



FIRST AID, ADMINISTERING MEDICATION & SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

May 2025

Responsibility	Head Teacher
Date of Next Review	01/05/2026

Signed: 

DSL

Date: 19th May 2025

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Head Teacher

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1. POLICY STATEMENT

The Aspire Academy will undertake to ensure compliance with their legal duties under the Health & Safety (First Aid) Regulations 1981, which requires employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work.

This policy has also been written with consideration to the DfE document 'Guidance on First Aid for Schools'.

2. PURPOSE

The Governors and staff of the Aspire Academy wish to ensure that staff and pupils with medical needs receive proper care and support at school. The Head Teacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day.

3. AIMS

- To identify the first aid needs of the Academy.
- To ensure that first aid provision is available at all times when people are on school premises, and also off the premises whilst on school trips and during off-site education.

4. OBJECTIVES

- To appoint the appropriate number of suitably trained people as First Aiders, to meet the needs of the Academy and to maintain current qualifications for those people. All staff will have a basic awareness of First Aid.
- In addition, Project Team staff, and other staff delivering off-site education, will be trained in an accredited face-to-face First Aid qualification.
- To ensure relevant training and is kept up to date.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and pupils of the Academy's first aid arrangements.

5. MEDICAL ACCOMODATION

As determined by the Education (School Premises) Regulations 1999 the Academy has appropriate accommodation for the medical treatment and care of sick and injured pupils. This nominated accommodation is the Medical Room (G1) located on the ground floor.

A list of face-to-face qualified First Aiders is displayed in the Medical Room, together with a list of those qualified to administer medication to pupils.

- First Aid boxes are positioned in the following locations:
- Canteen (Kitchen): Catering Supervisor has the key
- Medical Room: COSHH cupboard key located in the key cupboard within Admin Office
- DSL's office-(small first-aid kit bag)
- Food Technology Room (small first-aid kit bag)
- Construction Room
- All school vehicles

A member of the Administration team is responsible for ensuring first aid supplies on site are sufficient. It is the responsibility of those staff with dedicated first aid boxes to ensure the contents/stock of the boxes in their care is sufficient.

6. ACCIDENT PROCEDURE

- 6.1. An adult at the scene of an accident needs to make a quick assessment of the severity of the accident.
- 6.2. Small cuts and grazes occurring during a lesson can be cleaned and a plaster applied if the injury occurs in an area where there is a first aid box (see Section 5). This enables the lesson to continue with minimum disturbance to the teacher or class. If there is not a first aid box close by, or a pupil sustains an injury of this type outside lessons, they should be escorted to the Medical Room.
- 6.3. For injuries other than those above, the victim should be escorted to the Medical Room. Where it is not possible to send the victim to the Medical Room, a message should be immediately sent to the Project Team Office and/or the Admin Office requesting a First Aider to attend.
- 6.4. For more serious injuries that require professional medical attention a message should be sent to the Admin Office to request an ambulance; another member of staff should be sent to meet the ambulance and direct it to the site of the incident.
- 6.5. During activities off-site, medical assistance should be sought from the first aid facility at that location. Where this is not possible, a member of staff accompanying the group should be appropriately first aid trained and have access to a first aid kit. For serious injuries, a pupil may be taken directly to hospital, or an ambulance called. In these circumstances the school must be notified immediately.
- 6.6. Stay with the casualty while waiting for assistance.
- 6.7. The Accident Book (located in the Medical Room Cupboard) must be completed for any incident requiring First Aid treatment.
- 6.8. Following the accident/incident, an Accident/Incident Report and Investigation Form must be completed at the earliest possible time; this is not required for minor cuts and bruises. Forms are available in the Health & Safety Policy; from the Health & Safety noticeboard and in the on-line Staff Handbook (located in the Health & Safety and Risk Assessments folder). Instructions on how to complete these forms are contained within the Health & Safety Policy.

7. ILLNESS

- 7.1. Where a pupil requires treatment in the Medical Room they will need a permission slip signed by their tutor or class teacher before treatment can be administered; this helps identify a genuine medical need. It is the responsibility of the person administering first-aid to complete the appropriate medical and/or accident book located in the First Aid Cabinet in the Medical Room.

Any pupil (staff or visitor) having difficulty with breathing, dizziness, or feeling faint must remain with a teacher or other member of staff. Similarly, if a pupil (staff or visitor) has fallen, they should not be moved, but first aid assistance sought immediately.

MEDICAL ROOM PERMISSION SLIP		
I give permission for _____ to visit the medical room to receive first-aid/ medical attention.		
_____ is to return to class after treatment.		
Teacher/Staff: _____		
MESSAGE TO OFFICE STAFF/OTHER INSTRUCTIONS:		

8. FIRST AID TRAINING & QUALIFICATIONS

As part of the staff induction process, all staff are required to have First Aid awareness. In addition, Project Team staff, and other staff delivering off-site education, are required to complete an accredited face-to-face training course.

Members of staff will receive appropriate training in dealing with pupils who suffer from specific medical conditions, e.g. Anaphylactic Shock, Diabetes, Epilepsy etc.

Admin staff and members of the Project Team will be appropriately trained in the Administration of Medication.

DfE 'Guidance on First Aid for Schools' states that "Regulations do not oblige employers to provide first aid for anyone other than their own staff". In this regard the Governing Body has decided that no specific paediatric or geriatric first aid training will be undertaken to accommodate visitors to site.

9. PUPILS WITH MEDICAL CONDITIONS

Details of pupils who suffer from medical conditions, together with details of those conditions, will be kept on the school's information management system (Arbor).

Individual health care plans are prepared for pupils with a more serious medical condition, such as diabetes, anaphylaxis or epilepsy, and information is available on Arbor.

Any pupil requiring intimate care will be identified in an individual health care plan. Staff involved in providing intimate care will be identified in the plan and will receive appropriate training.

10. ADMINISTERING MEDICATION

Medication will only be received in school if it has been prescribed by a doctor or on the written request of a parent if it is non-prescription medication. Only reasonable quantities of medication should be supplied to the school, (e.g. a maximum of four weeks supply at any one time). Each item of medication must be delivered in its original container and handed directly to the Admin Office.

Each item of medication must be clearly labelled with the following information:

- Pupil's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if appropriate)
- Expiry date

The school will not accept items of medication which are in unlabelled containers.

Where the pupil travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care if appropriate.

Unless otherwise indicated all medication to be administered in school will be kept in a locked medical cabinet.

On request the school will provide parents/carers with details of when medication has been administered to their child.

Where appropriate pupils will be encouraged to administer their own medication, if necessary, under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

It is the responsibility of parents/carers to notify the school if there is a change in medication, a change of dosage requirements, or the discontinuation of the pupil's need for medication. Parents are responsible for ensuring emergency medication stored in school is in date.

Staff who assist in the administration of medication will receive appropriate training/guidance. The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

11. HYGIENE/INFECTION CONTROL

Basic hygiene procedures must be adhered to by staff. Gloves must be worn whenever blood or other bodily fluids are involved; these are available in each First Aid cabinet. Swabs and Dressings, and Sharps Disposal containers are located under the sink in the Medical Room.

Masks, face shields, gloves and plastic aprons are available in the Medical Room cupboard. All used items should be disposed of in the hygiene waste containers provided in the Medical Room.

12. EMERGENCY PROCEDURES

Where an injury or other medical condition is an emergency, an ambulance should be called. Ideally, this will be on the advice of a First Aider, however there may be circumstances where it is apparent that such a call must be made immediately and without delay.

Parents/carers should be informed when an ambulance has been called. If a parent/carer cannot accompany a pupil to hospital, a member of staff will accompany the pupil and remain with them until the parent/carer can take over responsibility.

To locate the nearest defibrillator, access the National Defibrillator Database: <https://www.nddb.uk/> - The school has an onsite defibrillator in the Main Office.

An anaphylaxis kit manufactured by KITT is located in the main office.

When calling for an ambulance the following post code should be used: WR4 9ZQ

13. INFORMING PARENTS

The parents/carers will be telephoned in the event of any head injury, if an ambulance is called, or any other circumstances where the professional judgement of the First Aider dictates that such contact should be made, or where follow-up treatment is advisable

14. LINKED POLICIES

Health & Safety Policy

APPENDIX A: Procedure Guidelines for Staff

ASTHMA

Medication: Asthma sufferers are encouraged to carry their own medication. Medication is NOT held centrally unless a parent makes a specific request, nor is it administered by the school.

Treatment: Preventers: These are taken daily at home am & pm to make the airways less sensitive to the triggers. Generally speaking, preventers come in brown (sometimes white) containers.

Relievers: These medicines, sometimes called bronchodilators quickly open up narrowed airways and help the pupil's breathing difficulties. Generally speaking, relievers come in blue containers.

RELIEVER MEDICATION SHOULD BE CARRIED BY THE PUPIL AT ALL TIMES INCLUDING DURING ACTIVITIES SUCH PE

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. As asthma varies from child to child it is impossible to give rules that suit everyone, however the following guidelines may be helpful:

During an Attack:

1. Ensure that the reliever medicine is taken promptly and properly.
2. Make sure an adult remains with the pupil if in doubt contact a qualified First Aider.
3. Stay calm and reassure the pupil:
 - Listen to what the pupil is saying and to what he/she wants; the pupil probably has been through it before
 - Loosen tight clothing around the neck
 - Offer the pupil a drink of warm water
 - Try tactfully to take the pupil's mind off the attack
 - Don't put your arm around the pupil's shoulder as this is restrictive
4. Help the pupil to breathe:
 - Encourage the pupil to breathe deeply and slowly
 - Most people with asthma find it easier to sit upright or to lean forward slightly
 - The pupil may want to rest his/her hands on the knees to support the chest
 - Make sure that the pupil's stomach is not squashed up into the chest
 - Lying flat on the back is not recommended

IF THE RELIEVER HAS NO EFFECT AFTER 5-10 MINUTES CALL AN AMBULANCE

After an Attack:

1. Minor attacks should not interrupt a pupil's concentration and involvement in school activities.
2. As soon as the attack is over, encourage the pupil to continue with normal activities.

DIABETES

This is a condition which is ever present in schools. The following can happen:

- Hypoglycaemia: when blood sugar levels fall below normal
- Hyperglycaemia: prolonged high blood sugar level, which can lead to diabetic coma.

Hypoglycaemia (low blood sugar most common):

Symptoms:

- Faintness
- Palpitations
- Strange behaviour
- Sweating
- Cold skin
- Strong pulse
- Shallow breathing

Treatment: Administer medication in accordance with care plan

Mild or Moderate Hypoglycaemia: below 4 mmol/l

- Awake with symptoms of hypoglycaemia i.e. shaky, pale, sweating, hungry, dizzy, don't feel well, aggressive, feel faint
- Sit down, check blood glucose level.
- Stay with child
- Recommended guidance to give 3 dextrose tablets or sugary drink i.e. 50 mls of Lucozade or 100 mls of coke or other sugary drink- The exact amount may be specified in an individual's Health Care Plan (Please see this for guidance).
- Type 1 Diabetics have emergency boxes stored in the medical room.
- Pupils also carry emergency supplies with them.
- When pupil recovers (blood glucose rises above 4mmol/l), give starchy food e.g. two biscuits or a sandwich.
- In the unlikely event of a pupil losing consciousness call an ambulance

Severe hypoglycaemia:

- If pupil is unconscious and not able to swallow do not give anything by mouth.
- Stay with the pupil and put in the recovery position.
- Call 999

Hyperglycaemia (high blood sugar):

Symptoms:

- Dry skin, rapid pulse
- Deep breathing, very difficult to inhale
- Smell of acetone on casualty's breath
- Treatment – rest and reassure patient, call for an ambulance

This usually comes on over days and so is not an acute problem but can be serious.

ANAPHYLACTIC SHOCK

There is a sudden allergic reaction to:

- Certain foodstuffs
- Drugs
- A sting from an insect
- Latex rubber

In such cases, breathing is dramatically reduced because of tightening of the airways due to swelling. They become shocked because of dilated blood vessels.

Symptoms:

- Anxiety
- Blotchy skin/rash
- Swelling of face/eyes/throat
- Seriously impaired breathing
- Rapid pulse
- Unconsciousness

Treatment:

- Administer medication in accordance with care plan
- Dial 999
- If shocked, best to lie patient down, Keep patient warm

If a member of school displays those symptoms contact a First Aider IMMEDIATELY.

Medication for all known sufferers of anaphylactic shock is kept in a named box in the medical room cupboard.

The anaphylaxis kit is located in reception.

EPILEPSY

Minor Partial Seizure: A sufferer may remain conscious with the following:

Symptoms:

- Sudden 'switching off'
- Staring blankly
- Slight twitch/jerking
- Possible shouting/noise making

Treatment:

- Sit the casualty in a quiet place and observe
- Remove sources of harm
- Reassure patient
- Notify parent.

Complex Partial Seizure: Where consciousness is affected:

Symptoms:

- Confusion
- Unaware of surroundings
- Mumbling sounds
- Chewing movements
- Not respond when spoken to

Treatment: As above

Generalised Tonic Clonic Seizure: In some cases, a child or young person loses consciousness.

Symptoms:

- May start with casualty crying out
- Casualty falls down & may go unconscious
- Rigid back
- Breathing may become difficult
- Lips may go blue
- Clenched jaw
- Convulsions
- Saliva and/or blood in the mouth
- Loss of bowel control

Treatment:

- Observe casualty
- Loosen clothing
- Place in the recovery position when convulsions cease
- Call 999 if fitting continues and recovery to consciousness is slow
- Contact Parents

Quite often after a seizure the child or young person may feel tired, be confused, have a headache and need time to sleep. Recovery times vary; some may feel better after a few minutes while others may need to sleep for several hours.

APPENDIX B: Workflow Procedure for Storing and Administering Medication

Administering Medication

1. Parents send medication in original packaging into school along with completed form.
2. Individual medical record created with Name, Date of Birth, name of medicine, dosage, time to be administered.
3. Medicine to be kept in individual box with pupil name and photograph.
4. All medicines to be logged on Arbor.

Daily Procedure

1. Pupil comes to Admin Office for medication.
2. Staff member washes hands.
3. Staff member identifies pupil by checking name and photo on medication box.
4. Staff member checks medication against individual pupil medical record to ensure correct medication is administered.
5. Medication is put into small pot and water given if required.
6. Staff member signs and dates individual medical record.

Taking Medication Offsite

1. Member of staff responsible for taking pupil off site requests and collects medication from staff in Admin Office.
2. Member of Admin staff signs medication out on pupil's record, reporting that the medication is being taken off site and the member of staff responsible.
3. To enable the Pupil record to be updated, the member of staff who has taken medication reports back to Admin staff that medication was taken and at what time.

Administering of Paracetamol:

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities.

By administering paracetamol to secondary pupils in school, we aim to aid pupils in staying in school longer so that their education is not limited by a medical condition which can be treated with paracetamol.

This policy sets out the circumstances in which we may administer medicines within school, and the procedures that we will follow.

Process:

The School will keep its own stock of paracetamol tablets to reduce the risk of pupils carrying medicines and avoid confusion over what can be administered.

Pupils who frequently require paracetamols will be asked to provide their own tablets which will be kept securely labelled in the school office. Parents will be contacted by the office staff in these circumstances.

In order for secondary schools to administer paracetamol to pupils, the written consent of parents and carers is required. See Appendix 1 for a copy of the permission letter.

The school will hold a supply of 500mg paracetamol securely in a locked medicine cabinet. Following consent, paracetamol may be administered by members of staff who have received the required first aid training in the event of a headache, toothache, period pain or any type of mild to moderate pain.

Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending school. Paracetamol will not be issued without written and verbal consent.

When a pupil is given medicine, a written record of it will be kept in school. This record will include: the name of the medicine, dose given, pupil's name, time and date and signature of the person administering.

Before giving paracetamol

1. The pupil should be encouraged to get some fresh air and have a drink or something to eat and paracetamol is only considered if these actions do not work.
2. There must be written parental consent with verbal consent from the parent or carer on the day. If verbal consent cannot be obtained, then paracetamol will not be given.
3. Only standard paracetamol may be given, not combination drugs which may contain other drugs.

Administering paracetamol

1. Pupils can only be given one dose of paracetamol during the school day. If this does not work, contact the parent or carer again.
2. The responsible member of staff must witness the pupil taking the paracetamol and make a record of it.

Paracetamol must not be given

1. Following a head injury.
2. Where a pupil has taken paracetamol containing medicine within the last four hours.

The policy will be monitored to ensure that the processes described within this policy fit the practice of administering paracetamol.

Appendix 1

Dear Parents and Carers,

Administration of Paracetamol in school

In order for secondary schools to administer paracetamol to pupils the written consent of parents and carers is required.

The school will hold a supply of 500mg paracetamol. Following consent paracetamol may be administered by members of staff who have received the required first aid training in the event of a headache, toothache, period pain or any type of mild to moderate pain.

We will contact you by phone before any paracetamol is given to obtain your verbal consent and to confirm whether your child has taken any medicines before attending school. Please note that paracetamol will not be issued without written and verbal consent.

Please complete the reply slip below and return to the school office.

Yours sincerely

Mr R Rainbird-Hitchins

Assistant Headteacher and Designated Safeguarding Lead

REPLY SLIP

To: The School Office

Paracetamol Consent

I agree that my child can be given a dose of paracetamol in school following consent from me by telephone.

I give my consent for my child to be given *1 / 2 paracetamol tablets.

(*Delete as applicable to specify the maximum number of tablets that can be given at any one time.)

PUPIL'S NAME..... CLASS.....

SIGNED..... DATE.....

Person with parental responsibility