



First Aid Policy

Including Administering Medicines to Children and
Young People at Shenfield High School

Approved by:

Governing Board

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Next review due by:

October 2026

1: First Aid Policy

This policy outlines Shenfield High School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors, and the procedures in place to meet that responsibility.

First Aid is the initial help a person gives a casualty for treatment of any sudden injury or illness, until professional help from external agencies like the paramedic service arrives, or the casualty can be given over to the care of a responsible adult who is entrusted with taking further medical advice where necessary.

Shenfield High School will provide First Aid such that all students attending our school have full access to learning, including those with medical needs. The school will endeavour to keep every student safe and comfortable whilst at school. If a student requires First Aid the school will inform parents as appropriate. (See Section 9.2).

2: Aims & Objectives

2.1 Aims

- To identify the First Aid needs in line with, and comply with the Management of Health and Safety at Work Regulations (1992 and 1999), Control of Substances Hazardous to Health regulations (2002), The Equality Act (2010), The School Premises Regulations (England) (2012), The Children and families Act (2014), Managing medicines on School Premises (2014), Guidance on First Aid in Schools (2014), and DFE guidance on Supporting pupils with Medical Conditions (2015).
- To make First Aid provision based on the school's internal risk assessment processes.
- To ensure that First Aid provision is available at all times while students and staff are on school premises, and also off the school premises whilst on school trips and extra curricula activities.

2.2 Objectives

- To appoint the appropriate number of suitably trained people as an Appointed Person and First Aiders to meet the needs of the School.
- To provide relevant training and ensure monitoring of the training needs of staff.
- To provide sufficient and appropriate resources and facilities.
- To make the School's First Aid and administering medicines arrangements available for staff and parents via the school website and staff network drive.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

3: Responsibilities

3.1 The Governors are responsible for the health and safety of their employees and anyone else on the premises. This includes the Head and teaching staff, non-teaching staff, pupils and visitors (including contractors). The Governors must ensure that a risk assessment of the School is undertaken and that the appropriate training and resources for First Aid arrangements are appropriate and in place. They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.

Any complaints regarding First Aid or administering medications should be made by following the procedure for complaints as set out in the school's complaint's policy, which can be found on the website.

3.2 The Assistant headteacher for Safeguarding and Inclusion is responsible for putting this policy into practice and for developing detailed procedures through Line Management of the Appointed Person.

3.3 Teachers and other staff are expected to do all they can to secure the welfare and safety of the students, this will be secured by reading and understanding Individual Health Care Plans and Education Health Care Plans for SEN students as identified by the SENCO, of the students they teach and take out of school on trips and extra curricula activities; by reading and understanding this policy; by reporting any concerns they might have about the health of a student to the First aid officer or the school's safeguarding team via CPOMS or in person if an urgent concern; and by enabling any child or young person who reports as feeling unwell to be assessed by a First Aider.

3.4 It is the **parent/ carer's responsibility** to send their child to school, and to make the decision as to whether their child is fit enough to attend school or not. They must also inform the Appointed Person, of any changes in relation to their child's medical condition if and when changes occur. Parent/carers are asked to complete a 'Medical Information Form' on induction, including medical needs and contact numbers. Any changes to this information must be notified to the school immediately. ([Appendix 1](#))

Where medication is supplied via the parent to the school for distribution at school, parent/carers have responsibility to note expiry dates and to ensure that all medication kept in school is within date. They must deal with the correct disposal and replenishment as necessary.

3.5 It is **individual student's responsibility** that where possible, each person will manage their own indicators of health, ensuring that they report to an adult in the school if they feel unwell and that where agreed, they manage their own conditions; this includes reporting blood sugar levels to the First Aid Officer at agreed and specific times of the school day as well as, when needed. Staff members will not be responsible for measuring students blood levels, monitoring students blood levels, chasing students who do not come to First Aid or having/wearing devices that show information around blood sugar levels (such as smart watches, tablets or other devices).

It is also the individual student's responsibility to report to parent/carers if they have felt or become unwell or suffered minor injuries in the course of the school day, unless otherwise indicated on the policy.

3.6 The First Aid Officer will notify parent/carers if their child is so unwell that they require immediate collection from school. Students are not permitted to make this decision - they must not phone or text parent/carers and request to be collected. If a student is unwell a student must first inform a teacher if in a lesson or they must attend the First Aid room where they will be assessed, and appropriate action taken.

First Aiders in school cannot diagnose medical conditions. They are trained to assess whether or not a child or young person is fit enough to attend lessons. If this is deemed not to be so, it is the parent/ carer's responsibility to take over immediate care of the student. The First Aid Officer does not have access to equipment that can show sprains, broken bones, internal injuries or internal bleeding.

The Appointed Person will be known as The First Aid Officer and will have undertaken First Aid at Work Training. S/he will:

- Assess children and young people who present as feeling unwell and take appropriate action, which shall be recorded on SIMs for tracking of such occasions.
- Take charge when someone is injured or becomes ill.
- Look after the first aid equipment e.g. re-stocking the first aid boxes.

The First Aid Officer must have completed and keep up-dated a training course approved by the HSE. S/he will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

Casualties with suspected fractures to back or neck injuries must not be moved unless ambulance personnel are present.

- When necessary, ensure that an ambulance or other professional medical help is called.
- A first aider must be able to leave to go immediately to an emergency.

A second First Aider will work under the guidance of the First Aid Officer as and when required. Other trained personnel will be available on occasion should an emergency arise.

All First Aiders hold a valid certificate of competence, issued by an organisation approved by HSE. Other, named staff hold a one-day Emergency First Aid certificate.

3.7 In selecting first aiders, the **Headteacher**, should amongst other criteria consider the person's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.

4: Procedures

4.1 Risk Assessment

Reviews are required to be carried out at least annually by the First Aid Officer. Recommendations on measures needed to prevent or control identified risks are to be identified with the Senior Leadership Team through the Assistant Headteacher for Safeguarding and Inclusion.

The school is low-risk environment, but SLT will consider the needs of specific times, places and activities in deciding on First Aid provision.

In particular they should consider:

- Off-site PE
- School trips
- Science/Technology/Art rooms/the swimming pool/the Vocational Centre
- Adequate provision in case of absence, (including trips)
- Out-of-hours provision (e.g. clubs/events)
- Provision of full insurance cover for participants in any trip or off-site activity, including staff.

Arrangements should be made to ensure that the required level of cover of first aiders is available at all times when people are on school premises.

4.2 Re-assessment of First Aid provision

As part of the School's monitoring and evaluation procedures:

- The First Aid Officer shall ensure a review of the School's First Aid needs following any changes to staff, building/site, and activities, off-site facilities, etc.
- The First Aid Officer monitors the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.
- The First Aid Officer also monitors the emergency first-aid training received by other staff and organises appropriate training.
- The First Aid Officer monitors the First Aid stock in the First Aid Room and organises the stock contents of the first-aid boxes around the school building is checked bi-monthly.

4.3 First Aid equipment

The First Aid Officer must ensure that the appropriate number of first-aid containers according to the risk assessment of the site are available.

All First Aid containers must be marked with a white cross on a green background.

The school mini - buses must carry a First Aid container.

First Aid containers must accompany PE teachers and any staff leading school related activities offsite. Defibrillators are situated on site, in South Hall, in Reception, in X block and in the Pavilion, and designated staff have been appropriately trained in the use of this item.

Spare stock should be kept in school.

Yellow SHARPS boxes are kept, clearly labelled, for individual students for safe disposal of needles and other sharps.

Responsibility for checking and re-stocking the first aid containers is that of the First Aid Officer.

5: Medication - Supervision and Administration

5.1 Arrangements for Administering Medicines

Students are not to take medication at school without the prior agreement of parent/carer and the First Aid Officer, and following school procedures outlined below.

In the event of a student requiring to take any medication at school the need to do so should be recorded on specific Individual Health Care Plans, which are updated regularly by parent/carers, the health services, (where appropriate), and school. In this way, the school will supervise the administration of medication for students who have long term medical needs. This includes children and young people with asthma, epilepsy, diabetes, those taking medication for ADHD, severe allergies and other such conditions that have been diagnosed and are monitored by health professionals.

If students have short term medical conditions where it is unavoidable and medication is required to be taken during the school day, the parent/carer must complete a Request for Medicine to be Administered Form ([Appendix 2](#)) available from reception or on the school website, and hand the form into school marked 'for the attention of The First Aid Officer'.

If the school receives information on the Student Medical Information Form ([Appendix 1](#)), which indicates that administering medication is required during the school day, and this is agreed, then the school will send an email to request receipt of the medication and to explain how and when it will be administered. ([Appendix 3](#))

Medication will not be administered until this is completed and the appropriate information is entered onto the student's medical records on SIMS. It is the parent/carer's responsibility to ensure that the medication arrives at school, is within the required expiry date and is sufficient to cover the short-term period as noted on the form. All medication brought into school must be clearly labelled with the student's name, dosage and frequency of administration, date of dispensing, cautionary advice and expiry date. In the event that medication is found to be nearing or out of date, a courtesy email will be sent to parent/carers reminding them to update the medication. ([Appendix 4](#))

If the medication is not collected by the end date, it will be disposed of by the school.

All medication will be kept in a locked cabinet in the First Aid office and will be filed in the correct place for easy and swift access. Students are not allowed to have access to the medication cupboard and a staff member must get medication from here at all times.

Records of all medication kept in this way will be entered onto the student's individual medical record on SIMs – this is password protected and is backed up on a 24-hour basis. A monthly paper report is printed and kept on file.

5.2 Prescribed medications

Students **must not** carry any medication on their person, other than described in other parts of this policy and prescribed on the students Individual Health Care Plan – it must all be in the First Aid Room. This includes, but not exclusively:

- Paracetamol – or other pain relief.
- Hay fever tablets.
- Hay fever inhalers.
- Calpol – or other liquid pain relief.
- Medicine prescribed by a doctor, pharmacist, dentist or other medical professional.
- Tablets for cramps or period pains.

To ensure all students health at all times, pain relief will not be administered by school staff. The only time the school will administer pain relief is if it was prescribed by a GP or Hospital.

Students can carry at school with parents and school permission:

- Asthma inhalers
- EpiPens
- Insulin pumps
- Other prescribed medical equipment as agreed by parents and the school

5.3 Sun Protection

We recommend that parent/carer's supply their children with sunscreen of an appropriate factor for the weather on any particular day.

5.4 Water fountains

Water fountains are located around the school and drinks are available for purchase from food service areas at break and lunchtime. Tap water is always available during break and lunchtimes from the refectory.

The First Aid room will not be used as an area where water bottles can be re-filled.

6: Accommodation

The First Aid room is used for assessment of students who are injured or who report that they feel unwell and does contain 2 beds and a sink. The required WCs are the disabled toilet in the South hall, next to the main hall; the disabled toilet is at the bottom of i-block corridor and the student toilets (male, female and all-gender) in the adjacent link corridor between the South Hall and the Technology block.

7: Hygiene / Infection Control

Basic hygiene procedures must be followed by First Aiders. Single issue disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

There are special yellow boxes for the disposal of needles, for students with disorders such as diabetes who self-administer medicines under the supervision of the First Aider.

8: Accidents/ injuries and illnesses

8.1 Reporting Accidents

Statutory requirements are followed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE.

For definitions, see HSC/E guidance on RIDDOR 1995, and information on Reporting School Accidents (Annex A).

The following accidents must be reported to the HSE: -

- Accidents resulting in death or major injury (including as a result of physical violence).
- Accidents which prevent the injured person from doing their normal work for more than seven days, over three days needs to be recorded, but not reported to the HSE.
- Specified Injuries to workers:
 - 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) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
 - any scalping 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
 - requires resuscitation or admittance to hospital for more than 24 hours

Involving pupils and visitors:

- Accidents resulting in death.
- Injuries to non-workers which result in them being taken directly to hospital for treatment, however there is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.
- Equipment, machinery or substances
- The design or condition of the premises

HSE must be notified of fatal and major injuries and dangerous occurrences without delay by telephone and be followed up in writing within 10 days on HSE form 2508.

If the incident is related to premises or the environment, the Business Manager is responsible for investigating and ensuring that the RIDDOR Form is completed; but if it is related to people causing the incident, then the investigation of the incident and the completion of the forms is the responsibility of the Senior Leadership Line Manager. The form must be emailed / faxed. It can also be completed on-line. The email address is riddor@hatbrit.com. To report an incident over the telephone call 0845 300 99 23 (Monday to Friday 8.30am to 5.00pm).

The Governors must ensure that the school keeps a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

8.2 Identification and Treatment of pupils with particular medical conditions

Parents complete a Medical Information Form when registering their child, (Appendix 1). The original is kept in the pupil's file. A copy of medical forms is taken on all off-site visits and every class teacher has access to the medical conditions form with all the relevant / important details.

Any regular medicines are named and kept with in First Aid. They are stored in a locked First Aid cupboard with the exception of antibiotics, which are stored in the fridge. Details of medicines dispensed are recorded on each student's individual school record on SIMS.

Currently the specific medical conditions, for which medication might be administered in school, are asthma, diabetes, anaphylactic shock, epilepsy and ADHD. It is important that prescribed inhalers for asthmatics are kept in the pockets of students to whom they have prescribed so that they can be self-administered. Spare inhalers, if deemed necessary by the parent/carer, are kept in the First Aid Medicine cupboard in the First Aid room. This is also true of prescribed EpiPens.

Staff are kept aware of all students Medical Conditions via a secure report which is emailed to all staff every half term, in-between these times any new medical information that is received is e-mailed to the specific Teachers/Support Staff that are attached to the Student on SIMs. All Student Medical Information is available on Sims in individual student details – (7) Medical – Medical Conditions.

8.3 Record Keeping

Statutory accident records: The Governors must ensure that the school keeps readily accessible accident and illness records, written or electronic, are kept for a minimum of three years.

The Senior Leadership Line Manager must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This record should be completed by any First Aider administering treatment or support to children and young people in the school's care. This should include:

- The date, time and place of accident / incident
- The name (and class) of the injured or ill person
- Details of their injury / illness and what first aid was given
- What happened to the person immediately afterwards
- Name and signature of the first aider or person dealing with the incident.
- Whether or not and to whom the incident has been referred.

The Governors must ensure that the school has in place procedures for ensuring that parents are informed of significant incidents.

All medication that is administered must be recorded. This is done using a paper-based file and SIMS. This is so that there is a consistent track of what has been administered and when.

8.4 Monitoring

Accident and illness records can be used to help identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance for investigative purposes.

9: Medical Conditions

9.1 In the case of having a **long-term medical condition** such as 10.1 - 10.4, detailed below, each student must have an Individual Health Care Plan, and where indicated, carry their own medication, with spares given into the care of the Appointed Person. All medication that is located in the First Aid room will be a lockable cupboard along with a copy of their Individual Health Care Plan, in clearly labelled trays for each named student.

For students with an Individual Health Care Plan, who attend a planned trip out of school, their medication will be placed inside a plastic wallet along with a copy of their care plan. The wallet will be issued to the designated responsible person for that trip, and they will be in charge of this medication at all times. They will also be responsible for returning the wallet to the Appointed Person once the trip is over, together with the details noted when administering the medication or any other comments relating to the child's condition as detailed by the care plan.

9.2 Informing parents/carers

9.2a Parent/ carers will not be informed if the student has a minor complaint:

- Cuts and grazes that does not require professional attention.
- A sprain/ strain to ligaments muscles where the student confirms that that initially reported pain has stopped and physical movement is not visibly hampered.
- A headache that goes away.

- If the student does not inform a member of staff that they are unwell or injured.

Students in our school are expected to take responsibility for their health and are therefore expected to inform parent/carer of any minor injury/ illness that has occurred during the school day.

9.2b Parent/carers will always be contacted, or the secondary contacts supplied on SIMs will be contacted, and every effort made to speak with them personally should a student:

- Need to attend hospital.
- If an ambulance is called.
- Has a suspected contagious rash
- Has been stung/ bitten by an insect or animal.
- Has an injury to the head of any kind.
- Appear to be unfit to continue their day at school
- Has an existing health care plan in place and is feeling unwell
- If the injury is deemed not accidental.

10.0 Actions undertaken in the administration of medication and support of long term health conditions

This process applies to all medication that is administered in school – both for short term and long-term conditions.

All medication is kept in the medicine cupboard. **Students must not have access to this cupboard at any point.** Staff members must always remove medication and give it to the student.

PROCESS

- Identify the student – use pictures on SIMs if needed.
- Verbally check what the student thinks should be taken.
- Leave the student in the front area of First aid when going to get medication.
- Check box:
 - Check the name on the label.
 - Check the medication name correlates with the paperwork and what the student has said needs to be taken.
 - Check the dose on the label.
 - Check the medication has not expired by checking the expiry date.
- Take out the prescribed dose and double check with the label.
- Put medication box back into the cupboard.
- Give medication and a cup of water to the student.
- Log the administration on the individual paper sheets and on SIMS.

Students are not permitted to carry their own medication (or pain relief) on their person. If this is found, it should be confiscated and given to First Aid, a call must be made home, and a guardian comes to collect the medication.

LONG TERM MEDICAL CONDITIONS

10.1 ASTHMA

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it difficult to breath. An asthmatic attack is the sudden narrowing of bronchi. Symptoms include attacks of breathlessness, coughing and tightness in the chest.

Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, deodorant, paint and fumes for science experiments. Animals, such as guinea pigs, hamsters, rabbits, cats, dogs or birds can also trigger attacks.

Students are asked to have their inhalers with them at all times and especially when they are doing PE, attending the Vocational Centre, in Science or Technology, and when they are on trips out of school. A spare inhaler clearly labelled with the student's name, dosage/ frequency of expected need, date of dispensing, cautionary advice and expiry date, should be made available by parents to be kept in the First Aid room in case of additional need.

Parents are responsible for ensuring that the inhaler medication is renewed well before the expiry date.

WHAT TO DO IN THE EVENT OF ASTHMA ATTACK

1. Keep Calm and reassuring
2. Sit the student up and encourage them to take slow steady breaths
3. Make sure they take two puffs of their reliever inhaler (usually blue)
4. Call First Aid
5. If the student feels better, they can carry on with what they were doing
6. If the student does not feel better, give the student a further one puff every two minutes – they can take up to ten puffs.
7. Email a full report of actions to First Aid

SEVERE ASTHMA ATTACK

A severe asthma attack is:

When normal medication does not work at all.

The child is breathless enough to have difficulty in talking normally.

1. Call an Ambulance.
2. The Appointed Person or a member of the office or teaching staff will inform a parent/carer
3. If the ambulance doesn't arrive within ten minutes repeat step 6 above.
4. Email a full report of actions to First Aid

IF IN DOUBT TREAT AS A SEVERE ATTACK

10.2 EPILEPSY

Epilepsy is a tendency to have seizures (convulsions or fits)

There are many different types of seizures; however, a person's first seizure is not always diagnostic of epilepsy.

WHAT TO DO IF A CHILD HAS A SEIZURE

1. DO NOT PANIC. Ensure the child is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the child or if this is not possible, move the child to safety.
2. Let the seizure run its course
3. Do not try to restrain convulsive movements
4. Do not put anything in the child's mouth, especially your fingers
5. Do not give anything to eat or drink
6. Loosen tight clothing especially round the neck
7. Do not leave the child alone
8. Removal all students from the area and send a responsible pupil to the school office for assistance
9. If the child is not a known epileptic, an ambulance should be called
10. If the child requires medication to be given whilst having the seizure, then the Appointed Person or a member of staff trained to give the medication must do it
11. As soon as possible put the child in the recovery position
12. The person caring for the child during the seizure should inform the parent/carer as they may need to go home, and if not, a known epileptic they must be advised to seek medical advice.

Seizures are followed by a drowsy and confused period. Arrangements should be made for the child to have a rest as they will be very tired.

10.3 ANAPHYLACTIC SHOCK

Anaphylaxis

Anaphylaxis is acute; severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cow's milk, kiwi fruit and shellfish) certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets).

In its most severe form, the condition is life threatening.

Students should have their own EpiPen with them at all times, and a spare. EpiPen should be made available by the parents for the First Aid room.

All staff are required to attend such training as a whole school event when it is organised by SLT.

Symptoms

Itching or strange metallic taste in the mouth

Hives / skin rash anywhere on the body, causing intense itching

Angioedema – swelling of lips/eyes/face

Swelling of throat and tongue – causing breathing difficulties / coughing / chocking

Abdominal cramps and vomiting

Low blood pressure – child will become pale / floppy
Collapse and unconsciousness

Not all of these symptoms need to be present at the same time.

First Aid treatment

Oral Antihistamines
Injectable Adrenalin (EpiPen)

WHAT TO DO IN THE EVENT OF AN ANAPHYLACTIC REACTION

1. DO NOT PANIC
2. Stay with the child at all times and send someone to the school office / First Aid Room.
3. Treat the child according to their own protocol which will be found with their allergy kit.
IF YOU FOLLOW THE CHILD'S OWN PROTOCOL YOU WILL NOT GO WRONG.
4. Contact the parent or guardian
5. If you have summoned an ambulance and have used an Epi-Pen this needs to be given to the ambulance crew
6. Email a full report of actions to First Aid.

10.4 DIABETES MELLITUS

Diabetes mellitus is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent.

HYPOGLYCAEMIC ATTACK (Low blood sugar levels)

1. DO NOT PANIC
2. Notify First Aid
3. If the child is a known diabetic and they know their sugar level is going low, help them to increase their sugar intake e.g. Glucose sweets, sugary drink, or anything that has good concentration of sugar.
4. Get the child to First Aid to test the blood sugar level
5. Notify the parent or guardian
6. If the condition deteriorates, or the pupil is unresponsive then an ambulance must be called immediately
7. Email a full report of actions to First Aid.

HYPERGLYCAEMIA (Too much sugar in the blood stream)

This condition takes a while to build up and you are less likely to see it in the emergency situation at school.

10.5 EMERGENCY ILLNESS OR INJURY

An Ambulance will be called after any accident/incident/illness if the First Aider deems it necessary to have immediate medical intervention.

In the event this is deemed necessary the parent/carer will be contacted after the ambulance has been called.

A member of staff will always travel in the ambulance to the accident and emergency department if the parent/carer is unavailable at the time of departure. In this event the member of staff should take a 'Student Details' sheet printed out from SIMs so that relevant and up to date information can be given at the hospital. They should also ensure that a second member of staff knows that they have gone and arrangements for returning to school or home have been made.

EMERGENCY PROCEDURE FOR CALLING AN AMBULANCE

1. Dial 999
2. Ambulance required at:
Shenfield High School
Alexander Lane
Shenfield, Brentwood
Essex, CM15 8RY
3. Give brief details of accident or incident and the consequent injury or problem. Give details of any treatment that has or is being administered.
4. Inform them that there is a car park and a back gate entrance and direct them as required.
5. Notify the nearest SLT member immediately.
6. Ensure that a person is available to meet the ambulance and take the personnel to the place where the person for whom the ambulance has been called is situated.
7. In the absence of someone with parental responsibility an appropriate adult from the school will attend with the child such as a pastoral manager or a member of SLT.

10.6 CUTS AND GRAZES

All First Aiders will use latex free surgical gloves when treating any or potential open wound. Wounds will be cleaned with water and/ alcohol free surgical wipes.

If plasters, adhesive dressings or gauze bandages are used, students who are judged competent to answer will be asked whether they are allergic to plasters before administration. In the case that a student is not judged competent to answer this question, parent/carers will be contacted before the plaster or such item is administered, and if necessary, the parents/carer will be advised to attend the school immediately to administer it.

10.7 HEAD INJURY

Any student who reports a blow to the head will be asked the following set questions:

- How did it happen?
- When did it happen?
- Where did it happen?
- How do you feel?

The appropriate First Aid will be applied, and the student will be monitored in the First Aid room for 20 minutes' minimum for any signs of concussion.

If the injury is minor the student will return to normal lessons, and a 'head injury note', via email, ([Appendix 6](#)) will be sent to the guardians, (telephone if an e-mail address is unavailable), copying in teaching staff for the remainder of that day, advising of the injury. The student will be returned to the First Aid room if any of the signs or symptoms stated are reported by the student or observed by the member of staff. Students themselves are told to come back to the First Aid room if they start to feel faint, dizzy or feel sick.

If there are further concerns in school, parent/carers will be contacted to come and collect their child immediately. At this point advice will be given to the parent/carer to seek further professional medical advice.

10.8 NAUSEA / VOMITING / DIARRHOEA

Students who report nausea or vomiting or diarrhoea will be assessed in the First Aid room for a minimum of 20 minutes. If no further symptoms occur, they will be returned to normal lessons and told to come back if they feel unwell again during the school day. If symptoms persist then parent /carer will be asked to come and collect their child and seek further professional medical advice.

It is the school policy that when a child has either been physically sick or has had a temperature, he or she must be kept at home for 48 hours following either the end of the sickness or the return to a normal temperature.

Appendix 1
STUDENT MEDICAL INFORMATION FORM

STUDENTS FULL NAME		YEAR GROUP		
DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING: (please delete as applicable and supply relevant details where necessary)				
Allergy: YES/NO Type	Anaphylaxis: YES/NO Type	Asthma: YES/NO	Diabetes: YES/NO	Epilepsy: YES/NO
1. Please give details of any other relevant medical conditions that could affect your child whilst they are in school				
2. If you have stated YES to any of the conditions above or detailed further medical conditions, please give full details of any medication that is taken on a long-term basis or any other relevant information e.g. triggers/ warnings/ symptoms:				
3. If you have stated YES to any of the above does your child have an existing Medical Health Care Plan?				
4. In an emergency resulting in an ambulance being called, is there any medication that your child should NOT be given or instructions to be followed e.g. aspirin, penicillin, blood etc. If n/a please state this				
STAFF TO COMPLETE		Date actioned:	Staff Initials:	
GP Name:		GP telephone number:		
GP Surgery Address:				
Signed:		Name:		
Relationship to student:		Date:		

Appendix 2



**SHENFIELD
HIGH SCHOOL**

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

**MEDICATION SHOULD NOT BE GIVEN IN SCHOOL HOURS
UNLESS IT IS UNAVOIDABLE
THE FULL MEDICAL CONDITION POLICY CAN BE FOUND
ON THE SCHOOL WEBSITE**

Shenfield High School
Alexander Lane
Shenfield
Essex
CM15 8RY
T: 01277 219131
E: shs@shenfield.essex.sch.uk

Student's Full Name: _____ **Form:** _____

Address: _____

Condition / Illness: _____

Name / Type of Medication: _____

How long is the medication required? _____

Date dispensed: _____ **Dose:** _____

Frequency of Dosage: _____ **Timing:** _____

Additional instructions / information: (e.g. before / after food, interaction with other medicines, possible side effects, storage instructions).

I understand that I must deliver the medicine personally, or send it with my child to the First Aid Room, and collect any remaining medication when the course is completed.

I accept that the School has a right to refuse to administer medication and that it is my responsibility to ensure that all medication is within the expiry date and to inform the School of any changes.

Name (Please print): _____ Relationship to student: _____

Signed: _____ Date: _____

NB:- Minor ailment medication can only be administered on a 48 hour basis for the "same" ailment as in line with statutory legislation. After this time medication will be refused to be given unless it is prescribed by a medical professional/GP. It will need to be supplied in an appropriate container with a Pharmaceutical label, with full directions stated.

R:\FIRST AID\FIRST AID MASTER FORMS\MEDICINE REQUEST TO ADMINISTER FORM ELECTRONIC.docx

LEARNING FOR LIFE

Headteacher: Clare Costello
Registered in England and Wales No. 7898905

Appendix 3

Dear <RecipientSalutation>

Further to receiving the Student Medical Information Form for <PreferredForename>, you have stated that <he/she> is using medication for a medical condition.

{Insert medication}

If you feel that it is necessary for this medication to be in school for emergency usage, please can you provide this medication so that it can be stored in the Medicine Cabinet in the First Aid room. Attached you will find a Medicine Administer Request Form which needs to be completed and sent in with the medicine – which must have been dispensed and have a pharmaceutical label on it as it is long term medical use.

Please can you also complete the Health Care Plan Form attached. This is the protocol/instructions that are to be followed by staff should <PreferredForename> become ill during school hours. Both forms should be returned along with any medication to the First Aid Room.

Please be assured that all medical information held about <PreferredForename> is kept private and confidential.

If you have any questions at all or would like to meet to discuss <PreferredForename>'s medical requirements whilst at school, please contact me on the telephone number below.

Appendix 4

Dear <RecipientSalutation>,

On checking, the medication that we hold in school for <PreferredForename> is due to go out of date at the end of this month – <Insert Medication and Expiry Date>

Please can you supply us with new in-date medication if you still require for it to be kept at school for <him/her> – a new Request For School to Administer Medication Letter is attached to be completed, this needs to be sent in with the new medicine (a separate letter is required for each medicine).

If the medication is no longer needed, please can you confirm this by return.

The out-of-date medication will be disposed of within 2 weeks of the expiry date and will be removed from <his/her> records unless you inform me otherwise. No further reminders will be sent.

PLEASE NOTE – IT IS THE PARENT'S RESPONSIBILITY TO REPLACE ANY OUT-OF-DATE MEDICATION THAT IS NEEDED FOR THEIR CHILD WITHIN SCHOOL – THIS E-MAIL IS JUST A COURTESY REMINDER.

The full First Aid/Medication in School Policy can be found on the school web site. Kind regards

Appendix 5

Dear <RecipientSalutation>,

Please be advised that <PreferredName> visited the First Aid Room today and was given the following medication:

Medication Taken:

Time:

Reason:

Please note:

- Minor ailment medication can only be administered on a 48-hour basis for the "same" ailment as in line with statutory legislation. After this time medication will not be able to be given unless it is prescribed by a medical professional/GP.
- Students aged 16+, are at the legal consenting age to determine if they need pain relief or not.

If you would like any further information, please contact me on 01277 249240.

Appendix 6

Dear {add name}

{Add text}

I am just making you aware as this was an injury to the head, which we do need to report to guardians – if he does experience any of the following during the next 24 hours, please seek medical advice as he could have concussion.

- Severe Headache
- Drowsiness & Confusion
- Vomiting
- Dizziness
- Seizures
- Breathing Problems

