First Aid and Managing Medication Policy Autumn 2026

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Version Control

Change Record

Date	Author	Version	Section	Reason for Change
Aug 23	J Buckley	1		First Aid policy and Administration of Medication policy combined into one to be used as template for all EET school.
March 2025	J Buckley	2	11	New section on Non-prescribed and over the counter medication.
August 2025	J Buckley	3	12.8, 13.10-13.12, 14.4	More clarity given in these areas and added free training link on asthma
August 2026	J Buckley	4	1 11 12 14 1	Legislation updated Clarity on administration of non-prescribed medication Section on controlled drug use More on allergies given new DFE guidance

Mission Statement

The Epworth Education Trust is a Multi-Academy Trust established with the aim of providing outstanding learning and opportunities for the children within its care.

Children are our nation's most precious resource. Their school life and learning experience will shape them for the whole of their lives.

Safeguarding Statement

At the Epworth Education Trust, we recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.
We work to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection, and justice.
The procedures contained in the Safeguarding Policy apply to all staff, volunteers, and governors.

Our School Vision

We are a loving, inclusive family, rooted in our Christian Values and nurturing ethos. We provide a positive learning environment where all children can achieve their full potential.



Our Mission

Westleigh Methodist is a family in which everything we do is built upon our Christian values and ethos. We endeavour to create a place where everyone feels happy, nurtured, safe and valued. We will foster a sense of high-self-esteem, love of learning and enquiring minds. We aim to equip pupils to become good citizens with high aspirations and an understanding of the part they play in our society. Our creative and exciting curriculum will lead to achievement for all and children reaching their full potential and becoming life-long learners.

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Statement of intent

Westleigh Methodist Primary School is committed to providing emergency first aid provision to deal with accidents and incidents affecting staff, pupils, and visitors and to ensure that any medication required is administered safely and correctly ensuring robust record keeping is in place.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils, and visitors.

This policy aims to:

- Ensure that the school has adequate, safe, and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident, or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

1. Legislation & Guidance

1.1. This policy has due regard to legislation and statutory guidance, including but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- School Premises (England) Regulations 2012
- Education (Independent School Standards) Regulations 2014
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- (RIDDOR) 2013
- DfE (2015) 'Supporting pupils at school with medical conditions.
- DfE (2000) 'Guidance on first aid for schools'
- DfE (2019) 'Automated external defibrillators (AEDs)'
- DfE (2021) 'Statutory framework for the early years foundation stage'

1.2. The policy is implemented in conjunction with the following Trust and school policies:

- Health and Safety Policy
- Infection Control Policy
- Supporting Pupils with Medical Conditions Policy
- Allergen and Anaphylaxis Policy
- Child Protection and Safeguarding Policy

2. Accidents and First Aid

2.1. The Epworth Education Trust and its schools acknowledges their responsibility to ensure there are procedures and arrangements in place for first aid during school hours, out of hours activities and off-site activities (e.g., educational visits or parents evenings.

2.2. They will ensure:

- First aid is only provided by trained first aiders and that ratios of first aiders are sufficient based upon the first aid needs assessment.
- First aiders keep their training up to date.
- There is a recognised system in place to deal with the reporting, recording and investigation of incidents and accidents.
- There is a recognised system in place for reporting work related injuries, diseases, and dangerous occurrences under the RIDDOR Regulations.
- Adequate first aid equipment is provided.
- All staff are aware of the location of first aid kits, and they are replenish appropriately (see appendix B) including emergency inhalers.
- First aid kits including emergency inhalers fare provided or all school trips.

2.3. Staff do not act 'in loco parentis' in making medical decisions as this has no basis in law – staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind – guidelines will be issued to staff in this regard.

2.4. The Health and Safety (First Aid) Regulations, 1981 cover all employees, teaching and non-teaching in schools and education establishments. Pupils and students are not covered by the regulations, but these must still be considered.

2.5. Headteachers shall undertake a first aid needs assessment **annually** to determine the schools required provision, taking into consideration the circumstances of the site, the nearest hospital, the medical needs of the pupils and employees and the hazards and risks that may be present.

2.6. The DfE recommend that schools have suitable first aid facilities and sufficient trained persons, normally 1 First Aider for every 50 employees. In estimating additional provision sufficient to cover pupil numbers, 1 First Aider for every 150 pupils is normally held to be a reasonable ratio, however this depends on the First Aid Needs Assessment.

2.7. Where a premises comes under the remit of the Early Years Foundation Stage framework (EYFS), there is a mandatory provision for schools and early years providers in Ofsted registered settings attended by young children to provide at least **1 Paediatric First Aider.** To maintain cover these premises should ensure that they have a minimum of 2 Paediatric First Aiders. All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work to be included in the required staff: child ratios at level 2 or level 3 in an early year setting.

2.8. Where the first aid needs assessment identifies that a designated first aider is not required. E.g., out of school hours where there are limited staff working, then the school will appoint a person to take charge of the first aid arrangements. The appointed persons do not need to have a first aid qualification although they may benefit from training such as completing at least an emergency first aid at work course. Their role is to:

- take charge when someone is injured or becomes ill.
- ensure that an ambulance or other professional medical help is summoned when appropriate.

3. First Aiders

3.1. The main duties of first aiders will be to administer immediate first aid to pupils, staff, or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

3.2. They will also ensure the appropriate records are kept of any first aid administered.

3.3. The school will ensure that all first aiders hold a valid certificate of competence, issued by a HSE-approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

3.4. First aid notices will be displayed in office, SLT office, staff room with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury.

3.5. The current first aid appointed person(s) are listed on Smartlog under Information, Their first aid qualification and its expiry date is also listed.

3.6. All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role. When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Normal duties – a first aider must be able to leave to go immediately to an emergency.

4. First Aid Provision

4.1. The school will have suitably stocked first aid boxes in easily accessible places in-line with assessment of needs.

4.2. The school first aid boxes are located in the following areas:

- At glass doors to the playground
- In all classrooms

4.3. The first aid box is regularly replenished by Sally Robinson and should contain the minimum provision first aid items as per HSE guidance where there is no special risk identified:

- a leaflet giving general advice on first aid – HSE information is available
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings.
- 2 large sterile individually wrapped unmedicated wound dressings.
- 3 pairs of disposable gloves

4.4. Where tap water is not readily available for eye irrigation, sterile water or sterile normal saline in sealed disposable containers should be provided. Each container should hold at least 300 ml.

4.5. All expiry dates should be checked and replace as necessary

4.6. Additional materials such as foil blankets, disposable aprons, individually wrapped moist wipes can be contained should the first aid needs assessment indicate their requirement.

5. First Aid Procedures

5.1. Whilst carrying out first aid, first aiders must adhere to the following procedure:

Minor Injuries:

- Ensure any cuts or broken skins are covered with waterproof or other suitable dressings.
- Welfare/Support staff should report any injuries to the appropriate member of the teaching staff in order that they are aware of the situation.
- Any teacher who is concerned about the condition of a child after an accident should inform a member of the senior leadership team. They will decide as to whether it is necessary to contact parents.
- Bumps to the head may be potentially serious and the effects are not always immediate. Parents of the pupil should always be informed about serious head injuries by phone and observation needs to be undertaken in class. Minor head injuries should be monitored by the class teacher and an accident slip completed to go home with a text message sent to parent.

Serious Injuries / Illness:

- Contact a First Aider and inform the Headteacher.
- A first aider will assess the situation and take charge of first aider administration.
- If hospitalisation is required, then an ambulance should be summoned. It is desirable if reasonably practicable for a responsible adult to accompany the child or adult taken from school by ambulance. If this is impossible, a brief note giving details of the accident/illness together with the child's name and address should be given to the ambulance crew and the parents informed as soon as possible.
- In some cases, it may be more appropriate to take the injured to the Walk-in centre. In this case, the parent or next of kin must be contacted, where they cannot be contacted the injured should be taken by the school.
- If being transported, there must be at least two adults available to take the injured person – one to drive and one to attend the child/adult.
- On no account should urgent treatment be delayed pending the arrival at school of parents or next of kin.
- Ensure that no further injury can result from the accident.

- It is important to attend to any pupils and/or staff who may have witnessed the illness, accident, or its aftermath and who may be worried, or traumatised, despite not being directly involved. Younger or more vulnerable pupils may need parental support to be called immediately.

6. Accident Reporting

6.1. Schools have a duty to record -

- All **staff** accidents and injuries (including those arising from a pupil) should be recorded on Smartlog. These should include any accident at any location whilst on school business.
- All **member of the public** (eg. contractors, kitchen staff, parents) should be recorded on Smartlog if occurred on school premises.
- All **pupil** accidents and injuries. These should include any accident at any location whilst on school business. If a general slips and trips, bumps to the heads, these should be recorded on a an accident Log form/book/first aid form. Accidents that involve the child's parents being called to collect the child whether or not hospital treatment is needed or not, should be recorded on Smartlog and also a 1st aid slip to go home with parent.

6.2. **Minor Injury** - All minor injuries which occur to children whilst in the care of school should be recorded in a Accident Log Book located with first aid kits. Parents must be informed when First Aid has been carried out by sending the slip home.

6.3. **Pupils Serious Injury, All members of the public, All Adult injuries, Near Misses** -

6.3.1. Record the injury and first aid administered in the ***Accident Log Book.***

6.3.2. Record the injury/near-miss onto Smartlog by the witness and/or First aider. The Headteacher must then carry out an investigation and report to RIDDOR if applicable.

6.3.3. The injury should be report to Riddor in the following instances:

Employee

- Fracture (apart from broken toe/finger)
- Injury resulting in more than 7 days off work
- Other specified injuries – blindness, severe burns, crush injuries, loss of consciousness due to head injury
- Accidents that result in death

Pupil or member of the public (eg. parent, contractor)

- The death of the person, and arose out of or in connection with a work activity
- 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).

6.4. The Trust Central Team should be informed of a serious injury to a pupil, member of the public or staff that results in an ambulance or another emergency service being called.

6.5. For further guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools click here

7. Accident Investigation

7.1. Where necessary accidents, incidents and near-misses will be investigated by the Headteacher, and the outcomes recorded. Information regarding the lead up to the accident, the building structure, external factors, and action taken after the accident will all be recorded. A root cause analysis must be undertaken.

7.2. After an investigation takes place, a risk assessment will be carried out, or the existing assessment amended, to avoid reoccurrence of the accident.

7.3. Headteachers and the School's delegated Health and Safety Officer must undertake training on accident reporting and investigation at least every 3 years.

8. Automated External Defibrillators

8.1. Each school has an automated external defibrillator.

8.2. The AED is located next to the lift.

8.3. All staff members and pupils are aware of the AED's location and what to do in an emergency.

8.4. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.

8.5. The emergency services will always be called where an AED is used or requires using.

8.6. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

8.7. Maintenance checks will be undertaken on AEDs on a **monthly** basis, with a record of all checks and maintenance work being kept up to date by Gayle Clayworth on Smartlog.

9. Consent

9.1. Parents will be asked to complete and sign a ***medical consent form*** when their child is admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.

9.2. This form in addition to the ***Administration of Medication form*** will be used also to assist where required in completing Individual Healthcare Plans and taking of short-term medication.

10. Managing Prescribed Medication

10.1. Often as part of a pupils Individual Healthcare plan or due to short-term illness, medication will need to be administered including the use of inhalers for asthma and epi-pens for allergies.

10.2. The school will follow the procedures below to ensure all prescribed medicines are managed safely:

10.2.1. Before medication can be given the parent/guardian (not a friend or relative) of the child must complete an Administration of medication form and the medicine handed in to the office.

10.2.2. Staff must have training if the administration of medicine requires medical or technical knowledge

10.2.3. It is the responsibility of parents to notify the school if there is any change to medication including dosage amounts.

10.2.4. Only medication that is required at specific times or needed more than 3 times daily can be given by the school.

10.2.5. Pain relief medicines are never administered without first checking when the previous dose was taken, and the maximum dosage allowed.

10.2.6. Medication can only be accepted in school if it is delivered in its original container. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

10.2.7. Only reasonable quantities of medication should be supplied to the school (e.g., max of 4 weeks supply at any one time)

10.2.8. On administering medicine, staff must check the following on the prescription label/administration of medicine form/record of medicine form:

- Pupils name
- Dosage
- Name of medication
- Frequency of dosage
- Date of dispensing
- Storage requirements
- Expiry date
- The last time medication was taken on the record form.

10.2.9. Medication requiring invasive procedures (e.g., Drugs requiring injection or

rectal application) will only be administered by staff that have been fully trained.

10.2.10. Sharp boxes are to be used for the disposal of needles and other sharps.

11. Managing Non-Prescribed/Over the Counter Medication

11.1. In accordance with the British Medical Association guidance, non-prescription or over-the-counter medication does not need a GP signature or authorisation for a school, nursery or out of school club to give it.

11.2. However, the school will only administer non-prescription medicines in the following situations:

- When instructed by a medical professional and parental consent has been obtained. In these cases, school will purchase Calpol and Piriton for emergency purposes and keep in a safe place.
- To assist with attendance and the medication is brought in by the parent and written parental consent is given.

11.3. Where the non-prescriptive medication can only be taken 3 times a day, the school will not administer as it is expected the medication can be administered at home.

11.4. All non-prescription medicines must be in date and supplied in their original packaging and container with manufacturer's guidance leaflet included. Staff will consider guidance from the manufacturer and parents before administering medicines.

11.5. Non-prescribed (over the counter) medication will not be administered for longer than 48 hours without authorisation from a medical practitioner.

11.6. A separate authorisation letter is required for each bout of illness/sickness when non-prescribed medication is required, irrespective of the length of time between the illnesses.

11.7. Where non-prescription medicines are administered on an 'as required' basis, staff will always contact the parent prior to administering to:

- Update the parent on the child's health
- Check the time of last dosage
- To obtain consent before administering

This will be carried out with a witness present and the conversation must be logged.

11.8. Non-prescription medicines, e.g., for pain relief, should not be administered without first checking maximum dosages and when the previous dose was taken.

11.9. No pupil under 16 years of age will be given medicine containing aspirin unless prescribed by a doctor.

11.10. If a child/young person is deemed too unwell to be in school/attend the setting they should be advised to stay at home or be sent home if they are too unwell to attend.

12. Administering, Storage and Recording Medication

12.1. All medication will be kept in a locked medical cabinet unless it is needed to be kept in a fridge. If this is the case, the fridge located in the school office will be used.

12.2. It may be necessary for some medicine to be readily available in an emergency and should not be locked away in the office. Relevant school staff and if appropriate, the pupil should know where the medication is kept.

12.3. Any medication given will be recorded on a **Record of medicine administered form** with information on date, time, dosage, administrator and witness with any additional comments if required.

12.4. These forms will be kept in the medication file located in the school office.

12.5. Designated Staff will administer the medicine to the pupil. This will ensure cover arrangements in case of staff absence. This must be witnessed.

12.6. Where it is appropriate to do so, pupils will be encouraged to administer their own medication under staff supervision.

12.7. No child will be forced to take medication but refusal to take medication will be referred to parents. If emergency medication is refused, it may be necessary to contact the ambulance service.

12.8. If staff who administer medicine are concerned about any aspect of its administration, they must not administer it and seek further advice from the Headteacher.

12.9. Medication requiring invasive procedures (e.g., Drugs requiring injection or rectal application) will only be administered by staff that have been fully trained.

12.10. Sharp boxes are to be used for the disposal of needles and other sharps.

12.11. Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

12.12. Where a child requires medication to be administered on a trip/visit/overnight stay, it is the responsibility of the trip/visit organiser to assess the practicalities and risks of administering medicine. Where the child's medical needs are more complex, a full risk assessment must be carried out in consultation with the designated employee, parents, pupils, and advice from the relevant healthcare professional.

12.13. Where medicines are no longer required, they will be returned to parents for safe disposal.

13. Asthma & Inhalers

13.1. Members of school staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences.
- Younger pupils may express feeling tight in the chest as a 'tummy ache'.

13.2. Before inhalers can be given the ***Inhaler Consent form*** must be completed by the parent/guardian of the child and the inhaler handed in to the office.

13.3. Inhalers will be kept in the child's classroom so are always readily available to the child.

13.4. A record should be kept if the inhaler has been used and the parents informed via the ***First aid form.***

13.5. When the child goes on a trip/visit/overnight stay, it is the responsibility of the trip/visit organiser to ensure the child's inhaler is taken and kept secure.

13.6. The expiry dates of inhalers should be checked by the class teacher every term to ensure they are still in date.

13.7. Every school within the Epworth Education Trust keeps a salbutamol inhaler for use in emergencies when a pupil's own inhaler is not available. This is kept in the school office first aid box. Two plastic compatible spacers are supplied with the inhaler.

13.8. The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.

13.9. In the event, there is no consent, and the parent cannot be contacted the practise would be to phone 999 and explain that the child is suffering a suspected asthma attack and whether the school had an emergency inhaler on site. We would then follow the operator's advice as to whether to administer the inhaler.

13.10. Spacers must be disposable and not be reused and may be given to the pupil for future home-use.

13.11. Emergency inhalers may be reused.

13.12. Appropriate support and training will be provided for relevant staff on the use of the emergency inhaler and administering the emergency inhaler. There si free government training on Supporting Children and Young People's Health: Improving Asthma Care Together

13.13. Emergency Inhalers kept in the school office must be taken out on every evacuation.

14. Allergies & Adrenaline auto-injectors (AAIs)

14.1. If a pupil declares an allergy (food, animal, seasonal), a meeting will take place between the school and the parent to discuss in detail their allergy including the severity, symptoms and medical attention required. An Individual Healthcare Plan (IHP) will be completed if require based on the severity of the allergy.

14.2. The following symptoms are experienced if a person is suffering a severe allergic reaction (Anaphylaxis):

- Persistent cough
- Hoarse voice
- Difficult or noisy breathing
- Persistent dizziness
- Becoming pale or floppy
- Suddenly becoming sleepy, unconscious, or collapsing.
- Fast Heartbeat
- Difficulty swallowing or swollen tongue or throat.
- Confusion & anxiety
- Signs of shock

14.3. Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession, if agreed in the IHP or their device will be held in their classroom locked first Aid box.

14.4. In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised and will call for help from a designated staff member. If the pupil is struggling to breather, their shoulders should be raised or they should sit up slowly.

14.5. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the

nearest staff member will administer the AAI.

14.6. The emergency services and parent/next of kin will be contacted immediately. Where any AAIs are used, the medication does and by whom will be recorded on ***a first aid form.*** For children under the age of six, a dose of 150 micrograms of adrenaline will be used. For children aged 6-11 years, a dose of 300 micrograms of adrenaline will be used. For children and adults aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.

14.7. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

14.8. In the event of a school trip, pupils at risk of anaphylaxis will take their own AAI with them.

15. Record Keeping

15.1. Written records are completed and kept of all medicines administered to pupils.

15.2. Record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

15.3. A Designated Staff Member will check the medication file termly to archive any pupil records that are no longer relevant (e.g., No longer needs medicine) and to send home any unused medicine with the parent.

16. Monitoring and Review

16.1. The Epworth Education Trust actively monitor systems prior to accidents, ill health or incidents taking place; this involves regularly checking compliance procedures and the achievement of objectives. Our procedure for actively monitoring our system includes:

- Annual audits, including fire risk assessments and health and safety audits.
- Termly examination of documents to ensure compliance with standards.
- Termly inspection of premises, plants and equipment.
- Monthly reports and updates to the headteacher.
- External visits from Environmental Health and Ofsted.

16.2. Accident Investigations and near misses are reported termly to the Local Advisory Board. Any RIDDOR incidents are reported to the Trustee Board.

16.3. The school's delegated Health and Safety Officer will undertake regular evaluations of all reported incidents both injuries and ill health. They will then identify patterns and trends to take corrective action and minimise the reoccurrence of any incident / illness. Results will be reported to the Local Advisory Board.

16.4. This policy will be reviewed annually, and any changes communicated to all members of staff.