Dundale Primary School & Nursery

'Learning, Exploring, Reaching for Success'

First Aid and Managing Medicines in School Policy

Policy Review	
Review schedule	2 years
Date of Last Review	September 2026
Date of Next Review	September 2028

Dundale Primary School is committed to equality of opportunity for all pupils, staff, parents and carers. This policy has been written and reviewed with due regard to the Equalities Act 2010.

This policy should be read in conjunction with the following policies:

- Supporting Pupils with Medical Needs Policy
- Anaphylaxis and Allergy Policy
- Nut Policy

First-aid procedures

At Dundale Primary School, we recognise the importance of providing adequate and appropriate first aid equipment and facilities for all children, teaching, non-teaching staff and visitors to the school, and will take all reasonable practical steps to fulfil our responsibility.

During lessons:

Any minor incidents that occur during class time should be dealt with by the class teacher or TA. If the floor needs to be cleaned, the school office needs to be informed. Further assistance should be sought if the incident is deemed to be more major. If the emergency services are required, staff will make the necessary phone call and inform the Headteacher, Deputy or member of the SLT immediately.

During Playtimes and Lunchtimes:

Any playtime injuries should be assessed by the member of staff on duty who will decide if the child needs further medical attention. Members of staff have basic first aid kits which are kept in the classroom and should be out at break and lunchtime. If there are concerns about the injury or there is a bumped head, the child should come to the school office to be assessed further. Accidents that occur in EYFS will be dealt with by the staff on duty. See section on reporting and recording to inform parents/carers.

Intimate care

We seek to strike a balance between protecting the pupils' modesty and ensuring staff are compliant with the safeguarding procedures in line with our policy on intimate care.

If a child needs changing due to a toileting accident, injury or sickness, parents will be informed wherever possible. Our priority is to ensure children are comfortable and clean. Where a pupil is distressed or has issues linked to toileting, dressing or undressing, parents will be consulted.

Transport to hospital

If it is necessary for a pupil to go to hospital, the parents/carers will be informed immediately. If the parents/carers are unavailable to accompany the child, a member of staff will be designated to travel with the pupil.

Recording and reporting

- All incidents that require medical attention are recorded on CPOMs.
- In the event of a head injury, a text will be sent home and recorded on the school CPOMs.
- A phone call will also be made to the parent/carer by a member of staff if they feel the head bump or injury was significant.
- Any medication taken by a child or given to a child will be recorded on CPOMs
- Any major injuries to children should be reported to HCC.
- Trudi Fryer (Office Manager) will provide the necessary RIDDOR (Reporting Injuries, Diseases and Dangerous Occurrences) forms to be filled in.
- The office also has an Accident Book to be filled in for staff injuries

Training
A central record of all training related to first aid is held by the School Office. This is reviewed annually to ensure that training is renewed within timescales.

Sending children home
If a child has been sick or is deemed too ill to remain at school, a phone call to the parent or carer will be made in order for the child to go home. Prior to the phone call being made the Headteacher, Deputy or member of the SLT must be informed. This is so that the absences can be monitored to encourage all children to have a good attendance, ensuring their continuous access to education. Children going home will wait in the classroom, being closely monitored, until an adult reports to Reception to pick them up. Children will then be accompanied to reception and signed out before leaving the premises.

Training
- Staff must not administer medication or undertake healthcare procedures without appropriate instruction, information and training. This should be proportionate to risk and in line with any specific requirements detailed in pupil's individual health care plans (IHCP).
- If any specific training need is identified as a result of the IHCP (e.g. in relation to diabetes, anaphylaxis etc.), the School Nursing service should be contacted for advice and provision in the first instance.
- In order to continue to meet the care needs of individual pupils', the school will plan for the potential impact of staff absence, off site visits, extra-curricular activities etc. when determining the numbers of staff to be trained.
- It should be ensured that an appropriate level of insurance and liability cover is in place. Dundale Primary School is covered by RPA meaning that trained staff would be covered for 'common' treatments such as the administration of oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.
- For pupils with significant medical needs, school will contact RPA for further advice and to ensure coverage.

Administration of medication:

- School will request pupil medical information and updates regularly. The onus is on parents/ carers to provide relevant and adequate information to school staff.
- Parents/carers are encouraged to provide support and assistance in helping the school accommodate pupils with healthcare needs. However, it is not generally acceptable to require parents/carers to attend school in order to administer medication or provide other medical support.
- Medication will only be administered by school staff when it would be detrimental to a child's health or school attendance not to do so.
- A documented record of **all** medication administered (both prescribed and non-prescribed) is kept on CPOMs
- No child under 16 should be given any medication without their parent's written consent, except in exceptional circumstances.
- Pupils with an IHCP will have these reviewed regularly or sooner if the child's needs have changed in the interim. Details of medication requirements (dose, side effects and storage) should be detailed in the IHCP.
- When parents provide updates to school, the admin team informs the Inclusion Team who updates the content of pupil's IHCPs (triggers, medication, risks, emergency actions etc) before sharing with the class teaching team.

Prescribed Medication

- Where possible, medication should be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. Parents/carers should be encouraged to ask the prescriber about this.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- School will not accept medicines that have been taken out of the container nor make changes to prescribed dosages on parental instruction. In all cases it is necessary to check:
    - Name of child
    - Name of medicine
    - Dosage
    - Written instructions (frequency of administration, likely side effects)
    - Expiry date

Controlled Drugs

- Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act 1971. This school has chosen not to administer controlled drugs. Parents of a pupil who is prescribed a controlled drug are asked to contact the Headteacher.

Non-prescription medication

- Where non-prescription medicines are administered e.g. Piriton for allergies, written consent will be obtained from parents / carers.
- A member of staff will administer the medication and inform parents/carers.
- The administration of non-prescribed medication will be recorded in the same manner as for prescribed.
- Staff will also check the maximum dosage and know when any previous dose was given. If this information is not known, medication will not be administered.

Refusing medication

- If a child refuses to take medication, staff will not force them to do so, but note this in the records and inform parents/carers as soon as possible.
- If a pupil misuses their medication, or anyone else's, their parent/carer will be informed as soon as possible.

Storage of medication and equipment at school:

- The school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc. are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils will know exactly where to access their equipment. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHCP in agreement with parents/carers.
- Protocols are in place to ensure that pupils continue to have access to emergency medication in situations such as a fire evacuation etc.
- School will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin which will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to collect all medications/equipment at the end of the school year, and to provide in-date medication at the start of each year.

- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

Record keeping:

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transition arrangements between schools.
- This school uses an IHCP to record the support an individual pupil needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designated member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHCP.
- School may also use an BSACI Allergy Action as IHCP for children with asthma or anaphylaxis as a medical condition.
- School has a centralised list of all medical needs (SIMS) as well as individual class overviews. Admin staff maintain the list of all medical needs.
- IHCPs are regularly reviewed whenever parents/carers inform the school that the pupil's needs have changed.
- The Inclusion Lead, parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHCP. Other school staff are made aware of and have access to the IHCP for the pupils in their care.
- School makes sure that the pupil's confidentiality is protected.
- School seeks permission from parents/carers before sharing any medical information with any other party.
- School keeps an accurate record of all prescription medication administered, including the dose, time, date and supervising staff through CPOMs
- Please see the Appendices A – C below for Dundale Primary School templates.

Disposal

- Any unused medication is returned back to the parent/carer when no longer required. If this is not possible, it should be returned to a pharmacist for safe disposal.
- When required, approved sharps containers will always be used for the disposal of needles or other sharps. These will be kept securely at school (e.g. within first aid /medical room) and if necessary provision made for off-site visits. All sharps boxes to be collected and disposed of by a dedicated collection service in line with local authority procedures.

Offsite visits and PE

- Pupils with medical needs are encouraged to participate in off site visits. All staff accompanying such visits should be aware of any medical needs and relevant emergency procedures.
- Where necessary, individual risk assessments should be conducted as part of the trip planning process.
- It should be ensured that a trained member of staff is available to administer any specific medication (e.g. adrenaline pen etc.) and that the appropriate medication is taken on the visit.
- Medicines should be kept in their original containers.
- Specific advice for off site visits is provided by the Outdoor Education Adviser's Panel (OEAP) guidance doc 4.4d covering medication.
- Any restrictions on a child's ability to participate in activities such as PE should be recorded in their IHCP.

- If any adjustments to activities or additional controls are required these should be detailed via an individual risk assessment or in daily use texts such as schemes of work / lesson plans to reflect differentiation / changes to lesson delivery.
- Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

Additional information

- DFE Statutory Guidance Supporting Pupils with medical conditions at school

Advice on medical issues should be sought from the designated school nurse, the schools local Primary Care Trust (PCT), which includes guidance on communicable diseases, NHS Direct or from the SEN Advisors.

Appendix A

Parent Consent Form to administer medication to their child

The school will not give your child medicine unless you complete and sign this form.

Name of school	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Please note:

Medicines must be in the original container as dispensed by the pharmacy.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/setting 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.

Signature(s) Date

Appendix B Medical Information - Asthma

(to be completed annually)

Child's Name		Date of Birth		
Address		Home Phone		
		Mobile		
		Work		
GP Address		GP Name		
		GP Phone		
When was your child diagnosed with Asthma?				
What triggers your child's asthma (if known)				
Is your child's asthma (*please tick)*		**Mild** ***Uses reliever blue inhaler occasional***	**Moderate** ***Uses preventer and occasional blue inhaler***	**Severe** ***Uses preventer, regular reliever and other medication***
How many times (if any) has your child attended the A&E department with an acute asthma attack of the last year?		Not attended	Once of more	How many times?
Who monitor's your child's asthma (if under the hospital please give name)				
How often is your child seen by the hospital / GP / Practice Nurse		Only when they have an asthma attack	On a 3-6 monthly (or more frequent basis)	Annual Check Up by GP
What inhalers / medication has been prescribed		Reliever *(please name)*	Preventer *(please name)*	Any other *(please name)*

2024/2025

Name	
Class	
Name of reliever inhaler	
Frequency of use	
Does your child need his/her reliever inhaler before PE/sport?	(please circle) YES NO
If yes, how many puffs?	
Does your child need any help to take their inhaler	(please circle) YES NO
Does your child have a clear understanding as to when he / she needs to use their Inhaler	(please circle) YES NO
Does your child use a spacer when using their inhaler?	(please circle) YES NO
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 by the school for such emergencies.	(please circle) YES NO
Any additional instructions	
Signed (parent)	
Date	
Review date	

Any inhalers should be in their original box from the prescription but must be clearly labelled with your child's name and date of birth, and remind you that it is the parents/carers responsibility to ensure that inhalers are in date and replaced as needed.

Appendix C

Dundale Primary School Record of Medicine administered to all children (to be taken on trips / residentials)

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name