



**Gonerby Hill Foot Church of England
Primary School**

**FIRST AID AND MEDICINES
POLICY**

Reviewed Dec 2025

Next review Dec 2026

FIRST AID AND MEDICINES POLICY

The Governors and Head teacher of the School believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

The Paediatric First Aid Team

A significant number of staff covering all year group phases have Paediatric First Aid at Work Certificates, renewable every 3 years.

ALL school staff undertake online basic First Aid training annually.

First Aid Boxes

Since Covid first aid kits are located in classrooms in every year group phase, hygiene suite and Y5/6 block.

First aid boxes are also made ready for trips, and these are in the hygiene suite where the refill supplies can be found.

Medication

Pupils' medication is stored in:

- The school office unless it needs to be stored at a cold temperature, in that case it will be stored in the staffroom fridge, clearly labelled, in a plastic First Aid Box.

First Aid

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- The first aider administers first aid and records in our accident book.
- If the child has had a bump on the head, they must be given a "bump on the head" note and the parent of the child informed by telephone.
- 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, then the accident is reported through the RIDDOR reporting system via LCC.

School Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre. In the case of **day visits**, a trained First Aider will carry a travel kit in case of need.

Administering Medicines in School

Prescribed medicines may be administered in the school (by any of the teaching or teaching assistant team, all of whom have done basic first aid training) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the pupils will administer their own medicine, under the supervision of two members of staff, one being from our admin team where medications and relevant paperwork is stored. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage, and the time the medicine needs to be given. These forms are available in the main office and will be signed by the administering staff on each occasion.

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

Non-prescribed medicines may not be taken in school.

Storage/Disposal of Medicines

Medicines must be stored in the school office. The exception to this rule is inhalers, which must be clearly labeled with their name and kept where they can be easily reached where necessary.

It is the responsibility of the parents to collect unused medicines from school and dispose of them accordingly.

Accidents/Illnesses requiring Hospital Treatment

If a child has an incident which requires urgent hospital treatment, the school will be responsible for calling an ambulance for the child to receive urgent medical treatment. When an ambulance has been arranged, parents will then be informed, and arrangements can be made where they should meet their child. In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parents to collect their child. It is vital therefore that parents provide the school with up-to-date contact names and telephone numbers.

Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education. These children may be:

- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs can attend school regularly and, with support from the school, can take part in most school activities. However, School staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual health care plan can help schools identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupils, if they are mature enough, should give details in conjunction with their child's GP and Paediatrician.

A school nurse may also provide additional background information and practical training for school staff.

Appendix

Forms

Form 1:	Contacting Emergency Services
Form 2:	Health Care Plan
Form 3:	Parental agreement for school to administer medicine
Form 4:	Record of regular medicine administered to an individual child
Form 5:	Indication for administration of medication during epileptic seizures
Form 5A:	Epileptic seizure chart
Form 6A:	Emergency instruction for an allergic reaction - EpiPen®
Form 6B:	Emergency Instructions for an allergic reaction - Anapen®
Form 7:	Medication given in school (note to parent/carer)
Form 8:	Record of staff training
Form 9:	Emergency contact numbers

Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number:

01476 565800

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

**Gonerby Hill Foot Church of England Primary School
Gonerby Hill Foot
Grantham
Lincs
NG31 8HQ**

3. State that the postcode is:

NG31 8HQ

4. Give exact location in the School (*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

Gonerby Hill Foot C of E Primary School

Name of School _____

Child's Name _____

Class _____

Date of birth _____/_____/____

Child's address _____

Medical diagnosis or condition

Date _____

Review date _____

Family Contact Information

Name _____

Phone no. (work) _____

(home) _____

(mobile) _____

Clinic/Hospital Contact

Name _____

Phone no. _____

G.P.

Name _____

Phone no. _____

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Parental agreement for the SCHOOL to administer medicine

The school will not give your child medicine unless you complete and sign this form.

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 school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to 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's signature _____

Print Name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

Record of regular medicine administered to an individual child

Name of school _____

Name of child _____

Date of medicine provided by parent ____/____/____

Class _____

Name of medicine

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____

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

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

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____ D.O.B. _____

Initial medication prescribed:

Expiry date of epi-pen

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 the School will be recorded. The criterion will be reviewed annually unless change of recommendations instructed sooner.

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

SEIZURE MEDICATION CHART

Name: _____

Medication type and dose: _____

Criteria for administration: _____

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

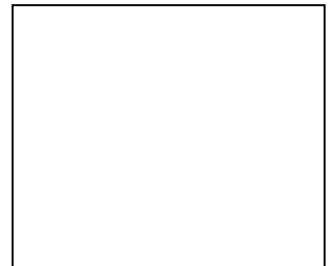
EpiPen®

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



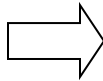
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



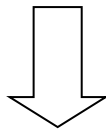
ACTION

- Give _____ (antihistamine) immediately

- Monitor child until you are happy he/she has returned to normal.

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get _____ EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an **'ANAPHYLACTIC REACTION'**
2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

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

Check expiry date of EpiPen® every few months

Medication given in the School (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 _____

Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864
Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029
Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)
Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)
Website: www.asthma.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)
Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)
Website: www.diabetes.org.uk

Department of Health

Tel: (020) 7210 4850
Website: www.dh.gov.uk

Epilepsy Action

Freephone Helpline: 0808 800 5050
Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)
Website: www.hse.gov.uk

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)
Website: www.epilepsyse.org.uk