



St Peter's RC Primary School

Policy on First Aid and the Administration of Medicines

This school policy is based on the Aberdeen City Council Supporting Children and Young People with Healthcare Needs in Schools and Early Learning and Childcare (ELC) Settings – Administration of Medicine in Schools and ELC Guidance. This policy will be reviewed annually.



Article 3 The best interests of the child must be a top priority in all things that affect children.

Article 19 You have the right to be protected from being hurt and mistreated, in body or mind.

Article 23 Every child has the right to the best possible health. Governments must work to provide good quality healthcare, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer countries achieve this.

Parents and carers have prime responsibility for their child's health and must provide relevant information to staff about their child's medical conditions and how they are managed.

If a child is clearly unwell at home, it is advisable to keep him/her off school until he/she is fit again and able to learn and participate in school activities. Children who have been vomiting or have had diarrhoea should stay away from school for 48 hours afterwards to prevent the spread of the infection (reference to [Aberdeen City Council – Management of outbreaks of gastrointestinal infection in schools policy](#)).

If a child becomes unwell in school, staff contact the office so that a decision can be made about informing parents. It is **very important for parents to inform school staff about any changes to emergency contact details**.

First Aid

All our Pupil Support Assistants are trained in First Aid and attend to any children who have bumps, falls or accidents. The training is updated every three years and specific training with the school nurse is organised when we have pupils with specific First Aid needs (e.g. EpiPens for severe allergic reactions).

- Every class has a First Aid Box that remains in the classroom and a First Aid (green) bag that is taken on all school trips. The contents of these boxes and bags are checked against a list every Monday by Pupil Support Assistants.
- There are First Aid boxes in the hall, at the First Aid point beside the servery door and in the office areas.
- The names of First Aiders are on signs throughout the school.
- There is a drawstring green bag in each classroom which contains inhalers, EpiPens for children who have them prescribed and any medicines which require easy access for pupils. The drawstring bags are carried to the gym for PE and on all school trips.

When children receive First Aid, our Pupil Support Assistants record the incident in an electronic first aid record and a paper form is sent to the parent (**Appendix 1**).

All bumps to the head are taken seriously. If a child bumps his/her head in a fall or through colliding with another child, staff apply ice or a cold compress. A telephone call is made to the parent for head injuries where deemed necessary to make them aware of signs of concussion so that they can be vigilant. We always err on the side of caution and phone parents if we have any concerns about a child who is badly hurt or upset after an accident.

In the case of accidents or serious illness at school, an ambulance will be called and parents will be informed. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. In most cases, the office staff will contact the pupil's parents to explain the emergency and a member of the SLT Team will be notified immediately

If a pupil is taken to hospital by ambulance they will be accompanied by a member of staff who will remain until the pupil's parent arrives. The member of staff should have details of any health care needs and medication the pupil has. Generally, staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. Wherever possible, the member of staff would be accompanied by another adult and have public liability vehicle insurance.

Medicines in school

Medicines **should never be carried to or from school by children.**

Non-Prescription Medications

If a pupil suffers regularly from acute pain, the parents or carers should authorise and supply the school with appropriate medication. Staff within school are permitted to administer pain medication and antihistamines. This must come to school in the original packaging, clearly labelled with the child's name and instructions on administration. A parent or carer will be required to complete a parental request for staff to administer medication form (**Appendix 2**). A staff member will supervise the pupil taking the medication. The Head Teacher will complete a school agreement to administer medicine to a named child form (**Appendix 3**). A record of medication administered will be kept securely within our office (**Appendix 4**).

Where it is deemed that a pupil can carry their own medication, a parent or carer will be required to complete a parental consent for a child/young person to carry own medication form (**Appendix 5**).

This will be reviewed every 28 days.

Prescription Medications

If a pupil requires regular prescribed medication, the parents or carers are responsible for supplying the information needed about the medicines to be taken at school. Written details of the name of medication, dose, method of administration and time and frequency must be provided and reviewed every 28 days (**Appendices 2, 3 and 5 as appropriate**). If this information is not regularly communicated and reviewed in partnership between both staff and parents then medication cannot be given. A record of medication administered will be kept

securely within our office (**Appendix 4**). These records are archived at the end of each school year and stored securely.

Long Term Health Needs

If a pupil has longer term health needs, more complex than the administration of medication, this will be discussed and reviewed in partnership between parents, school and health care professionals, in order to reach an understanding of the schools' role in helping support the child's needs. This understanding will form the basis of a health care plan (**Appendix 6**) which will be shared with all individuals within the establishment to ensure the best care for the pupil.

If required, in order to fully support health needs of individuals, additional training can be provided to staff to ensure they are confident, efficient and have the expertise and understanding to fully support the needs. Care plans will be reviewed on an annual basis, but updated when new information is shared by the parent. Care plans are the responsibility of the Head Teacher who liaises closely with the school nurse.

For pupils with asthma, parents are asked to complete an asthma plan for the school (**Appendix 7**),

Managing Medication

School staff should not give the first dose of a new medicine to a child. Parents should have already given at least one dose to ensure that the child does not have an adverse reaction to the medication.

Staff who provide support for pupils with health care needs, or administer medication, will be given support from the Head Teacher, health service professionals and parents, have access to information and training, and reassurance about their legal liability.

If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action. Staff administering medication must be aware of this guidance and where possible be witnessed administering all medication. If this is not possible, parents should be made aware of this on the Health Care Plan.

Any member of staff before administering medication must check: - **Child's name**
- **Written instructions provided by parents, carer or GP** - **The prescribed dosage**
- **Expiry date** - **Dose frequency** - **Any additional or cautionary labels.**

It is good practice to encourage children to manage and take their own medication independently, so if they can manage this, a PSA will supervise and record this within the office. Two staff should be present during the administration of medication, even where the pupil is taking their medication independently.

If the wrong dosage of medicine is given or to the wrong child, or at the incorrect time, parents must be informed, and the emergency services contacted immediately if necessary. This will also be recorded as an injury / near miss in school.

Storage and Accessing Medication

Depending on the type of medication, it will be stored in the fridge in HT office, locked drawer in the school office or in the class green emergency bag. Where pupils are deemed to be able to carry their own medicines, arrangements will be agreed here with the parent.

Whether in the HT office or school office or green bag, each individual child's medication should be kept separate and stored in an individual container, clearly labelled with the child's name or photo. Where a pupil needs two or more prescribed medicines, each should be kept in a separate zip-lock bag.

Inhalers and creams for eczema will usually be stored within classrooms, in individual clear bags, in the class green bag, along with a record keeping sheet. Epi-pens will be stored in the green bag also, but a spare is also kept in the school office. Only a weekly or monthly supply of most medications will be stored in school.

Medicine spoons and oral syringes should be cleaned after use and stored with the child's medication. Adaptors for inhalers like 'spacers' should be cleaned as described in the product information.

Green bags must be taken out on class trips, in the event of an evacuation and when the class leave the classroom.

If a child refuses to take advised medication, parents will immediately be informed. No member of staff will attempt to force a pupil to take medication against his/her will except in emergency circumstances where non-administration is likely to be life threatening.

A copy of what is held in green bags and the medicine cabinet is kept in the school office and updated as necessary by the Head Teacher. Medicines delivered to school will be recorded by the office staff (**Appendix 8**).

All pupils with medication should know where this is kept.

Disposal of Medication

School staff should not dispose of medicines. Date expired medicines or those no longer required for treatment should either:

- with the parent's consent, be removed by a community pharmacist, or
- returned to the parent/carer for transfer to a community pharmacist for safe disposal.

Medicines which are in use and in date should be collected by the parent/carer at the end of each term/session depending upon the expiry dates.

School Nursing Service

Our school nursing service is used for advice and support in school. They can be contacted by emailing gram.schoolnursing@nhs.scot.

Indemnity Arrangements

Aberdeen City Council's Employer Liability Insurance provides full cover for all school and ELC staff who volunteer to administer medication within the scope of their employment.

In the event of any claim being made against the school/staff member, Aberdeen City Council's public liability policy will react to provide cover. Staff who play a direct role in supporting the health and wellbeing needs of an individual child or young person must have access to relevant information which includes information about their healthcare needs.

Further Details

St Peter's School follow the Aberdeen City Council Supporting Children and Young People with Healthcare Needs in Schools and Early Learning and Childcare (ELC) Settings – Administration of Medicine in Schools and ELC Guidance. This policy can be found by visiting [this link](#).

The guidance and appendices within this policy are informed by this guidance.

Complaints

There may be occasions when there is disagreement between parents/carers of pupils and the people who support their health needs in school. Concerns should be raised with the Head Teacher in the first instance. If the issue is not resolved, complaints should be submitted to Aberdeen City Council:

<https://www.aberdeencity.gov.uk/services/have-your-say/make-complaint>

APPENDIX 1

ACCIDENT INJURY REPORT



Pupil's Name _____

Class _____

First Aider _____

Date _____

Time _____

Your child had an accident at school and injured their _____ in _____

First Aid Administered:

| | |
|---|--|
| <i>Wound cleaned with antiseptic wipe</i> | |
| <i>Ice pack applied</i> | |
| <i>Parent Telephoned</i> | |

| | |
|--|--|
| <i>Plaster applied</i> | |
| <i>Bandage/Dressing applied</i> | |
| <i>Required changing (Please launder and return clothes to school)</i> | |

Other – Please Specify:

You are advised to check the injury again at home and if you are concerned, please seek medical advice

If a HEAD INJURY – Parents please read & seek immediate medical advice if you observe any of the following symptoms

- *Severe headache - not pain in the wound*
- *Vomiting*
- *Drowsiness*
- *Irritability/ violence*
- *Double vision*
- *Unconsciousness*
- *Young child crying continuously*
- *Do not give any tablets or medicine unless prescribed by the doctor*

Groupcall Email Sent Primary/Secondary Contact _____

Date _____

Time _____



Appendix 2: Parental request for staff to administer medication

The school will not give your child medication unless you complete and sign this form, and the Headteacher or member of the senior leadership team has agreed that school staff can administer the medicine.

Child/Young Person

| | | | |
|----------------------|--|-------------------------------|-------------------------------|
| Surname | | Forename | |
| Address | | | |
| Class | | | |
| Date of Birth | | M <input type="checkbox"/> | F <input type="checkbox"/> |
| Condition or illness | | | |

Medication

| | | | |
|---|----------------|---|---|
| Name/Type of Medication <i>(as described on the container)</i> | | | |
| Length of time medicine will cover | Date Dispensed | / | / |
| | Expiry Date | / | / |
| Full directions for use | | | |
| Dosage and method | | | |
| Timing | | | |
| Special precautions | | | |
| Side effects | | | |

| | |
|------------------------------------|--|
| Contact Information | |
| Name | |
| Relationship to child/young person | |

| | |
|--|--|
| Contact phone number | |
| <p>I accept responsibility for:</p> <ul style="list-style-type: none"> • delivering my child’s medication to school, and to replace when required • ensuring that medication is correctly labelled in the original pharmacy packaging and has not passed any ‘use by’ date • providing a clearly labelled airtight container • advising you immediately of any change of treatment prescribed by any doctor or hospital. | |
| Signature | |
| Date | |

The information on this form should be reviewed every 28 days

HOW WE USE YOUR PERSONAL INFORMATION

The information provided by you will be used by Aberdeen City Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law. For further information, please visit our website: aberdeencity.gov.uk/your-data

Appendix 3: School agreement to administer medicine to a named child



| | |
|--|--|
| I agree that <i>(name of child)</i> | |
| will receive <i>(quantity and name of medication)</i> | |
| Every day at <i>(time medication to be administered e.g. lunchtime or afternoon break)</i> | |
| This child will be given/supervised whilst they take their medication by <i>(name of staff)</i> | |
| This arrangement will continue until <i>(Either end date of course of medicine or until instructed by parents).</i> | |

Signed..... **Date**.....

(Headteacher/Designated Manager)

APPENDIX 4



Record of medication dispensed to child or young person

| Date | Child or young person's name | Time | Name of medication | Dose given | Any reaction | Dose remaining | Staff signature | Witness signature |
|------|------------------------------|------|--------------------|------------|--------------|----------------|-----------------|-------------------|
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Appendix 5: Parental consent for child/young person to carry own medication

**** This form must be completed by parents/carers**

| | |
|------------------------------------|--|
| Pupil's Name | |
| Class | |
| Address | |
| Condition or illness | |
| Name of Medication | |
| Procedure to be taken in emergency | |

CONTACT INFORMATION

| | |
|--------------------------|--|
| Name | |
| Daytime telephone number | |
| Relationship to child | |

I consent for my child to carry their own medication for use as necessary and have discussed the importance of adhering to the guidance for this medication.

Signed **Date.....**
Relationship to child

The information on this form should be reviewed every term

Appendix 6: Health Care Plan



Health Care Plan for a Pupil with Medical Needs

Date:

| | |
|-------------------------|--|
| Name of Pupil | |
| Date of Birth | |
| Class | |
| Medical Condition/Needs | |

Contact Information

Family Contact 1

| | | | | |
|---------------|--------|--|--------|--|
| Name | | | | |
| Phone Number: | (home) | | (work) | |
| Relationship | | | | |

Family Contact 2

| | | | | |
|---------------|--------|--|--------|--|
| Name | | | | |
| Phone Number: | (home) | | (work) | |
| Relationship | | | | |

GP

| | | | |
|---------------------------|--|--------------|-----|
| Name | | | |
| Phone Number | | | |
| Clinic / Hospital Contact | | | |
| Name | | | |
| Phone Number | | | |
| Plan prepared by: | | | |
| Name | | | |
| Designation | | Date | / / |
| Distribution : | | | |
| School Doctor | | School Nurse | |
| Parent | | Other | |

| |
|---|
| Describe condition and give details of pupil's individual symptoms: |
|---|

| |
|--|
| |
|--|

| | |
|-----------------------------------|--|
| Medication | |
| Details of dose | |
| Method and time of administration | |

| |
|---|
| Daily care requirements (e.g. before sports, dietary, therapy, nursing needs) |
| |
| Action to be taken in an emergency |
| |
| Follow up care |
| |
| Members of staff trained to administer medication for this child <i>(State if different for off-site activities)</i> |
| |

I agree that the medical information contained in this form may be shared with individuals involved in the care and education of *(Child's Name)*
Signed **Date**.....
Parent/Carer (or pupil if over legal age of capacity)

HOW WE USE YOUR PERSONAL INFORMATION

The information provided by you will be used by Aberdeen City Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law. For further information, please visit our website: aberdeencity.gov.uk/your-data

Appendix 7: Asthma Plan



| | |
|--|--|
| Child or young person's name | |
| Date of birth | |
| Address | |
| Condition or illness | Asthma |
| Triggers (if known) | Colds / viral infections / pollen / exercise / laughter / stress / others – please specify: |
| MEDICATION | |
| Inhaler medication <i>(as described on the container)</i> | |
| Dosage | |
| Method of administration <i>(i.e. via aero chamber)</i> | |
| Time of administration <i>(i.e. before PE)</i> | |
| Where is medication kept | |
| Special precautions | |
| Expiry date of medication <i>(Parent must ensure that in date and properly labelled medication is supplied)</i> | |
| Possible side effects | |
| Self-administration | |
| Prescribed by | GP, Hospital, Other (specify): |
| Name of prescriber | |
| Address of prescriber | |
| Written instructions from a medical professional are required. The written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription from the GP. | |

| |
|---|
| Procedures to take in an emergency |
|---|

| | | | |
|---|--|-------------|--|
| CONTACT INFORMATION | | | |
| Name | | | |
| Daytime telephone number | | | |
| Relationship to child | | | |
| I accept responsibility for: <ul style="list-style-type: none"> • delivering the medication, and to replace when required • ensuring that medication is correctly labelled in the original pharmacy packaging and has not passed any 'use by' date • checking whether the school holds emergency medication that is appropriate for my child and have indicated if this is suitable in the form above • advising you immediately of any change of treatment prescribed by any doctor or hospital. | | | |
| Parent/carer signature | | Date | |
| Child/young person signature where appropriate | | Date | |

| | | | |
|---|--|--------------|--|
| SCHOOL AGREEMENT | | | |
| Name of staff volunteers <i>(to support as required)</i> | | | |
| NHS comments | | | |
| Signed: | | Date: | |
| <i>(Headteacher/designated manager)</i> | | | |

HOW WE USE YOUR PERSONAL INFORMATION

The information provided by you will be used by Aberdeen City Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law. For further information, please visit our website: aberdeencity.gov.uk/your-data

[Child-Friendly Asthma Action Plan](#)

Appendix 8: Delivery of medication to school



| Date | Child's Name Name of medication | Quantity | Staff member signature |
|------|------------------------------------|----------|---------------------------|
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