



St Anthony's Catholic Primary School

An Academy within The Catholic Academy Trust in South Hampshire

'Children in our heart, Christ at the centre'
'We love, we learn and we live'



Name of Policy	First Aid and Medicine Policy
Reference Number	
Date of e-signoff	June 2025
Headteacher	Katrina Straker
Chair of Risk & Management sub-committee	Kerry Meredith
Date for review	June 2027

First Aid and Medicine Policy



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*'Children in our heart, Christ at the centre'
'We love, we learn and we live'*

The St Anthony's mission statement is 'Children in our heart, Christ at the centre. We love, we learn and we live.' To live out this mission, we are guided and led by our Catholic ethos that places the Catholic Social Teaching principles of Human Dignity and the Common Good at the heart of our school. We recognise that each of us is unique and loved by God and we are called to lead by example, as Christ did, to show respect and love to every person because each of us is made in the image of God.

STATEMENT OF INTENT

The Governors and Headteacher of St Anthony's Catholic Primary 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 annually.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the School is appropriately insured and that staff are aware that they are insured to support pupils in this way.

In the event of illness, a staff member will send and if appropriate accompany the pupil to the school office/medical room. In order to manage their medical condition effectively, the School will not prevent pupils from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant and staff should be aware of.

Arrangements

The School Nurse/ Healthcare Professional

The School is supported by the Fareham and Gosport School Nursing Team; this team will have the lead role in ensuring that pupils with medical conditions are identified and properly supported in schools, including supporting staff on implementing a pupil's Healthcare Plan. The School healthcare professionals will work with the Headteacher to determine the training needs of school staff. Suitable cover will be provided in the absence of the school nurse/healthcare professional.

The First Aid Team

The members of staff in the school who are trained in First Aid are:

- Office staff
- LSA staff
- Preschool staff
- Laughalots Staff
- MDSA staff
- Headteacher

Trained Staff

The members of staff in the school who are able to administer medicines are:

- Office staff
- Preschool staff

First Aid Boxes

The first aid boxes are located in:

- The School Office
- Preschool
- Laughalots drawer in ICT suite

Medication

Pupils' medication is stored in:

- Medical room fridge or cupboard

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 the school office and calls for a first aider.
- The first aider administers first aid and records details in our treatment book.
- If the child has had a bump on the head, they must be given a "bump on the head" note.
- 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 to the Governing Body.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then as the employer the Governing Body will arrange for this to be done.

Defibrillators

As recommended in the DfE documentation "Automated external defibrillators (AEDs) – A guide for schools" we have purchased one AED which is located in the staff room. Stickers and signs have been put up to notify anyone in the building of the presence of the AED. Should someone show symptoms that could indicate a cardiac arrest we will attach them to the AED which will automatically scan them and will only administer a shock if the patient's heart is in a shockable rhythm. The application of CPR can maximise the opportunities for defibrillation to be administered effectively. The AED will continue to analyse the patient's heart rhythm after each shock and will provide ongoing instructions about continuing CPR.

School Insurance Arrangements

RPA and Zurich Insurance (details available in the school office)

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 school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. 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 school office.

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

Paracetamol and anti-histamine are kept at school and can be administered to children with parental consent. Office staff always contact parents before administering paracetamol or anti-histamine to check if the child has already had a dose in the last 4-6 hours.

Other non-prescribed medicines may not be taken in school.

Storage/Disposal of Medicines

Wherever possible, children will be allowed to carry their own medicines/ relevant devices if kept in classrooms or will be able to access their medicines in the School office for self-medication, quickly and easily. Pupils' medicine will not be locked away out of the pupil's access; this is especially important on school trips. It is the responsibility of the School to return medicines that are no longer required, to the parent for safe disposal.

Asthma inhalers and EpiPens will be held by the school for emergency use, as per the Department of Health's protocol.

Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers. The school will ask parents for updates on changes to medical history, allergies, medication and emergency contact details at set times of the year.

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 are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

The School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

The School will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life.

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 to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. The School appreciates that pupils with the same medical condition do not necessarily require the same treatment.

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 pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician.

Procedure that will be followed when the School is first notified of a pupil's medical condition.

Meeting to be held with parent, class teacher, and office staff. This will be in place in time for the start of the relevant school term for a new pupil starting at the School or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to the School mid-term.

Appendix
Forms

Form 1:	Contacting Emergency Services
Form 2:	Health Care Plan
Form 3:	Indication for administration of medication during epileptic seizures
Form 4:	Epileptic seizure chart
Form 5:	Emergency instruction for an allergic reaction - EpiPen®
Form 6:	Consent form – use of emergency adrenaline auto-injector (EpiPen)
Form 7:	Administration of asthma inhalers in the classroom
Form 8:	Emergency Salbutamol inhaler use
Form 9:	Use of emergency salbutamol inhaler – Consent form
Form 10:	Administration of prescribed medicines consent form and record of medicines given in school.
Form 11:	Note to parent /carer regarding paracetamol administered to children in school
Form 12:	Note to parent /carer regarding antihistamine administered to children in school
Form 13:	Note to parent/carers regarding first aid/medication administered to children in school.
Form 14:	Medical Record Sheet – used for recording administration of first aid in school.

FORM 1

Contacting Emergency Services

Request for an Ambulance

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

Speak clearly and slowly and be ready to repeat information if asked

1. Your telephone number:

01489 579100 _____

2. Give your location as follows

St Anthony's Catholic Primary School, Primate Road, Titchfield Common,
Fareham, Hampshire _____

3. State that the postcode is:

PO14 4RP _____

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

Put a completed copy of this form by the telephone

FORM 2

Health Care Plan

Health Care Plan

School	
Pupil Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who Needs To Know About Pupils Condition & What constitutes and Emergency	
Action to Be Taken in Emergency and by whom	
Follow Up Care	
Family Contacts Names Telephone Numbers	
Clinic/Hospital Contacts Name Number	
GP Name Number	
Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	
Transport Arrangements <i>If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
School Trip Support/Activities Outside School Hours (e.g. risk assessments, who is responsible in an emergency)	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from School. *If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles*

**FORM 3
INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES**

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

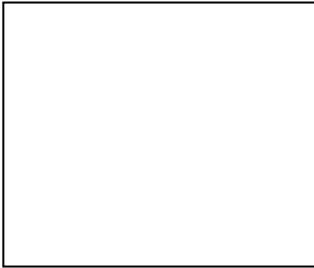
Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

FORM 5 **EpiPen®**
EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION



Child's Name: _____

DOB: _____

Allergic to: _____

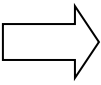
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in: Child's classroom

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

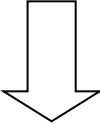
MILD REACTION

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



SEVERE REACTION

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



ACTION

- Give _____ (Antihistamine) immediately

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

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 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. Massage the injection area for 10 seconds.
7. Remain with the child until ambulance arrives.
8. Place used EpiPen® into container without touching the needle.
9. Contact parent/carer as overleaf.

FORM 6

Consent form: Use of emergency adrenalin auto-injector (EPIPEN)

Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector
2. My child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector is not available or is unusable, I consent for my child to receive an adrenaline auto-injector held by the school for such emergencies.

Signed: _____ Date: _____

Name (print): _____

Child's name: _____ Class: _____

Parent's address and contact details:

Telephone: _____ E-mail: _____

FORM 7

Administration of asthma inhalers in the classroom

Child's Name: Year:

Medication:

Date	Time	Number of puffs	Outcome	Teacher's signature

If the child requires their inhaler more than twice a week (unless taken before P.E.) the school may need to discuss this matter with the parents.

FORM 8

Emergency salbutamol inhaler use

EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class: Date:

Dear

This letter is to formally notify you that has had problems with his/her breathing today. This happened when
.....

*A member of staff helped them to use the asthma inhaler.

*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

*(*delete as appropriate)*

Although they soon felt better, we would strongly advise that you have you have your child seen by your own doctor as soon as possible.

Yours sincerely

Mrs Katrina Straker
Headteacher

FORM 9
Use of emergency salbutamol inhaler – Consent form

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept in their classroom.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:Date:

Name: (print)

Child's name: Class:

Parent's address and contact details:

.....
.....
.....

Telephone:

Email:

FORM 11

Note to parent /carer regarding paracetamol administered to children in school

Date: _____

Dear Parent

Name: _____

Your child has received paracetamol today at: _____ (time) dosage: _____

As discussed on the telephone with you this was for:

Yours sincerely,

K Straker

Mrs. K Straker

Head teacher

FORM 12

Note to parent /carer regarding antihistamine administered to children in school

Date: _____

Dear Parent

Name: _____

Your child has received antihistamine today at: (time) dosage:

As discussed on the telephone with you this was for:

Yours sincerely,

K Straker

Mrs. K Straker

Head teacher

FORM 13

Note to parent /carer regarding first aid/medication administered to children in school

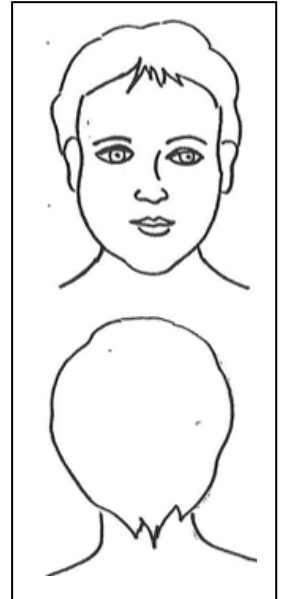
St Anthony’s Catholic Primary School – First Aid

Pupil Name: _____ Year: _____ Date: _____

This is to let you know that your child received First Aid today for.

Injury: Bumped head (See information overleaf)
Nosebleed
Cut or graze to arm / leg
Bruised or bumped arm / leg
Feeling sick
Other _____

Treatment: Cold compress applied
Plaster applied
Pressure applied
Wound cleaned
Water and / Rest given



Head Injury – further information

A First Aider assessed your child. Although no problems were seen at the time, we request that you observe your child for the next 24 hours for any of the following symptoms:

- Unusual drowsiness
- Change in behaviour / confusion
- Severe headache
- Nausea or repeated vomiting
- Blurred vision
- Bleeding or fluid from ears or nose
- Clumsy walking, staggering, dizziness
- Sudden unconsciousness/unresponsiveness/slurred speech

CONTACT YOUR FAMILY DOCTOR OR THE NEAREST ACCIDENT & EMERGENCY DEPARTMENT IF YOU NOTICE ANY OF THE ABOVE SYMPTOMS

