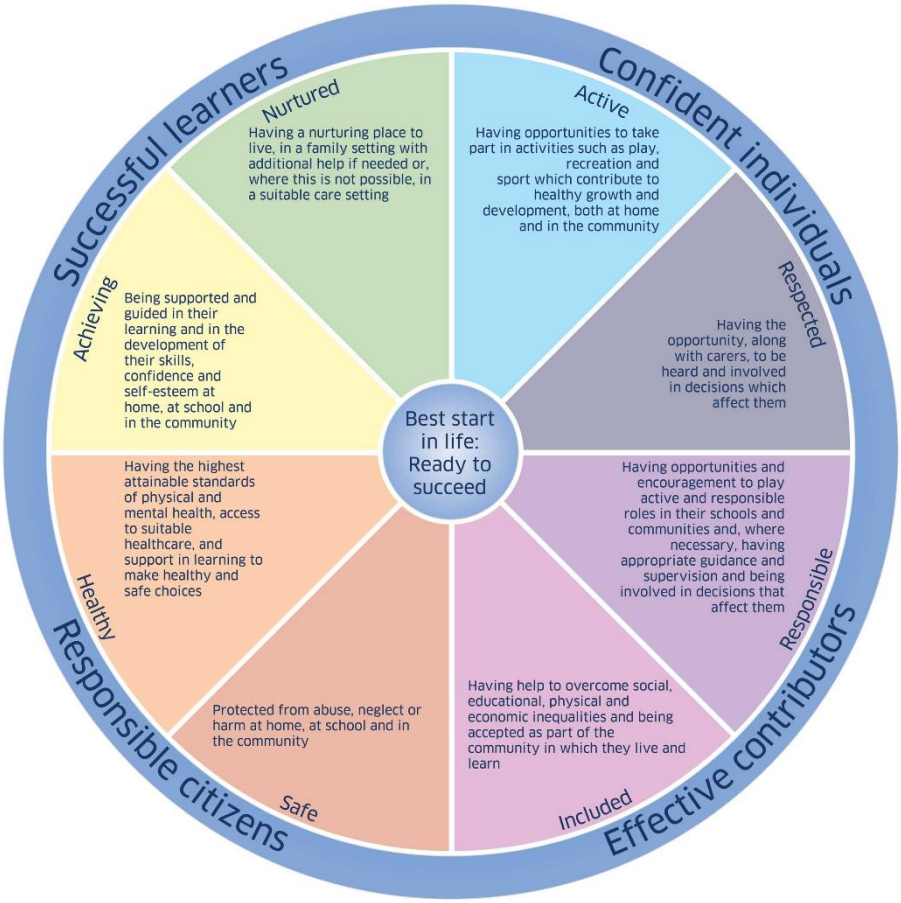
Struthers Primary School and EYC

First Aid and Adminstration of Medicines Policy

2025 - 2026



UNCRC Article 24

Every Child has the right to the best possible health.

Our Aims

The aim of this policy is to set out guidelines for all staff administering First Aid to children, young people, staff and visitors. This guidance should be read in conjunction with the Supporting children and young people with healthcare needs in schools: guidance: Supporting children and young people with healthcare needs in schools: guidance - gov.scot (www.gov.scot)

Definition of First Aid

"The initial assistance or treatment given to a casualty for an injury or sudden illness before the arrival of an ambulance, doctor or other medically qualified person"

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety, Mrs Clark, our Head Teacher, needs to ensure that there are adequate and appropriate equipment and facilities for providing first aid and should cover:

- Number of first aiders/appointed persons
- Number and locations of first aid boxes
- Arrangements for off-site activities/trips

First Aiders

At Struthers, if any injury requires medical attention, then seek help from a first aider who will conduct an assessment. Staff trained in First Aid can provide first aid for minor injuries.

Our first Aiders are:

- Mrs Melissa Devlin (PT)
- Mrs Kirsty Alan (PSA)

First Aid Boxes

First aid boxes are contained within our school. All boxes contain:

- A general guidance leaflet on first aid (https://www.hse.gov.uk/pubns/indg347.pdf)
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile wound dressings (approx. 12cm × 12cm)
- 2 large sterile individually wrapped wound dressings (approx. 18cm ×18cm)
- At least 3 pairs pair of disposable gloves

Travelling First Aid Boxes

The contents should reflect the circumstances in which they may be used, but the following at least should be included:

- General guidance leaflet on first aid
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile, un-medicated dressing (approximately 18cm x 18cm)
- 2 triangular bandages
- 2 safety pins
- Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves.

Only specified first aid supplies will be kept. No creams, lotions, tablets or medicines; however, seemingly mild, will be kept in these boxes.

First aid at work does not include giving tablets or medicines to treat illness. The only exception to this is where aspirin is used as first aid to a casualty with a suspected heart attack in accordance with currently accepted first-aid practice.

First Aid Equipment

First Aid Boxes are stored in the medical room, a short distance from the main reception area. Other First Aid equipment is stored in a clearly labelled area in the clerical office, close to the medical room and main reception area.

Travelling First Aid bags are available in the medical room and should be returned after an outing and replenished if required.

First aid boxes are maintained and re-stocked regularly by the Appointed Persons. Use by dates must be checked and adhered to. The appointed persons are aware of the procedure for ordering supplies.

Mrs Kirsty Alan (PSA) and Mrs Sofi Psygka are responsible for the upkeep and replenishing items.

Medication Storage

Medication should always be accessible at the point of need. However, it is also important to make sure that medicine is only accessible to those children and young people for whom it is prescribed. If the school locks away medication, all staff, and where appropriate, individual children and young people, should know where to obtain keys to access the locked cabinet or fridge. It should be stored in a pharmacy dispensed container or manufacturer packaging and include an appropriate label or instruction from the healthcare practitioner. The appointed persons should check it has not passed expiry date. **Some emergency medications should not be locked away** in an office or cupboard. Examples are adrenaline auto-injectors (AAIs), salbutamol inhalers or asthma kits. In addition, in larger schools emergency medication may need to be located in more than one location and in the case of adrenaline auto-injectors, no more than 5 minutes away from where they may be needed. If schools or settings are not following this guidance about emergency medication, then HMI should advise relevant staff to change storage arrangements immediately.

At Struthers, emergency medications are stored in clearly labelled medical cabinets that are stored in classrooms. Appointed persons are responsible for checking the contents of these cabinets on a regular basis.

Administration of Medicine

This applies to all children and young people, including those who do not have an individual health care plan or additional support needs. Please refer to pages 9-13 of Supporting Young People with Healthcare Needs in Education for further information.

- Any parent/carer can request that their child is given prescription medicine in school. A consent form (Appendix 1) or an individual healthcare plan must be completed and signed by the parent and certified by the head of school or centre.
- Medication supplied should always be supplied by the parent in its original packaging and labelled by the pharmacy. They must not be beyond the expiry date and give clear dosage instructions. A record of all medicines given should be kept (Appendix 2).
- Parents must regularly renew the school supply of medicine and are responsible for providing these on time. At the end of the school year all medicine should be returned to the parent.
- A signed record (Appendix 3) must be completed each time medication is administered. The child or young person (if deemed appropriate) can sign that they have taken their medication and the member of staff assisting can countersign as a witness. Where the child or young person is deemed not to have the capacity regarding administration of their medication, then another member of staff should provide a witness signature.
- It is good practice to allow children and young people to manage their own medication from a relatively early age and schools should, in partnership with the parent, encourage and support this.
- Schools should ensure that medication is not stored in large quantities. All medicine should be clearly labelled with the name/class of the child. **NO** access should be given to children or young people. Some medicines may need to be refrigerated. These will be kept in an airtight container which is clearly labelled. The temperature of the refrigerator should be monitored and recorder regularly. (Appendix 4)
- Staff should not dispose of medication. Date expired medication or those no longer required for treatment should be directly returned to the parent to return to a pharmacy for safe disposal.

Recording and Reporting First Aid Incidents

- Accident records must be kept for **3 years**.
- A record of any first aid treatment given by first aiders should include:
    - the date, time and place of the incident;
    - the name (and class) of the injured person;
    - details of the injury/illness and what first aid was given;
    - what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)
    - name and signature of the first aider or person dealing with the incident

A copy of our recording sheet can be found in Appendix 5. It is good practice to regularly audit our accidents to allow for any regular issues to be addressed.

For staff requiring first-aid,this will include:

- injured during an activity connected to their work;
- accidents resulting in major injury or death (including as a result of physical violence);
- accidents which prevent staff from doing their normal job for more than 3 days;
- accidents which require medical treatment or hospitalisation.

For children and young people, this will include:

- accident related to a school activity, both on or off the premises;
- the way a school activity has been organised and managed;
- equipment, machinery or substances;
- design or condition of the premises.

Incidents involving **members of the public** on our premises or affected by our work activities must also be reported e.g. visitor, parent etc. The Head Teacher must ensure the internal accident /incident report form (AR1) has been completed in compliance with the Health and Safety Standard on Accident Reporting and Investigation.

The member of staff who has had the accident or who is dealing with the accident should ensure that they complete an AR1 as soon as possible after the injury has occurred. Where the injured person is unable to provide their account of what happened in an AR1 Form, the first aider (or witness, if relevant) should enter details on the Staff member or pupil's behalf.

Where an incident results in admittance to hospital, or inability to continue work, the Head Teacher must be informed immediately. The Head Teacher should inform their Quality Improvement Officer.

Where an incident involves violence of any kind, whether verbal or physical, a completed Violence & Aggression (VA1) form (JNCT 2.4 form for Staff in Education) should be submitted in the same manner (See 'Violence & Aggression at Work Standard' for further guidance).

Note: There is no requirement to complete both AR1 and VA1/JNCT 2.4 for the same incident.

Notifying parents/carers

- Parents and carers must be notified of any accidents, injuries sustained and /or first aid treatment given to their child whilst at school. Communication may be by

notification slip (see Appendix 6) which can be placed in the child's school bag, text, e-mail, letter or telephone call.

- Staff must be aware of the data protection act and not allow parents/carers to view personal information other than relating to their own child. It is not standard practice to give parent/carers copies of entries in an accident book or an ARI form. However, a parent/carer has the right to request a copy. This request should be dealt with by the Head teacher.

(Appendix 1) Struthers Primary School

Administration of Medicine Consent Form

The school will not give your child medical treatment or any medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can undertake this.

Details of Child

Surname: _____ Forename: _____

Address:

_____

_____

Date of Birth: _____ Male/Female (please indicate by deleting)

Class: _____ Condition of illness: _____

Instructions from Parent (include signs and symptoms, e.g. wheezing)

_____

_____

Medication:

Name/Type of Medication (as described on the container/label):

_____

Strength e.g. 500mg or 50mg/10ml: _____

Dispensed Date: _____ Expiry Date: _____

Dosage and method: _____

_____

Timing: _____

Form: Capsule/Tablet/ Liquid (please indicate by deleting)

Prescribed or Over the Counter (please indicate by deleting)

Has the child taken this medication before? If so, when? _____

Does the medicine cause any side effects we should be aware of?

_____

For how long will your child take this medication? _____

Full directions when to be used:

_____

_____

Self-Administration (where appropriate)

_____

_____

Procedures to take in an Emergency: Parents must ensure that indate, properly labelled medication is supplied.

_____

_____

Parental Contact Details:

Name: _____ Relationship to Pupil: _____

Daytime Telephone Number: _____

Address:

_____

_____

I understand that I must deliver the medicine personally to the school office and accept that this is a service which the school is not obliged to undertake. This is also confirmation that this is not the first dose of a new medication.

Signature: _____ Date: _____

Staff Use Only:

☐ The medical equipment/medicine for this child is stored:

_____

and is labelled with the child's name and photograph;

☐ Medication has the child's name, dose and appropriate dates on the container;

☐ The child has had this medication before, and parents confirm this will not cause any allergic reaction;

☐ Approval has been sought by the Head Teacher for administration of this medicine.

Signed: _____ (Staff member)

☐ The appropriate information leaflet accompanies the medicine;

☐ Instructions are more specific than "when required"

☐ These instructions to be reviewed after 28 days of above date; Due: _____

☐ Staff are appropriately trained to administer this medication;

(Appendix 2) Struthers Primary School
Medicine Log

Details of medication received, administered, returned to parents and/or disposed of should be recorded.

All detailed information will be on the child's own consent and administration of medicine record.

Date	Child's Name	DOB	Medication/Dose	Review Date (28 days)	Action/Comments (include quantity of medicine received, date when medicine returned/disposed of)

(Appendix 3) Struthers Primary School
Administration of Medicine Record

Name of Child: _____ **DOB:** _____

Date	Name of medication	Time / amount of dosage given before EYC / school (if applicable)	Time of dosage given	Dosage	Reason for administration / signs and symptoms seen	Staff signature and witness	Dose missed / reason / parent informed	Parent signature / comment

(Appendix 4) Struthers Primary School

Refrigeration Temperature Record

Date	Temperature	Name	Signature

(Appendix 5) Struthers Primary School
Accident/First Aid Log

Date	Name	Class	Time	Incident including place/reason.	Treatment/ Outcome	Staff Member	Parent Contact

(Appendix 6) **Struthers Primary School**

Dear parent/guardian,

We wanted to let you know that your child _____ was treated by a first aider today because:

_____

_____

_____

_____

To support your child, our first aider

_____

_____

_____

_____

All details of the incident are recorded in school.

Signed

_____

Date: _____

Appendix 7

HSE

Health and Safety Executive

Basic advice on first aid at work

This leaflet contains basic advice on first aid for use in an emergency. It is not a substitute for effective training.

This is a free-to-download, web-friendly version of INDG37. This version has been adapted for online use from HSE's current printed version.

You can buy the book at https://books.hse.gov.uk/ and most good bookshops.

ISBN 978 0 7176 6668 3
Price £10.00 (Pack of 20)

INDG347
Published 2017

What to do in an emergency

Priorities
Your priorities are to:

- assess the situation – do not put yourself in danger;
- make the area safe;
- assess all casualties and attend first to any **unconscious** casualties;
- send for help – do not delay.

Check for a response
Gently shake the casualty's shoulders and ask loudly, 'Are you all right?'
If there is no response, your priorities are to:

- shout for help;
- open the airway;
- check for normal breathing;
- take appropriate action.

A Airway

To open the airway:

- place your hand on the casualty's forehead and gently tilt the head back;
- lift the chin with two fingertips.

B Breathing

Look, listen and feel for normal breathing for no more than 10 seconds:

- look for chest movement;
- listen at the casualty's mouth for breath sounds;
- feel for air on your cheek.

If the casualty is breathing normally:

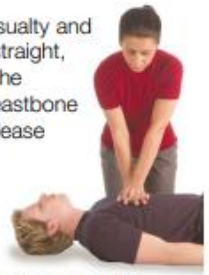
- place in the recovery position;
- get help;
- check for continued breathing.

If the casualty is not breathing normally:

- get help and call for an AED* if available
- start chest compressions (see CPR).

C CPR

To start chest compressions:



- lean over the casualty and with your arms straight, press down on the centre of the breastbone 5–6 cm, then release the pressure;
- repeat at a rate of about 100–120 times a minute;
- after 30 compressions open the airway again;
- If an AED* is available use in accordance with your training/ manufacturer's instructions
- pinch the casualty's nose closed and allow the mouth to open;

- take a normal breath and place your mouth around the casualty's mouth, making a good seal;
- blow steadily into the mouth while watching for the chest rising;
- remove your mouth from the casualty and watch for the chest falling;
- give a second breath and then start 30 compressions again without delay;
- continue with chest compressions and rescue breaths in a ratio of 30:2 until qualified help takes over or the casualty starts breathing normally.

Severe bleeding

If there is severe bleeding:

- apply direct pressure to the wound;
- raise and support the injured part (unless broken);
- apply a dressing and bandage firmly in place.

Broken bones and spinal injuries

If a broken bone or spinal injury is suspected, **obtain expert help. Do not move casualties** unless they are in immediate danger.

Burns

Burns can be serious so if in doubt, seek medical help. Cool the affected part of the body with cold water until pain is relieved. Thorough cooling may take 20 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may seriously irritate or damage the skin. Avoid contaminating yourself with the chemical. Treat in the same way as for other burns but flood the affected area with water for 20 minutes. Continue treatment even on the way to hospital, if necessary. Remove any contaminated clothing which is not stuck to the skin.

Eye injuries

All eye injuries are potentially serious. If there is something in the eye, wash out the eye with clean water or sterile fluid from a sealed container, to remove loose material. **Do not attempt to remove anything that is embedded in the eye.**

If chemicals are involved, flush the eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. Ask the casualty to hold a pad over the injured eye and send them to hospital.

Record keeping

It is good practice to use a book for recording any incidents involving injuries or illness which you have attended. Include the following information in your entry:

- the date, time and place of the incident;
- the name and job of the injured or ill person;
- details of the injury/illness and any first aid given;
- what happened to the casualty immediately afterwards (eg went back to work, went home, went to hospital);
- the name and signature of the person dealing with the incident.

This information can help identify accident trends and possible areas for improvement in the control of health and safety risks.

Further information

For information about health and safety visit https://books.hse.gov.uk or http://www.hse.gov.uk. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

To report inconsistencies or inaccuracies in this guidance email: commissioning@williamslea.com

This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

This leaflet is available in priced packs from HSE Books, ISBN 978 0 7176 6668 3.

INDG347 J003982415 01/23
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* Where an employer has identified through their needs assessment that they wish to provide an Automated External Defibrillator (AED) in the workplace, then the Provision and Use of Workplace Equipment Regulations 1998 (PUWER) apply. For the purpose of complying with PUWER in these situations the employer should provide information and written instructions – for example, from the manufacturer of the AED - on how to use the AED. The Approved Code of Practice (ACOP) and guidance on PUWER (L22 - http://www.hse.gov.uk/pubns/priced/l22.pdf) provides information on instructions, maintenance, inspection and the suitability of work equipment.

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