Farsley Farfield Primary School

FIRST AID AND MEDICATION POLICY
March 2014 (updated Sept 20, July 22, Sept 26)

Farsley Farfield Primary School

OVERVIEW

This document has been developed to give the school clear guidelines regarding the application of:

1. First aid to students, staff, parents and other incidents at the school requiring assistance relating to the health of individuals.
2. The administering of medication required due to:

- ongoing medical conditions such as asthma, diabetes and epilepsy
- allergies caused by dietary reactions, insect bites and/or chemical reactions,
- short-term illness required by students resuming school, however needing to complete a course of medication
- non-prescription medication due to unexpected illness.

This policy also identifies the school management procedures that are implemented to identify and monitor students who have pre-existing medical conditions that may alter while in our school setting, or be affected by other students/persons that they may come in contact with at school.

While in school setting, or participating in school-sanctioned activities, students, teachers and/or parents may be involved in an accident requiring first aid treatment. It is essential that the treatment administered to the injured person be appropriate, and that the incident and first aid administered to the patient be documented by the school.

Links with other policies

Allergy and Anaphylaxis Policy
Supporting pupils with medical needs policy

AIMS

That the school has at its disposal, all relevant medical information on staff and students, so those incidents of a foreseeable change in medical conditions, can be planned for and acted upon in an informed manner by trained first aid staff.

Those students who have medical conditions requiring some ongoing orally administered medication at school can participate in school activities.
That the school is a safe workplace for students, staff, school community members and visitors alike, and that the school has defined areas for the safe storage of medication and has set procedures and access to training to cope with accidents and emergencies.

That the relevant staff have, at their disposal, details regarding the appropriate first aid to be administered for common medical conditions such as asthma, epilepsy and diabetes

OBJECTIVES

• That all relevant staff are made aware of students in the school with:
1. existing medical conditions such as asthma, epilepsy, diabetes and the appropriate treatment if these medical conditions arise.
2. allergic reactions to insect bites and/or other factors at school and the appropriate treatment required if an allergic reaction occurs.

• That all staff are aware of procedures for the administering of prescription and non-prescription medications to students at school.

• That all appropriate staff are aware of students/adults who are immune deficient as a result of medical treatment and/or congenital disease.

• That all staff are aware of procedures for treating students, and other individuals who may require first aid while at school or involved in a school-sanctioned activity (i.e. educational visits, residentials).

• That the school has an appropriate number of staff who have 'First Aid in the Workplace' or other similar accredited first aid course.

• That students' specific medication is stored in a locked area restricting access of students, except when emergency access may be required.

• That students and parents are aware that the school does not permit them to be under the influence of any drug, other than that detailed in their health care plan or medicine records

• That an appropriate consent letter indicating the need to administer medication is completed by parents and retained

• That the students/adults are aware that they are not permitted to bring to school, or to school-coordinated activities, substances such as tobacco, alcohol, inhalants, illegal drugs, analgesics, vitamins or paracetamol.

• That staff are able to locate detailed procedures of first aid for conditions such as asthma, epilepsy and diabetes.

IMPLEMENTATION:

1. When students are enrolled at the school, parents are required to complete the medical detail section of the admission form. Parents are advised annually, of the need to update these medical records and the emergency contact details and that this is their responsibility.

2. Students with significant known medical conditions are required to have a "health care plan" drafted with input from a health care professional, detailing a description of the condition, symptoms of deterioration of the condition, usual medical treatment needed at school and medical treatment if the condition deteriorates and any side effects of the medication. Also, the name and address and phone number of student's medical practitioner and emergency contacts.

3. Copies of Healthcare plans are shared electronically with staff via Google Drive and CPOMS and paper copies will be housed in the classroom teacher's record file.

4. Photographs of students with severe medical conditions to be available discretely in the office reception areas, as well as on inside store cupboard door in classrooms.

5. Every endeavour will be made to have many staff trained in 'First Aid' on a 3-year rolling program. Some staff working in Reception class to be trained in pediatric first aid.

6. If drugs (medication) are brought to school they must be given to the school office, who will organise for them to be housed in:

- (a) A locked cupboard in the office area or
- (b) Staffroom refrigerator

7. Children with long- or short-term medical conditions which require oral prescription drugs must supply:

- **A signed consent form**
- **Original medication in a sealed container with the pharmacist directions on the label stating:**

(i) Patient's name
(ii) Dosage to be administered **at school**
(iii) Time of administration of medication (i.e. before/after lunch etc.)

Parents will be encouraged to ask for dosage three times a day that doesn't require school administration. Where possible, single dosages should be brought to school.

Administering medicine
No member of staff has any contractual obligation to give medicine, supervise a child taking medicine or assist in any treatment of a child requiring medicine.
Staff may volunteer to give medicine and assist with treatment. In this case they should be provided with suitable and sufficient training to enable them to carry out their voluntary duties safely and responsibly.

Any member of staff giving medicine should check
• the pupil's name;
• that there are written instructions provided by the parent or doctor;
• the prescribed dose and the expiry date of the medicine.

If there is any doubt about these details, or they are not provided, medication should not be given until the full details are known. The person administering should be confident that the medicine being administered is for the current ailment.

Each time a pupil is given medication a record should be made which the person administering the medication signs.

8. In the event of a student refusing to take medication the staff member will advise the parent and/or doctor as soon as possible. Staff will not force children to take medication.

9. All classroom teachers and learning assistants should make themselves aware of the medical conditions of their students and medication taken by the child and ensure that this information is shared with new staff as appropriate.

10. While every effort will be taken to look after children, parents are urged not to send sick children to school. **Children suffering from sickness or diarrhoea should not return to school until 48 hours clear of symptoms.**

If students become ill at school efforts will be made via emergency contact details to make the parent or designated carers aware, and if possible have the children collected from school.

11. If students have received first aid at school, parents should be made aware by:
(a) Direct phone call explaining all relevant details, **or**
(b) Information slip for minor occurrences of first aid, to explain to parents the nature of the accident and treatment. There is a separate form for head injuries. Forms are stored in accident books.

12. Asthmatic reliever sprays (e.g. Ventolin, Respolin) may be kept by children trained in the use of it. This practice must have parent endorsement. Other

inhalers, especially for younger children, must be kept with other medicines in the secure location. School holds emergency inhalers for use with children where prior permission has been received.

13. **Students who require medication for allergies**—whether triggered by food, insect bites, chemicals, or weather changes—must have an official Allergy Plan or Individual Healthcare Plan (IHP) in place. This document must detail the specific allergy, the required medication, and emergency procedures. Pupils' own emergency AAIs are kept in a named box in the relevant staffroom for each child.

For emergencies, **the school holds 4 emergency adrenaline auto-injectors (AAIs)** - 2 in each building, which can be administered by any competent member of staff:

- **Infant Building:** Two 150-microgram pens are located in the main office, on the top shelf of the cabinet.
- **KS2 Building:** Two 300-microgram pens are located in the School Business Manager (SBM) office, on the shelf above the computer.

Both storage boxes are clearly labelled and contain complete instructions for use.

14. **Non-prescription medicines**

Farsley Farfield Primary School will usually only allow medications onto the premises that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Staff should not give a non-prescribed medicine to a pupil **unless there are exceptional circumstances**. In these instances, there must be a specific prior written or verbal permission from the parents. Such consent will need to state the medicine and the dose to be taken. The parent should supply the medicine in the original packaging. Schools should not enter into an agreement to administer non-prescribed medicines on a regular basis.

Exceptional circumstances will be at the discretion of the Head teacher, Assistant Head teacher or an appointed first aider.

On Educational Residential Visits staff may give paracetamol or Calpol to children as needed. This will be based upon prior written and signed permission from the parent/carer of the child.

Where non-prescription medicine has been given, a strict system must be in place to ensure that a record is made of who received the medicine, what dose was given, who gave the medicine and when. The child's parent will be informed verbally or in writing on the same day (or on return from a Residential trip) that the medicine is given. It should inform them that a specified non-prescription

medicine has been given, at what time and at what dose. The pupil must be supervised whilst s/he takes any non-prescription medicine.

If a pupil suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the pupil's GP.

NO pupil under the age of 16 should be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

The UK Medicines Control Agency has recommended that children under 16 should not be given aspirin, because of its links with Reye's syndrome, the rare but potentially fatal disorder found almost exclusively in children and adolescents.

The use of aspirin by children under 12 has been banned in the United Kingdom since 1986, and the Committee on Safety of Medicines warned that it should also be avoided in children up to 15 if they were feverish.
Source: This has been adapted from 5.3 of the Leeds City Council Guidance Note PG505 'Guidance on Medications in schools.

15. Parents have a responsibility to notify the school if their child is diagnosed with a contagious illness. The school will then notify the parents of children whom have reduced immune system capabilities due to medical treatment for their own medical conditions.

16. Staff members are required to record all first aid administered to students, staff and parents in the accident book and that those of a major nature are to be forwarded to Education Leeds on form CF 50 available in the school office. Head injury notes and minor first aid record forms are available from the accident books and must be forwarded to parents. Accident books are found in the cabinet by the Y1 door, the FS corridor, the door to the KS2 reception desk and the KS2 middle cloakroom.

17. In cases of emergency where further medical support is required and no contact can be made with the emergency contacts, a member of school staff will accompany the pupil to the hospital.

18. Disposal of medicines
Where possible, the parent or carer of the child for whom the medicine was provided should collect all empty containers, surplus medicines and out of date medicines, except 'sharps' that should be disposed of using the specialist container in the south office.

Where any medication is not collected, this will be disposed of by staff in line with regulations. School may seek advice from the Council's Environmental Health Waste Disposal Service before disposal of any items. Pharmaceuticals are classed as "Special Wastes" under environmental legislation and as such disposal must be in accordance with the requisite Regulations.

Appendix 1 List of staff with first aid qualifications published
Appendix 2 Medicines consent form
Appendix 3 Medication register form for prescription medication

RESOURCING

• The responsible staff members (Rachel Hawkhead and Rebecca Myers) will analyse the first aid consumables needed for the following year and will discuss with others any improvements/additions as to resourcing for the following year.

EVALUATION

The school records all incidences requiring first aid. An analysis of the data on a termly basis provides the school with data on accident locations, type, time of day and severity of injury. This will allow for possible modification to areas or operations in the school that are resulting in regular accidental injury.

Appendix 1

Staff qualified with 3-day First Aid at Work as of Sept 2026:
Rachel Hawkhead (to renew by Nov 2028)
Rebecca Myers (to renew by Jan 2029)
Amelia Barraclough (to renew by Jan 2029)

Staff qualified with paediatric first aid:
Eleanor Paine
Helen Dennison
Rachel Stevenson
Rajwinder Kaur
Rebecca Dickinson
Tracie Powell
Betsan Scotter
James Nehaul

Staff qualified with Emergency First Aid at Work and Emergency Paediatric First Aid (1 day):
Amy Kenvyn
Andrea Tomlinson
Claire Littlewood
Danielle Teasdale
Emily Jones
Emma Tomlinson
Fran Barker
Hannah Kumar
Helen Smith
Kat Dobkin
Kate Midwood
Kathryn Lace
Katy Cave
Liz Cullen
Marie du Preez
Nic Beevers
Peter Harris
Phillippa Levett
Salma Begum
Tricia Higgins
Vicki Connolly

All classroom, admin, lunch and kitchen staff have completed Allergy and Anaphylaxis training in September 2026.

Appendix 2

Medicines Consent and Disclaimer

LEEDS CITY COUNCIL
Farsley Farfield Primary School

We understand that you have been given medical advice about your child. This advice requires the administration of medication whilst your child is at school. Where necessary the Council will authorise the training of its staff so that medication of a special nature can be given. This training will be given by professionally trained persons.

The Council will not be held liable for any injury or death arising directly or indirectly from or out of the administration of the prescribed medication by appointed staff members, other than through the Council's negligence.

I acknowledge the above. Date .....

SIGNED .....

Parent/Guardian of ..... Pupil

Class _____

Name of medicine _____

Dosage and time to be taken _____

For how long? _____

Any known side effects? _____

Appendix 3 Farsley Farfield Primary School –Prescribed medication register

Name	Medication and dosage	Time, Date signed	Medication and dosage	Time, Date signed	Medication and dosage	Time, Date signed