



# FIRST AID & MEDICINE POLICY

**Discovering and Learning Together, so all can Flourish.**

‘A tree planted by streams of water, which yields its fruit in season’ (Psalm 1:3)

**Wisdom – Hope – Service – Resilience**

TPAT		Guidance			Management	
Document history						
Review date	Version	Reviewer / owner (post holder)	Executive approval	Approving body	Meeting date of policy approval	
January 2025	2	<b>Sharon Bishop (Headteacher)</b>	Rachel Surch	<b>TIB</b>	22/01/2025	
January 2026	3	<b>Sharon Bishop (Headteacher)</b>	Rachel Surch	<b>TIB</b>	21.01.2026	
Material changes since last publication						
Section		Changes				

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## **1) Introduction**

The Trust intends and expects that all decisions around the use of Trust resources will be underpinned at all times by its vision and values:

### **Our aim:**

To create centres of educational excellence that inspire all pupils to turn their potential into performance

### **To achieve this our schools will:**

Provide a broad and balanced curriculum that allows pupils to develop their talents and ambitions

Deliver the highest quality learning opportunities facilitated by excellent teachers

Inspire our pupils to become confident, motivated and respectful individuals

ready to make a positive contribution to society

### **The Trust will support our schools by:**

Maximising the resources and expertise available to individual schools

Providing a platform for the sharing of excellent practice

Challenging and developing staff to turn their potential into performance

### **1.1) Aims and Scope**

Kingfisher Staff believe that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the academy. We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at Kingfisher CE Academy, and suitable records of assistance required and provided are kept.

- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

## 1.2. Other linked Policies

- Intimate Care
- Safeguarding policy (changes to Early Years and First Aid)
- Control of Infections Policy

## 2.1 Policy Statement

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 academy is appropriately insured, and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the academy office/medical room (on first floor). In order to manage their medical condition effectively, the academy will not prevent students from eating, drinking or taking breaks whenever they need to.

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

This policy has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them

This policy applies to all relevant academy activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

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**Roles and Responsibilities**

**The Governing Board**

- 2.1.1. The Governing Board has ultimate responsibility for health and safety matters – including First Aid in the academy
- 2.1.2. Ensure the first aid risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.
- 2.1.3. Provide first aid materials, equipment and facilities according to the findings of the risk assessment.

**2.2 The Head teacher**

- 2.2.1. To carry out First Aid needs assessment for the school site, review annually and/or after any significant changes.
- 2.2.2. Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes.
- 2.2.3. Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the academy and that their names are prominently displayed throughout the academy
- 2.2.4. Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- 2.2.5. Ensuring all staff are aware of first aid procedures.
- 2.2.6. Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- 2.2.7. Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.

- 2.2.8. Ensuring that adequate space is available for catering to the medical needs of students.
- 2.2.9. Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

### **2.3 The Senior First Aider/Nurse/Healthcare Professional**

- 2.3.1. Ensure that students with medical conditions are identified and properly supported in the academy, including supporting staff on implementing a student's Healthcare Plan.
- 2.3.2. Work with the Head teacher to determine the training needs of academy staff.
- 2.3.3. Administer first aid and medicines in line with current training and the requirements of this policy.
- 2.3.4. Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- 2.3.5. Assist with completing accident report forms and investigations.
- 2.3.6. Notify manager when going on leave to ensure continual cover is provided during absence.

### **2.4 Appointed person(s) and first aiders**

- 2.4.1. The appointed persons are responsible for:
  - a) Taking charge when someone is injured or becomes ill
  - b) Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
  - c) Ensuring that an ambulance or other professional medical help is summoned, when appropriate
- 2.4.2. First aiders are trained and qualified to carry out the role and are responsible for:

- a) 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.
- b) Sending students home to recover, where necessary
- c) Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- d) Keeping their contact details up to date.



## **2.5 Mental Health First Aider**

2.5.1. The appointed persons are responsible for:

- a) Provide mental health first aid as needed, at their level of competence and training.
- b) Providing help to prevent mental health issues from becoming more serious before professional help can be accessed
- c) Promoting the recovery of good mental health
- d) Providing comfort to an individual with a mental health issue
- e) also act as an advocate for mental health in the workplace, helping reduce stigma and enact positive change.
- f) Escalate and document any matters if required within a suitable timeframe.
- g) Ensure they maintain confidentiality as appropriate.
- h) Be carried away from their normal duties at short notice
- i) Listen non-judgmentally

## **2.6 Staff Trained to Administer Medicines**

2.6.1. Members of staff in the academy who have been trained to administer medicines must ensure that:

- a) Only prescribed medicines are administered and that the trained member if staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- b) Wherever possible, the student will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.
- c) If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- d) Records are kept of any medication given.



## **2.7 Other Staff**

- 2.7.1. Ensuring they follow first aid procedures.
- 2.7.2. Ensuring they know who the first aiders in academy are and contact them straight away.
- 2.7.3. Completing accident reports for all incidents they attend to where a first aider is not called.
- 2.7.4. Informing the Head teacher or their manager of any specific health conditions or first aid needs.



### **3. Arrangements**

#### **3.1 First Aid Boxes**

3.1.1. The first aid posts are located in:

- The Kingfisher Reception Office
- The Health room on the first floor.

#### **3.2 Medication**

3.2.1. Students' medication is stored in:

- The Admin Office
- The Nursery Office
- The Students classroom in a clearly labelled box (inhalers / epi-pens)

#### **3.3 First Aid Needs Risk Assessment**

3.3.1. The academy will ensure a first aid needs risk assessment is completed to establish if there is adequate and appropriate first aid provisions in place.

3.3.2. The academy will ensure this assessment is reviewed when significant changes occur.

3.3.3. A sufficient number of staff will be trained in First Aid at Work and/or Emergency First Aid at Work as per the outcome of the first aid risk assessment. Re-fresher training will be provided as required.

3.3.4. A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within student's individual health care plans.



### 3.4 Early Years Requirements

- 3.4.1. The academy ensures first aid requirements set out in the statutory framework for early years foundation stage are in place.
- 3.4.2. The academy ensure enough paediatric first aiders are in place as per the academy's first aid needs risk assessment and early years requirements.
- 3.4.3. The academy will ensure all staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within

3 months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years' setting.

- 3.4.4. The academy will ensure paediatric first aid training is renewed every 3 years.
- 3.4.5. The academy will aim to achieve the Millie's Mark Award (<https://www.milliesmark.com/>). The aim of Millie's Mark is to keep children safe and minimise risk and accidents by:
  - Raising standards in paediatric first aid.
  - Increasing number of paediatric first aid trained staff.
  - Increasing confidence and competencies in applying paediatric first aid – no matter what the situation.
  - Enabling trained staff to respond quickly in emergencies.
  - Raising the quality and skills of the early years' workforce and helping them with day-to-day first aid issues, such as allergies.
  - Providing reassurance to parents.



### 3.5 First Aid Provision

3.5.1. In the case of a student accident, the procedures are as follows:

- a) 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.
- b) The first aider administers first aid and records details in our treatment book.
- c) If the child has had a bump on the head, they must be given a “bump on the head” wrist band and there must be a phone call home.
- d) Full details of the accident are recorded in our accident book
- e) If the child has to be taken to hospital or the injury is ‘work-related’ then the accident is reported to the Health and Safety Officer.
- f) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Academy will arrange for this to be done.

### 3.6 Insurance Arrangements

The Department for Education – RPA (Risk Protection Arrangements for Schools)

### 3.7 Educational Visits

- 3.7.1. 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.
- 3.7.2. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.



### 3.8 Administering Medicines

- 3.8.1. **Prescribed medicines** may be administered in academy (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal academy hours. Wherever possible, the student 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.
- 3.8.2. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- 3.8.3. 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 academy office.
- 3.8.4. Staff will ensure that records are kept of any medication given.
- 3.8.5. Non-prescribed medicines must not be taken in academy

### 3.9 Storage and Disposal of Medicines

- 3.9.1. Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the academy office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on academy trips. It is the responsibility of the academy to return medicines that are no longer required, to the parent for safe disposal.
- 3.9.2. Asthma inhalers / epi-pens will be held by the academy for emergency use, as per the Department of Health's protocol.
- 3.9.3. When medication is no longer required, suitable disposal will be arranged, or medication will be collected by parents



### **3.10 Accidents/Illnesses requiring Hospital Treatment**

3.10.1. If a student has an incident, which requires urgent or non-urgent hospital treatment, The academy 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 student until the parent arrives, or accompany a child taken to hospital by ambulance if required.

3.10.2. Parents will then be informed, and arrangements made regarding where they

should meet their child. It is vital therefore, that parents provide the academy with up-to-date contact names and telephone numbers.

### **3.11 Allergies**

3.11.1. Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

3.11.2. Arrangements are in place for whole-school awareness training on allergies.



- 3.11.3. Allergy Awareness is covered in depth in the Allergy Awareness policy that supports this First Aid & Administration of Medicines policy.

### **3.12 Defibrillators**

- 3.12.1. Defibrillators are available within the academy as part of the first aid equipment. First aiders are trained in the use of defibrillators.
- 3.12.2. The local NHS ambulance service has been notified of its location.
- 3.12.3. Procedures are in place to maintain the equipment in accordance with manufacturers recommendations.
- 3.12.4. The equipment is regularly checked by Michelle Bishop, supported maintenance and registration by Wiltshire Defibrillator Team (NHS)

### **3.13 Students with Special Medical Needs – Individual Healthcare Plans**

- 3.13.1. Some students have medical conditions that, if not properly managed, could limit their access to education. These children may be:
- a) Epileptic
  - b) Asthmatic
  - c) Have severe allergies, which may result in anaphylactic shock
  - d) Diabetic

Such students are regarded as having medical needs. Most children with medical needs are able to attend academy regularly and, with support from the academy, can take part in most academy activities, unless evidence from a clinician/GP states that this is not possible.



- 3.13.2. The academy will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on academy visits. A risk assessment will be used to take account of any steps needed to ensure that students with medical conditions are included.
- 3.13.3. The academy will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of academy life. However, academy staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.
- 3.13.4. An individual health care plan will help the academy to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The academy appreciates that students with the same medical condition do not necessarily require the same treatment.
- 3.13.5. Parents/carers have prime responsibility for their child's health and should provide the academy with information about their child's medical condition. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Senior First Aider/Nurse/Healthcare Professional may also provide additional background information and practical training for academy staff.
- 3.13.6. Procedure that will be followed when the academy is first notified of a student's medical condition:
- Individual Health Care Plan if needed
  - Notify the school Nurse (if this fits in her categories) they will write health care plan with parents.
  - Review Health care plan annually



This will be in place in time for the start of the relevant term for a new student starting at the academy or no longer than two weeks after a new diagnosis or in the case of a new student moving to the academy mid-term.

### **3.14 Accident Recording and Reporting**

#### 3.14.1. First aid and accident record book

- a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. A copy will be emailed or printed out and sent to parents.
- b) As much detail as possible should be supplied when completing the accident form – which must be completed fully.
- c) A copy of the accident report form will also be added to the student's educational record by the relevant member of staff.
- d) Records held in the first aid and accident book will be retained by the academy 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.

#### 3.14.2. Reporting to the HSE

- a) The Head teacher 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).
- b) The Head teacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:
  - o Death or 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 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, 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).
  - o Where an accident leads to someone being taken to hospital
  - o Near-miss events that do not result in an injury, but could have been done. Examples of near-miss events 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.

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

<http://www.hse.gov.uk/riddor/report.htm>

### 3.14.3. Notifying parents

The first aider who has administered the first aid check will ensure the parent/carer has been informed of any accident or injury sustained by the student, and any first aid treatment given or if the student refused to have first aid assistance, on the same day.

### 3.14.4. Reporting to Ofsted and child protection agencies



- a) Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.
- b) The Head teacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the academy care.

### **3.15 Mental Health First Aid**

- 3.15.1. The academy is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role in the academy is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. The academy's mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
- 3.15.2. The academy mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.
- 3.15.3. The academy recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.
- 3.15.4. All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the academy's confidentiality policy.
- 3.15.5. Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to HR/Line Manager who will advise on the next steps to be taken.



- 3.15.6. All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.
- 3.15.7. If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or HR/Line Manager.
- 3.15.8. The academy ensures all staff have access to support and information. All staff are encouraged to access this information at any time.



#### **4. Conclusions**

- 4.1. This First Aid and Medicine policy reflects the academy's serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- 4.2. The storage, organisation, and administration of first aid and medicines provision is taken very seriously. The academy carries out regular reviews to check the systems in place meet the objectives of this policy.



## Appendix 1 – Contacting Emergency Services

### Request for an Ambulance

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

1. Your telephone number: 01793 379521
2. Give your location as Kingfisher CE Academy, Peglars Way, Swindon
3. State that the postcode is SN1 7DA
4. Give exact location in the academy (insert brief description)

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5. Give your name: \_\_\_\_\_

6. Give name of child and a brief description of child's symptoms

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7. Inform Ambulance Control of the best entrance (playground, Nursery or Main 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.



**Appendix 2 – Health Care Plan**

<b>Academy</b>	
<b>Student Name &amp; Address</b>	
<b>Date of Birth</b>	
<b>Class</b>	
<b>Medical Diagnosis</b>	
<b>Triggers</b>	
<b>Who needs to know about the student condition and what constitutes an emergency?</b>	
<b>Action to be taken in emergency and by whom</b>	
<b>Follow Up Care</b>	
<b>Family Contacts</b> <b>Names</b> <b>Telephone Numbers</b>	



<p><b>Clinic/Hospital Contacts</b></p> <p><b>Name</b></p> <p><b>Number</b></p>	
<p><b>GP</b></p> <p><b>Name</b></p> <p><b>Number</b></p>	
<p><b>Description of medical needs and signs and symptoms</b></p>	
<p><b>Daily Care Requirements</b></p>	
<p><b>Who is Responsible for Daily Care</b></p>	
<p><b>Transport Arrangements</b></p> <p><i>If the student has lifethreatening condition, specific transport healthcare plans will be carried on vehicles</i></p>	
<p><b>Academy Trip Support/Activities outside school Hours</b></p> <p><b>(e.g. risk assessments, who is responsible in an emergency)</b></p>	
<p><b>Form Distributed To</b></p>	



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 the academy *If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles***

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**Appendix 3 – Parental agreement for Kingfisher CE Academy staff to administer medicine**

**One form to be completed for each medicine.**

The academy will not give your child medicine unless this form is fully completed and signed.

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 \_\_\_\_\_ academy  
should know about? \_\_\_\_\_

\_\_\_\_\_



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 academy office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained academy staff administering medicine in accordance with the academy policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer's signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_



**Appendix 4 – Record of regular medicine administered to an individual child (Parts A and B)**

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**Part A – Parent/Carer Authorisation**

Name of child \_\_\_\_\_

Date of medicine provided by parent      -----/-----/-----

Group/class/form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Quantity returned home and date \_\_\_\_\_

Dose and time medicine to be given \_\_\_\_\_

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_



**Part B - Records**

Name of child \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Dose and time medicine to be given \* \_\_\_\_\_

**Check the medication given coincides with the information stated on Part A.**

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

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



Observations/comments			
-----------------------	--	--	--

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

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



Name of member of staff			
Staff initials			
Observations/comments			

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

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



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



**Appendix 5 - Administration of medication during seizures**

**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:** \_\_\_\_\_



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**This criterion is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in academy will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.**

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

**Appendix 6 - Seizure Medication Chart**

Name: \_\_\_\_\_

Medication type and dose: \_\_\_\_\_

Criteria for administration: \_\_\_\_\_

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





## Appendix 7 – EpiPen®: Emergency Instructions

### 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

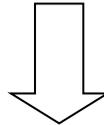


**ACTION**

- Give  
-----  
(Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see  
-

**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 the ambulance arrives.
7. Place used EpiPen® into a container without touching the needle.
8. Contact parent/carers as overleaf.

## **Emergency Contact Numbers**

**Mother:** \_\_\_\_\_



**Father:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Signed Head teacher/Head teacher: \_\_\_\_\_ Print Name: \_\_\_\_\_  
\_\_\_\_\_

Signed parent/guardian: \_\_\_\_\_  
\_\_\_\_\_

Print Name:

Relationship to child: \_\_\_\_\_  
\_\_\_\_\_

Date agreed:

Signed Paediatrician/GP: \_\_\_\_\_  
\_\_\_\_\_

Print Name:

Care Plan written by: \_\_\_\_\_  
\_\_\_\_\_

Print Name:

Designation: \_\_\_\_\_

Date of review: \_\_\_\_\_



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

**Check expiry date of EpiPen® every few months Appendix 8 – ANAPEN®: Emergency Instructions**

**ANAPEN®: 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**

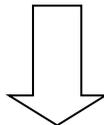
- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

**ACTION**

- Give  
-----  
(Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see  
-

**SEVERE REACTION**

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







## **ACTIONS**

1. Get \_\_\_\_\_ ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an  
**'ANAPHYLACTIC REACTION'**
2. Sit or lay the child on the floor.
3. Get ANAPEN® and remove the black needle cap.
4. Remove the black safety cap from firing button.
5. Hold ANAPEN® against the outer thigh and press the red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until an ambulance arrives. Accompany the child to the hospital in an ambulance.
8. Place used ANAPEN® into a container without touching the needle.
9. Contact parent/carer as overleaf.

## **Appendix 9 – Note to parent/carer for medication given**

### **Note to parent/carer.**

**Name of academy** \_\_\_\_\_



**Name of child** \_\_\_\_\_

**Group/class/form** \_\_\_\_\_

**Medicine given** \_\_\_\_\_

**Date and time given** \_\_\_\_\_

**Reason** \_\_\_\_\_

**Signed by** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Designation** \_\_\_\_\_





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## Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the academy will keep under review to ensure links are current.

- HSE  
<https://www.hse.gov.uk/>
- The Health and Safety (First-Aid) Regulations 1981  
<https://www.legislation.gov.uk/ukxi/1981/917/regulation/3/made>
- Department for Education and Skills  
[www.dfes.gov.uk](http://www.dfes.gov.uk)
- Department of Health [www.dh.gov.uk](http://www.dh.gov.uk)
- Disability Rights Commission (DRC) [www.drc.org.uk](http://www.drc.org.uk)
- Health Education Trust  
<https://healtheducationtrust.org.uk/>
- Council for Disabled Children [www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)
- Contact a Family [www.cafamily.org.uk](http://www.cafamily.org.uk)

### **Resources for Specific Conditions**

- Allergy UK <https://www.allergyuk.org/>  
<https://www.allergyuk.org/information-and-advice/for-academys>
- The Anaphylaxis Campaign  
[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)
- SHINE - Spina Bifida and Hydrocephalus  
[www.shinecharity.org.uk](http://www.shinecharity.org.uk)
- Asthma UK (formerly the National Asthma Campaign) [www.asthma.org.uk](http://www.asthma.org.uk)
- Cystic Fibrosis Trust [www.cftrust.org.uk](http://www.cftrust.org.uk)
- Diabetes UK [www.diabetes.org.uk](http://www.diabetes.org.uk)
- Epilepsy Action [www.epilepsy.org.uk](http://www.epilepsy.org.uk)
- National Society for Epilepsy  
[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)
- Hyperactive Children's Support Group  
[www.hacsg.org.uk](http://www.hacsg.org.uk)



- MENCAP [www.mencap.org.uk](http://www.mencap.org.uk)
- National Eczema Society [www.eczema.org](http://www.eczema.org)
- Psoriasis Association [www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)