PIERVIEW ACADEMY

FIRST AID AND ADMINISTRATION OF MEDICINES POLICY

Date Reviewed: September 2026

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1. Statement of Intent

The Executive Board believes that ensuring the health and welfare of staff, students and visitors is essential to the success of the schools.

We are committed to completing first aid needs risk assessments for every significant activity carried out. We will provide adequate provision for first aid for students, staff and visitors. We ensure that students and staff with medical needs are fully supported at school and suitable records of assistance required and provided are kept. First-aid materials, equipment and facilities are available, complying with BS 8599-1 standards according to the findings of the risk assessment. Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that our schools are appropriately insured and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the schools office/medical room. In order to manage their medical condition effectively, the schools will not prevent students from eating, drinking or taking breaks whenever they need to.

The schools also have a Control of Infections Policy and a standalone Allergen and Anaphylaxis Policy which are relevant and all staff should be aware of.

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

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

Distribution of copies

Copies of the policy and any amendments will be distributed to the Head Teacher, Health and Safety Representatives, All Staff, Board members, and the Administration office.

2. Roles and Responsibilities

2.1 The Executive Board

2.1.1 The Executive Board has ultimate responsibility for health and safety matters - including First Aid in the school.

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

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

2.2 The Headteacher

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

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

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

2.2.4 Ensuring all staff are aware of first aid procedures.

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

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

2.2.7 Ensuring that adequate space is available for catering to the medical needs of students.

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

2.3 The Lead First Aider (s) and Healthcare Professional

2.3.1 Ensure that students with medical conditions are identified and properly supported in the school, including supporting staff on implementing a student's Healthcare Plan.

2.3.2 Work with the Headteacher to determine the training needs of school staff.

2.3.3 Administer first aid and medicines in line with current training and the requirements of this policy.

2.3.4 Periodically check the contents of each first aid box and any associated first aid equipment and ensure these meet the minimum BS 8599-1 requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.

2.3.5 Assist with completing accident report forms, near-miss logs, and investigations.

2.3.6 Notify SMT when going on leave to ensure continual cover is provided during absence.

2.4 Appointed person(s) and first aiders

2.4.1 The appointed persons are responsible for taking charge when someone is injured or becomes ill, ensuring there is an adequate supply of medical materials in first aid kits and replenishing their contents, and ensuring that an ambulance or other professional medical help is summoned when appropriate.

2.4.2 First aiders are trained and qualified to carry out the role and are responsible for acting as first responders to any incidents to assess the situation and provide immediate and appropriate treatment, sending students home to recover where necessary, filling in an accident report on the same day or as soon as is reasonably practicable, and keeping their contact details up to date.

2.5 Staff Trained to Administer Medicines

2.5.1 Members of staff in the school who have been trained to administer medicines must ensure that medicines are administered with written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. Wherever possible, the student will administer their own medicine under the supervision of a trained member of staff, but in cases where this is not possible, the trained staff member will administer the medicine. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly. Records must be kept of any medication given.

2.6 Other Staff

2.6.1 Ensuring they follow first aid procedures.

2.6.2 Ensuring they know who the first aiders in school are and contact them straight away.

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

2.6.4 Informing the Headteacher or their manager of any specific health conditions or first aid needs.

3. Arrangements

3.1 First Aid Boxes

3.1.1 The first aid posts (stocked to BS 8599-1 standards) are located in the first aid room, kitchen, main hall, Lifeskills kitchen, primary area, school vehicles, and trip first aid bags kept on reception.

3.2 Medication

3.2.1 Students' medication is stored in a locked cabinet in the first aid room. Emergency medicines (e.g. asthma inhalers, AAIs) are kept accessible and never locked away.

3.3 First Aid

3.3.1 In the case of a student accident, the member of staff on duty calls for a first aider, or takes the child to a first aid post and calls for a first aider if the child can walk. The first aider administers first aid and records details in our treatment book. If the child has had a bump on the head, they must be given a "bump on the head" note. Full details of the accident are recorded in our accident book. If the child has to be taken to hospital or the injury is work-related, the accident is reported to the Governing Body. If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), the Governing Body as the employer will arrange for this to be done.

3.4 Insurance Arrangements

3.4.1 Details of the school's insurance policies are displayed in the school reception. Those requiring further detail can contact the school's Managing Director or Finance Officer.

3.5 Educational Visits

3.5.1 In the case of a residential visit, the residential first aider will administer First Aid, and reports will be completed in accordance with procedures at the Residential Centre.

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

3.6 Administering Medicines

3.6.1 Prescribed medicines may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential, though most prescribed medicines can be taken outside of normal school hours. Wherever possible, the student will administer their own medicine under staff supervision, otherwise the staff member will administer it.

3.6.2 If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly. The Headteacher will be notified and, following a risk assessment, a decision will be made on whether the student should remain in school or be sent home.

3.6.3 In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given, with forms available in the school office.

3.6.4 Staff will ensure that records are kept of any medication given.

3.6.5 Non-prescribed medicines will only be administered with prior written parental agreement where refusal to do so would cause detriment to the student.

3.7 Storage/Disposal of Medicines

3.7.1 Wherever possible, children will be allowed to carry their own medicines/relevant devices or will be able to access their medicines in the school office for self-medication quickly and easily. Students' medicine will

not be locked away out of the student's access, which is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required to the parent for safe disposal.

3.7.2 Asthma inhalers will be held by the school for emergency use as per Department of Health protocols.

3.7.3 For full details regarding Emergency Adrenaline Auto-Injectors (AAIs) and anaphylaxis management, refer to the standalone Allergen and Anaphylaxis Policy.

3.8 Accidents/Illnesses requiring Hospital Treatment

3.8.1 If a student has an incident requiring urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany the child taken to hospital by ambulance if required.

3.8.2 Parents will then be informed and arrangements made regarding where they should meet their child, making it vital that parents provide the school with up-to-date contact details.

3.9 Defibrillators

3.9.1 A defibrillator is available in the school first aid room. First aiders are trained in the use of defibrillators and are aware of its location.

3.9.2 All staff are sent the training video on how to use the defibrillator in an emergency.

3.10 Students with Special Medical Needs – Individual Healthcare Plans

3.10.1 Some students have medical conditions that, if not properly managed, could limit their access to education, such as epilepsy, asthma, severe allergies resulting in anaphylactic shock, or diabetes. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities unless evidence from a clinician/GP states otherwise.

3.10.2 The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits, using a risk assessment to ensure inclusion.

3.10.3 The school will not send students with medical needs home frequently or create unnecessary barriers to participation, though staff may need to take extra care supervising certain activities to prevent risk.

3.10.4 An individual health care plan helps the school identify necessary safety measures to support students, recognizing that students with the same condition do not necessarily require the same treatment.

3.10.5 Parents/carers have prime responsibility for their child's health and should provide the school with medical details in conjunction with their GP and Paediatrician, while the Lead First Aider(s) and Healthcare Professional may provide additional information and training.

3.10.6 When first notified of a medical condition, the school will notify the lead first aider, consult with parents/carers, create a risk assessment, and complete all required actions. This plan will be in place for the start of term, or within two weeks of a new diagnosis or mid-term arrival.

3.11 Accident Recording and Reporting

3.11.1 First aid and accident record book procedures dictate that an accident form must be completed fully on the same day or as soon as possible after an injury incident, with a copy sent to parents and added to the student's educational record. Records will be retained for a minimum of 3 years under regulation 25 of the Social Security (Claims and Payments) Regulations 1979. Any medical near-miss or severe incident will automatically trigger a policy review.

3.11.2 Reporting to the HSE requires the Headteacher to record and report any accident resulting in a reportable injury, disease, or dangerous occurrence under RIDDOR 2013 within 15 days. Reportable incidents include death, specified injuries (such as fractures, amputations, loss of sight, severe burns, or loss of consciousness), over-7-day employee incapacitation, non-workers taken to hospital, and dangerous near-miss events.

3.11.3 Notifying parents requires the administering first aider to inform the parent/carer of any accident, injury, or treatment given on the same day.

3.11.4 Reporting to Ofsted and child protection agencies requires the Headteacher to notify Ofsted and the Local Authority of any serious accident, illness, injury, or death as soon as reasonably practicable, and no later than 14 days after the incident.

4. Conclusions

4.1 This First Aid and Medicine policy reflects the school's serious intent to accept its responsibilities in all matters relating to the management of first aid and medicine administration through clear lines of responsibility.

4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously, and regular reviews are carried out to check that systems meet policy objectives.

Appendix 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

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

3. State that the postcode is:

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

5. Give your name:

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone.

Appendix 2 - Health Care Plan

School	
Student Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who needs to know about the student condition and what constitutes an emergency?	
Action to be taken in emergency and by whom	
Follow Up Care	
Family Contacts **Names** **Telephone Numbers**	
Clinic/Hospital Contacts **Name** **Number**	
GP **Name**	

Number	
Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	
Transport Arrangements ***If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles***	
School Trip Support/Activities outside school Hours **(e.g. risk assessments, who is responsible in an emergency)**	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from the school. ***If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles***

_____

Appendix 3 - Parental agreement for school/academy to administer medicine

One form to be completed for each medicine.

The school will not give your child medicine unless this form is fully completed and signed.

Name of child _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine
(as described on the container) _____

_____

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the
school should know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:
Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

_____

I understand that I must deliver the medicine safely to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer's signature _____

Print Name _____

Date _____

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

Part A - Parent/Carer Authorisation

Name of child _____

Date of medicine provided by parent _____/_____/_____

Group/class/form _____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____

Part B - Records

Name of child _____

Name and strength of medicine _____

Dose and time medicine to be given * _____

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

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

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

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

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

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

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

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

Appendix 5 - Administration of medication during seizures

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____ D.O.B._____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

_____

_____

When to give medication: _____

_____

_____

Usual recovery from seizure: _____

_____

_____

Action to be taken if initial dose not effective: _____

_____

_____

_____

This criterion is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school/academy will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

Appendix 6 - Seizure Medication Chart

Name: _____

Medication type and dose: _____

Criteria for administration: _____

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

Appendix 7 - Emergency Instructions for Allergic Reaction (EpiPen® / Jext®)

Mild reaction symptoms include itching, mild facial swelling, and nausea. Severe reaction symptoms include breathing difficulty, throat swelling, floppy or pale condition, and collapse.

In an emergency, call 999 immediately and state ANAPHYLACTIC REACTION. Position the child lying flat, or sitting up if breathing is difficult. Administer the auto-injector into the outer thigh. For EpiPen®, swing and jab into the outer thigh and HOLD IN PLACE FOR 3 SECONDS. For Jext®, push firmly into the outer thigh and HOLD IN PLACE FOR 10 SECONDS. Remain with the child until the ambulance arrives, and contact the parent/carer

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Headteacher/Principal/Principal: _____Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____Date agreed: _____

Signed Paediatrician/GP: _____Print Name: _____

Care Plan written by: _____Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check expiry date of EpiPen® every few months

Appendix 8 – Note to parent/carer for medication given

Note to parent/carer

Name of school_____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Appendix 9 - STAFF TRAINING RECORD

Name	Job Title	Name of Training Course	Date Undertaken	Date Refresher Required	Date Refresher Undertaken

Further Guidance

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

- HSE
  https://www.hse.gov.uk/
- The Health and Safety (First-Aid) Regulations 1981
  https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made
- Department for Education and Skills
  www.dfes.gov.uk
- Department of Health
  www.dh.gov.uk
- Disability Rights Commission (DRC)
  www.drc.org.uk
- Health Education Trust
  https://healtheducationtrust.org.uk/
- Council for Disabled Children
  www.ncb.org.uk/cdc
- Contact a Family
  www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK
  https://www.allergyuk.org/

  https://www.allergyuk.org/information-and-advice/for-school/academys
- The Anaphylaxis Campaign
  www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
  www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
  www.asthma.org.uk
- Cystic Fibrosis Trust
  www.cftrust.org.uk
- Diabetes UK
  www.diabetes.org.uk
- Epilepsy Action
  www.epilepsy.org.uk
- National Society for Epilepsy

www.epilepsysociety.org.uk

- Hyperactive Children's Support Group
  www.hacsg.org.uk
- MENCAP
  www.mencap.org.uk
- National Eczema Society
  www.eczema.org
- Psoriasis Association
  www.psoriasis-association.org.uk/