicines are handled responsibly.

Responsibilities of Parents

Parents must inform the school in writing of any illness or medical condition which may have a detrimental impact on their child's performance at school, or which may involve the school in helping to administer medicines. It is not necessary for parents to inform the school about routine illnesses, except to confirm absence from school.

Parents must inform the school if there is any change in their contact details, especially for those needed in an emergency. The school will make every effort to contact parents in the case of a medical emergency involving their child.

Medicines in School

All medication brought into the Senior school by, or on behalf of, pupils must be given to the Student Receptionist, in Juniors to the Lead First Aider and in Infants to the class first aider for safekeeping. This includes analgesics (pain relief medication) – such as paracetamol. They must fulfil the criteria listed below. Any medication belonging to a member of staff should be stored out of reach of children.

All medicines, including analgesics, that are given in to the Student Receptionist/Primary First aiders must be:

- in its original container,
- showing the dosage information (maximum dose and dose frequency)
- The container must be marked with the student's name
- the container should show the expiry date (if relevant). No medicine that has passed its expiry date will be administered.

In Primary, the 'Permission to Administer Prescribed Medication at School' form (appendix 7) must be completed.

Administering Medicines during the School Day

School staff have a professional and legal duty to safeguard the health and safety of pupils and wish to enable all children to gain the maximum benefit from their education and to participate as fully as possible in school life. However, this does not imply a duty on the Head or staff to administer medication. Participation in the administration of medicines in schools by staff is on a voluntary basis. Individual decisions by staff on involvement will be respected. The administration of medicine is ultimately the responsibility of parents/carers.

Medicines should only be taken to school where it would be detrimental to a child's health if they were not administered during the school day. As far as possible, parents should try to arrange for their children to take medicines at home.

In the Junior and Senior school there is a limited supply of paracetamol for use in medical situations on student request, but this will only be administered (by the designated first aiders) to students or pupils who have previously taken paracetamol without any adverse reactions and for whom written parental consent has been given. Parents will be informed if paracetamol is requested and administered. The dispensing First Aider will keep a record of use. In the Infants School only prescribed medicines are administered. All prescription medicines must be named and include a note from parents with administering instructions.

Please refer to Appendix 5 for the administration of paracetamol consent form.

Staff will only administer medicine sent into school for children if the criteria listed above are fulfilled.

Medicines will not be administered to children who do not wish to take them. Parents will be informed if medicines are not administered for this reason.

This applies to both prescribed and non-prescribed medicines. Students over the age of 16 may give consent with or without parental permission and parents will not routinely be advised of medicines administered or self-administered in school for students of this age.

Staff will not administer aspirin or medicines containing aspirin unless prescribed by a doctor. For residential visits, parents will be asked to sign a general consent form authorising the staff to administer medicines as necessary.

A record of medicines administered is completed for each individual occasion medication is given. Please refer to Appendix 6 for a copy of the record used.

Children who are considered old enough, will be encouraged to administer their own medicines but this must be under adult supervision. The school must be aware that a child has brought medicine into school and it must still be handed in for safe keeping. Staff willing to do so, will administer medicine to children too young or unable to do so themselves. A record will be kept of all medicines taken at school.

LONG-TERM MEDICAL NEEDS

If a child has or is likely to have long-term medical needs which will have an impact on his/her ability to derive maximum benefit from the education offered at the school, parents must provide the school with the following information:

- details of a child's condition;
- special requirement e.g. dietary needs
- 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

Parents must also keep the school informed of any changes to their child's medical needs such as an Individual Treatment Plan (ITP) for their child.

If a member of staff is on medication, they must confirm that this does not affect their ability to work with children; school reserves the right to seek medical advice with regard to this matter.

CONFIDENTIALITY

Sensitive medical information, about a child or member of staff, will be treated confidentially and will only be passed on to those who need to be aware of it for first aid purposes.

APPENDIX 1 – FIRST AID TRAINED STAFF

FIRST AID TRAINED STAFF			
NAME	DEPT	EXPIRY DATE	NOTES
SENIOR SCHOOL			
E Sharp (Lead First Aider)	Admin	March 25	First Aid at Work – 3 days
J Forbes	Admin	April 24	Emergency First Aid – 1 day, Epi Pen Training
S Holland	Admin	Sept 24	Emergency First Aid at Work – 1 day
S Warr	Admin	Aug 25	First Aid at Work – 3 days
S Martin-Smith	Art/DT	June 25	Emergency First Aid at Work – 1 day
V Jones	Biology	June 25	Emergency First Aid at Work – 1 day
J Whitehead	Chaplain	June 22	Emergency First Aid at Work – 1 day
C Riley	Chemistry/D of E	June 25	Emergency First Aid at Work – 1 day
S Ngwerume	Chemistry	Sept 24	Emergency First Aid at Work – 1 day
F Garma-Supran	Drama/English	Sept 24	Emergency First Aid at Work – 1 day
S Ince	DT	April 24	Emergency First Aid at Work – 1 day
J Webster	English/Productions	Feb 25	Emergency First Aid at Work – 1 day
E Smith	English	June 25	Emergency First Aid at Work – 1 day
C Bellman	English/Drama/Pastoral	June 25	Emergency First Aid at Work – 1 day
L Davies	Food & Nutrition/DofE	Nov 24	Emergency First Aid at Work – 1 day
L Davies	DofE	Nov 24	High Peak Wilderness First Aid – 2 days
J Gallagher	Geography/Sixth Form	June 24	Wilderness First Aid (16 hrs)
J Gallagher	Geography/Sixth Form	June 24	Emergency First Aid at Work (6 hrs)
M Roe	Geography	June 25	Emergency First Aid at Work – 1 day
W Ryan	Labs	June 25	Emergency First Aid at Work – 1 day
O Wing	Labs	June 25	Emergency First Aid at Work – 1 day
R Huskisson	Library & Late Waiting	Sept 23	First Aid at Work – 3 days
S Williams	Maths	June 25	Emergency First Aid at Work – 1 day
A Maddox	Maths/DofE	July 24	First Response Plus (6 hours)
R Dodson	Maths	June 22	Emergency First Aid at Work – 1 day
C Quichaud	MFL/Football Club	Sept 24	Emergency First Aid at Work – 1 day
P Ince	MFL/Football Club	Sept 24	Emergency First Aid at Work – 1 day

R Lesley	Music	Sept 24	Emergency First Aid at Work – 1 day
B Stirland	PE	Jan 23	Outdoor First Aid – 1 day
R Moorhouse	PE	Sept 24	Emergency First Aid at Work – 1 day
A Allum	PE	June 25	Emergency First Aid at Work – 1 day
A Allum	PE	Dec 22	Outdoor First Aid – 1 day
J Orr	Physics	Sept 24	Emergency First Aid at Work – 1 day
G King	Social Sciences	June 25	Emergency First Aid at Work – 1 day

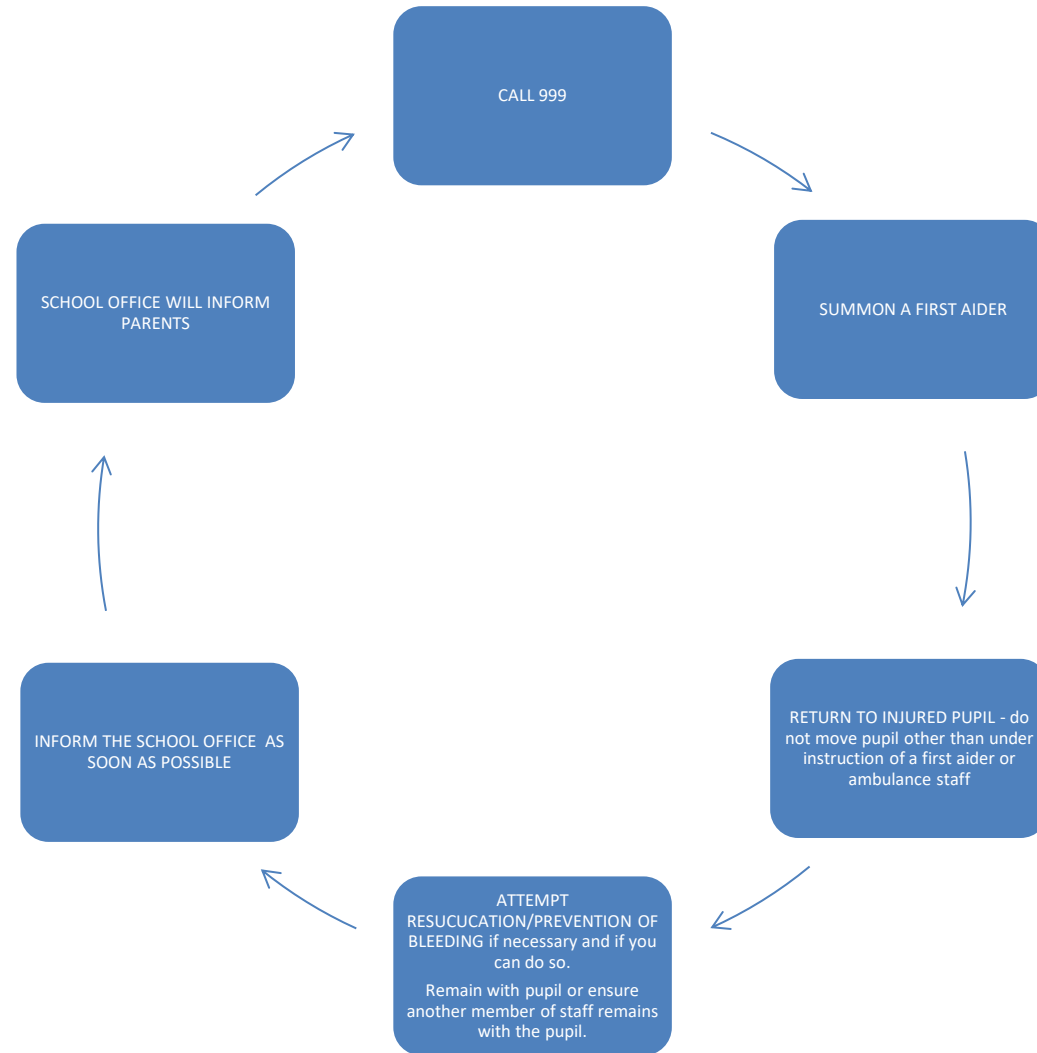
JUNIOR SCHOOL			
K Tudor (Lead First Aider)	Admin	Sept 23	First Aid at Work, Epi Pen Training
R Hamilton	Junior School	Sept 24	Emergency First Aid at Work – 1 day
C Horne	Junior School/Extra-Curricular	Sept 24	Emergency First Aid at Work – 1 day
J Liddle	Junior School	Sept 24	Emergency First Aid at Work - 1 day, Epi Pen Training
S Smith	Junior School	June 25	Emergency First Aid at Work – 1 day
C McBride	Junior School	June 25	Emergency First Aid at Work – 1 day

INFANTS			
K Smith	Infants/After School Club	Nov 23	Paediatric First Aid – 2 days, Epi Pen Training
J Redpath	Infants	March 23	Paediatric First Aid - 2 days
L Robertson	Infants	June 24	Paediatric First Aid- 2 days, Epi Pen Training
D Hyland	Infants	Oct 22	Paediatric First Aid – 2 days Renewal pending 10th Oct 22
S Holmes	Infants	April 24	Paediatric First Aid - 2 days
K Shore	Infants	Aug 24	Paediatric First Aid - 2 days
T Eleftheriou	Infants	March 25	Paediatric First Aid - 2 days
R Gould	Junior School	March 25	Emergency First Aid at Work – 1 day
J Foster	Infants	Sept 24	Emergency First Aid at Work – 1 day
L Earp	Infants	Sept 24	Emergency First Aid at Work – 1 day
P Holgate	Infants	Sept 24	Emergency First Aid at Work – 1 day
G Cureton	Infants	Sept 24	Emergency First Aid at Work – 1 day

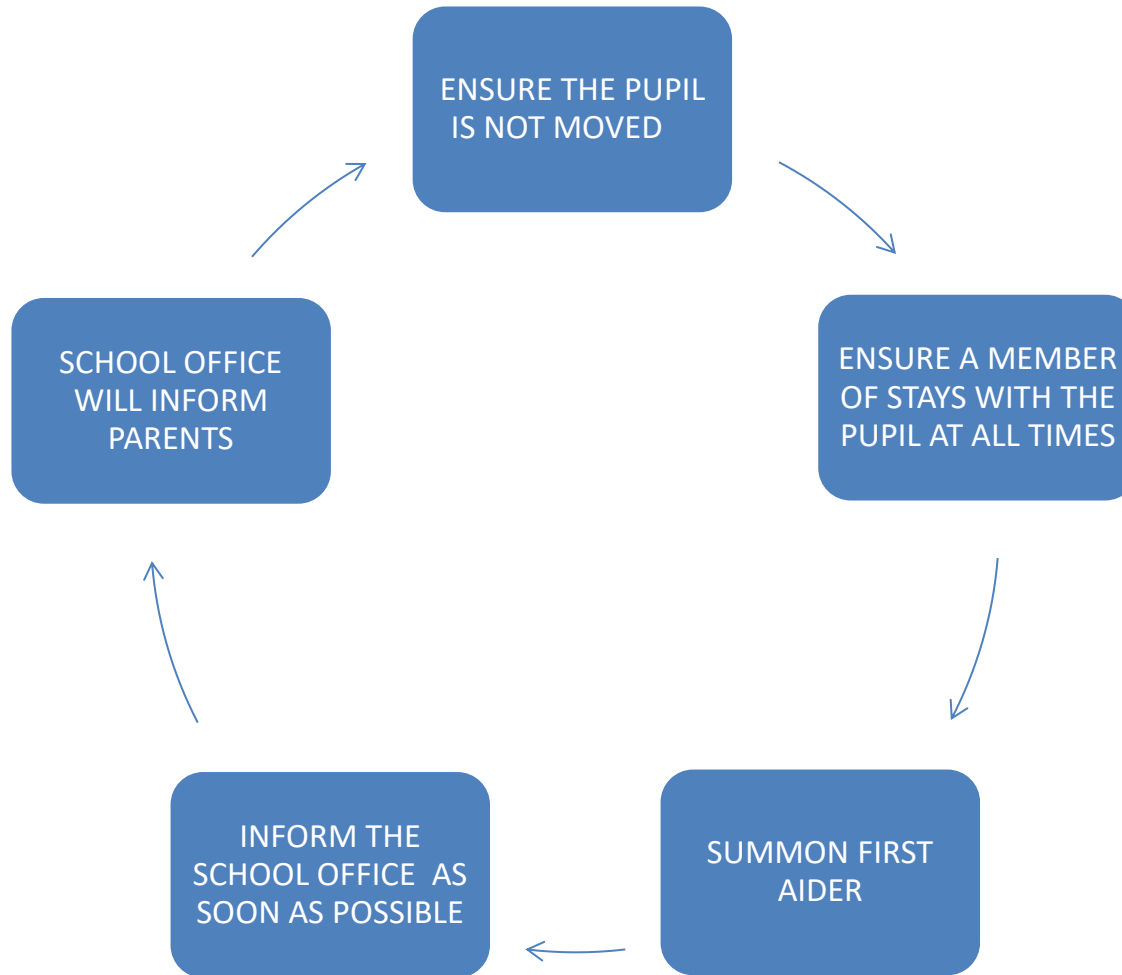
OTHER			
D Taylor	Caretaker	Dec 22	First Aid at Work – 3 days

K Hearne	L/time Supervisor/After School Club	Sept 24	Emergency First Aid at Work – 1 day
L Stewart	L/time Supervisor/After School Club	June 25	Emergency First Aid at Work – 1 day
R Dutta	L/Time Supervisor/Cleaning	Sept 24	Emergency First Aid at Work – 1 day
H Cauldwell	L/Time Supervisor/Cleaning	Sept 24	Emergency First Aid at Work – 1 day
L Measures	L/Time Supervisor/Cleaning	Sept 24	Emergency First Aid at Work – 1 day
L Pople	Cleaning	Sept 24	Emergency First Aid at Work – 1 day

APPENDIX 2 - LIFE IS ENDANGERED PROCESS



APPENDIX 3 - BADLY INJURED PROCESS



APPENDIX 4 – CONSENT FORM – EMERGENCY SALBUTAMOL



CONSENT FORM FOR USE OF
EMERGENCY SALBUTAMOL INHALER (SENIOR SCHOOL)

I (name given below) confirm that my child (name given below) has been:

- diagnosed with asthma and prescribed an inhaler as reliever medication
- prescribed an inhaler as reliever medication for another reason

(please delete as appropriate).

I understand that I am responsible for supplying my child with a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and a spare which is stored in the School Office. I will also ensure my child has a working inhaler with them (or given to staff) when they are out of school on any sort of trip.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available, or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held in school for such emergencies.

Signed: _____

Date: _____

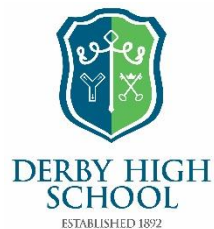
Parent Name (print): _____

Child's name: _____

Class: _____

(Please return consent form to Student Reception)

APPENDIX 5 – CONSENT FORM – ADMINISTRATION OF PARACETAMOL (SENIOR SCHOOL)



CONSENT FORM FOR THE ADMINISTRATION OF
PARACETAMOL IN SCHOOL

I (name given below) confirm that my child (name given below) has previously taken paracetamol without any adverse reactions or allergic reaction.

In the event of my child displaying medical symptoms requiring mild pain relief, I consent for my child to receive one dose (500mgs) of paracetamol, to be administered by a trained first aider.

Signed: _____ Date: _____

Parent/Guardian Name (print) _____

Pupil name: _____

Class: _____

APPENDIX 6 – RECORD OF MEDICINE ADMINISTERED TO STUDENTS (SENIOR AND JUNIOR SCHOOLS)

Diary

Visit Type: Medication ▼

Reason:

Location: Select a location ▼

Date In: 10/05/2022

Time In: 10:08

Date Out: 10/05/2022

Time Out: 10:08

Arrived From: Select arrived from ▼

Departed To: Select departed to ▼

Departed by Transport: Select a transport type ▼

Record Sensitivity

Sensitivity: Low Medium High

APPENDIX 7 – ELECTRONIC RECORDING OF ILLNESS/INJURY/ACCIDENTS (WHOLE SCHOOL)

Diary

Visit Type:

Reason:

Location:

Date In:

Time In:

Date Out:

Time Out:

Arrived From:

Departed To:

Departed by Transport:

Record Sensitivity

Sensitivity: Low Medium High

APPENDIX 8 - PERMISSION TO ADMINISTER ALLERGY MEDICINE AT SCHOOL (JUNIOR SCHOOL)

Permission to Administer Allergy Medicine at School

Name of Child:	
Class:	
Medicine to be administered:	
When medicine should be administered:	
Please list all allergies and the typical reactions that will be presented before medicine is required:	
Name of parent/guardian:	
Signed:	
Date:	

APPENDIX 9 - PERMISSION TO ADMINISTER PRESCRIBED MEDICINE AT SCHOOL (PRIMARY SCHOOLS)

Permission to Administer Prescribed Medicine at School

Name of Child:	
Class:	
Medicine to be administered:	
Start date:	
End date:	
Time of day to be administered:	
Does medicine need to be kept in the fridge?	Yes No
Does medicine need to be given on an empty stomach?	Yes No
Brief description of reason for medicine:	
Name of parent/guardian:	
Signed:	
Date:	

APPENDIX 10 – SCHOOL ASTHMA CARD (PRIMARY SCHOOLS)

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

- Pollen Stress
- Exercise Weather
- Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(Monday-Friday, 9am-5pm)

www.asthma.org.uk

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