

FIRST AID AND MEDICATION POLICY

APPROVED BY: THE BOARD OF TRUSTEES

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1. AIM

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and trustees are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes
- To work in partnership with parents, pupils, health professionals and other colleagues to ensure that children who require medication during their time with us are able to receive it in a safe and secure environment allowing them to continue to make progress in their learning with us.

2. LEGISLATION AND GUIDANCE

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#) and the following legislation:

[The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel

[The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees

[The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

[The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept

[Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records

[The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. ROLES AND RESPONSIBILITIES

Section 4.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 3.

3.1 APPOINTED PERSON(S) AND FIRST AIDERS

At each site we appoint a member of staff responsible for first aid and medication. Their details are made available to parents, children, and volunteers on-site. They 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 the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 1)
- Keeping their contact details up to date

3.2 THE BOARD OF TRUSTEES

The board of trustees has ultimate responsibility for health and safety matters at BTC, but delegates operational matters and day-to-day tasks to the CEO, DSL, and staff members.

3.3 THE DESIGNATED SAFEGUARDING LEAD (DSL)

The DSL is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or first-aiders are present on-site at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE/Charity Commission when necessary

3.4 STAFF

BTC staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first-aiders or appointed persons on-site are
- Completing accident reports (see appendix 1) for all incidents they attend to

where a first-aider or appointed person is not called

- Informing the DSL of any specific health conditions or first aid needs

4. FIRST AID PROCEDURES

4.1 ON-SITE PROCEDURES

In the event of an accident resulting in injury:

The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment

The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives

The first aider will also decide whether the injured person should be moved or placed in a recovery position

If the first aider judges that a pupil is too unwell to remain on-site, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents

If emergency services are called, the DSL will contact parents immediately

The first-aider or relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

4.2 OFF-SITE PROCEDURES

When taking pupils off-site, staff will ensure they always have the following:

- A mobile phone for emergencies
- A portable first aid kit including, at minimum:

- A leaflet giving general advice on first aid
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- 2 triangular bandages – individually wrapped and preferably sterile
- 2 safety pins
- Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

When transporting pupils using a minibus or other large vehicle, BTC will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the DSL prior to any educational visit that necessitates taking pupils off-site.

5. FIRST AID EQUIPMENT

A typical first aid kit on-site will include the following:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits. First aid kits are stored in an easily accessible location on-site.

6. RECORD-KEEPING AND REPORTING

6.1 FIRST AID AND ACCIDENT RECORD

- An accident form will be completed by the first-aider or relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the online accident form which can be found in the footer of BTC's website at www.beingthecure.org
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

6.2 REPORTING TO THE HSE/CC

The DSL will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The DSL will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalding requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to school based settings include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health

- An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](#)

The DSL is responsible for reporting any serious incidents to the Charity Commission at <https://register-of-charities.charitycommission.gov.uk/report-a-serious-incident> inline with our Safeguarding and Child Protection Policy available at www.beingthecure.org/policies

7. TRAINING

All BTC staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. BTC will keep a register of all trained first aiders, what training they have received and when this is valid until.

BTC will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, BTC will arrange for staff to retake the full first aid course before being reinstated as a first aider.

8. MONITORING ARRANGEMENTS

This policy will be reviewed by the CEO and DSL annually. At every review, the policy will be approved by the board of trustees for BTC.

9. ADMINISTERING MEDICATION

9.1 RATIONALE

Many pupils will need to take medication or be given it at BTC's settings at some time in their life while they are with us. For most, this will be for a short period to (for example) allow them to finish a course of antibiotics or apply a lotion. In some cases,

there may be a long-term need for pupils to take medication. To allow pupils to take or be given medication at our settings minimizes the disruption that could be caused by illness and allows their learning to proceed at a steady rate alongside their peers.

9.2 PARENT PARTNERSHIP

In common with good practice, we will aim to work in partnership with parents and (as appropriate) pupils to meet their individual needs. The following guidance aims to ensure a smooth-running partnership that minimizes the impact of medical requirements on the day-to-day school life of pupils. Parents are encouraged to contact the session lead if they feel that procedures require adjustment or alteration to suit their specific case.

9.3 ADMINISTERING PROCEDURES

Staff that provide support for pupils with medical needs which may include the administration of medication will be given support by the management, access to necessary information, and receive appropriate training and guidance where necessary.

It is important that pupils who need to take medication at our settings are involved as closely as possible in the arrangements made for them. When making arrangements for medical care at our settings, the following should be considered:

- Independent management of needs
- Supervised administration of medication
- Staff administration of medication

Staff will assist pupils with their medical needs after consultation with the management. Agreements for administering medication will normally fall to the DSL after adequate consultation with parents and pupils. No staff member should enter into individual agreements with parent or child.

Information about an individual pupil's medical condition and related needs will only be disseminated to relevant staff in order to ensure the pupil's well-being. Information can only be passed on with the consent of parents.

Where there is concern about whether BTC can meet either a pupil's needs or the expectation of parents, the DSL will seek advice from the Local Authority and/or a suitable health professional.

Advice on the storage of medicines should be sought from a qualified pharmacist when required.

Medicines may be potentially harmful to anyone for whom they are not prescribed. We will try to ensure that risks to the health of others are properly controlled and, for any long-term medication needs, this will be covered in an appropriate risk assessment. A secure location is provided by BTC at all of their sites.

Medicine must only be brought to our sites in a suitable container. The container should be clearly labelled with the following information:

- Name of the pupil
- Name of the drug
- Dosage
- Frequency of administration.

Medicines should always be kept in their original containers.

When a medicine requires refrigeration, it can be kept in a refrigerator, in an air-tight container. To avoid confusion medicines should be kept on a separate shelf used only for the storage of medication. The container should be clearly labelled as described above. If a refrigerator contains medicines, access to it should be carefully monitored. Members of staff who use the refrigerator are made aware of the importance of keeping the medicine safe and secure.

In an emergency pupils should have prompt access to their medicine through a recognized procedure. It is the duty of the DSL to ensure that all staff are familiar with the emergency procedure.

BTC staff will NOT dispose of medicines. Out of date medicines will be returned to parents/carers for disposal.

A pupil who is taken to hospital by ambulance should be accompanied by a member of staff who will remain until the pupil's parent/carer arrives at the hospital or the pupil is returned to our site or when the pupil has to be transported home by BTC staff. If a pupil is taken to hospital, it is essential that the BTC staff make every effort to inform parents immediately; failing this the emergency contact person will be informed.

In an emergency it may be necessary for a member of staff to take a pupil to hospital in his/her own car. When a pupil is taken to hospital by a member of staff they should also take with them all medication the pupil is currently taking together with the pupils medical record showing what medication has been taken, when it was taken and the dosage.

See section 4.2 for further information.

9.4 WORKING WITH PARENTS

We will work together with parents to ensure that all relevant information with regard to a medical condition which may affect a pupil during their time with us is passed on to all concerned. Information will only be requested from parents when it is necessary to ensure the health and safety of the individual pupil and/or their peers at our site. The confidentiality of a child's medical records will be respected. Information is gathered at induction meetings and regular reviews. Separate information is requested when a pupil is going off-site.

All parents/carers will be informed of BTC policy and procedures for addressing the medical needs of children.

Parents should provide BTC staff with adequate information about their child's medical condition, treatment, or any special care needed when they are with us. They should, in partnership with the charity, reach an agreement on BTC's role in helping to address their child's medical needs. Any details will be passed on to those who need to know.

The cultural and religious views of families should always be respected.

Parents will be asked for the following information about medication:

- name of medicine
- dose
- method of administration
- time and frequency of administration
- other treatment which may involve BTC staff or affect the child's performance during their learning
- side effects which may have a bearing on the child's behaviour

Pupil medical conditions will be established at the interview/induction. Parents should advise BTC of any changes in the medication administered to their child and/or changes of their condition at the earliest opportunity.

9.5 ADMINISTRATION OF MEDICINES

With the exception of emergency medications, all scheduled medications should be administered in an appropriate location at the site, and witnessed by an additional member of staff. If a pupil refuses to take medication, BTC will record this and inform the child's parents. If the medication is essential to the child's continued well-being, BTC will call the emergency services and inform the parents. If the medication is essential to the child being educated, BTC will contact the parents to discuss actions to be taken.

Medication should be brought to the site only when it is needed. Often medication can be prescribed in dose/frequencies which enable it to be taken outside of hours of engagement with BTC. Parents should be consulted about this.

9.6 NON-PRESCRIBED MEDICINES

Pupils sometimes ask for pain killers (analgesics) at school, including aspirin and

paracetamol. BTC staff should not give non-prescribed medication to pupils without the consent of parents/carers.

With the prior agreement of parents, BTC staff may administer mild analgesics. e.g., either one or two paracetamol tablets (according to parental/carer advice/consent) to a child who asks for it, if they suffer pain or a headache on-site. A record must be kept of the medication and dose given.

9.7 PRESCRIBED MEDICINES

Any member of staff authorized by the DSL to administer prescribed medicines to a pupil should observe the following procedure in cooperation with a colleague:

- confirm the pupil's name agrees with that on the medication
- check the written instructions provided by the parents or doctor
- confirm the prescribed dose
- check the expiry date

9.8 FUNCTIONAL MEDICATION

This type of medication includes Insulin (diabetes), Ventolin (asthma), Diazepam/Valium (Epilepsy), Adrenaline (anaphylaxis). **Where this type of medication is needed staff will be given specific training.**

9.9 SHARPS/NEEDLES

Where pupils require medication which is supplied with a syringe or epi-pen, or where blood needs to be tested, the staff must dispose of the needles appropriately. A bona-fide sharps box will be used for this purpose.

APPENDIX 1

(First aid accident form in the website footer at <https://www.beingthecure.org/>)



BEING THE CURE FIRST AID ACCIDENT FORM

* Required

FIRST AID INCIDENT RECORD

1. First Name of the person/child receiving the first aid *

2. Last Name of the person/child receiving the first aid *

3. Name of the person administering the first aid *

4. Time of the incident *

12 hour format (include AM or PM)

Enter your answer

5. Date of the incident *

Please input date (M/d/yyyy)



6. Where did the incident take place? *

Please be specific, for example: Instead of saying, 'John fell outside the door', say, 'John slipped outside the door to the fire exit on the second floor.'

Enter your answer

7. Description of the injury or illness *

Enter your answer

8. Description of the treatment given (if any) *

Enter your answer

9. Was there an injury to the head? *

Yes

No

10. Is there a need to call the parent/guardian? *

Yes

No

11. What happened afterwards? Did the child/person go to *

Select your answer

