The Rivers C. of E. Academy Trust

First Aid and Administration of Medicine Principles and Procedures

Unity Academy

First Aid and Administration of Medicine Principles and Procedures

This procedure must be read in conjunction with Supporting Pupils with Medical Conditions.

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First Aid and Administering Medication

At Unity Academy, the aim of First Aid is to reduce the effects of injury or illness suffered. It is important that people receive immediate attention and that an ambulance is called where necessary. First Aid can save lives and prevent minor injuries becoming major ones.

First Aid provision must be adequate and appropriate in all circumstances. This means that sufficient First Aid personnel and facilities should be available:

- to give immediate assistance to casualties with common injuries or illness;
- to summon an ambulance or other professional help.

Definition

First Aid means (as far as the regulations are concerned):

- cases where a person will need help from a medical practitioner; treatment for the purpose of preserving life and minimising the consequences of injury or illness
- treatment of minor injuries, which would otherwise receive no treatment or which do not need treatment by a medical practitioner

Statement

Unity Academy is committed to providing sufficient numbers of First Aid personnel to deal with accidents and injuries that occur. The school will provide information, instruction and training to specific employees to ensure that statutory requirements and the needs of the school are met.

Legal Framework and Statutory Guidance

This policy is underpinned by the following statutory guidance and legislation:

- *The Health and Safety (First-Aid) Regulations 1981*, which require the school to provide adequate and appropriate first aid equipment, facilities and trained personnel.

- *First aid in schools, early years and colleges - GOV.UK*, which provides non-statutory advice on best practice and minimum expectations for schools.
- *Supporting pupils at school with medical conditions – DfE Guidance*, which sets out the requirement for monitoring individual healthcare plans and ensuring adequate staff training.

This *First Aid Policy* is informed by *Keeping Children Safe in Education 2026* and must be read alongside the Trust's *Child Protection and Safeguarding Policy*. All staff delivering first aid must remain alert to indicators of potential abuse or neglect. Should any safeguarding concern arise during the provision of first aid, it is imperative that the concern is immediately referred to the Designated Safeguarding Lead (DSL) or Deputy DSL, in line with Trust safeguarding procedures.

First Aid Arrangements

Personnel

First Aid personnel are members of staff who have volunteered for the role or are designated First Aiders and who have been assessed as being suitable. The identities of First Aid personnel are displayed on First Aid notices located at positions around the school.

In the case of visits, excursions and events, risk assessment is carried out to take account of the First Aid requirements.

All First Aiders **must** hold a valid certificate issued by an organisation approved by the Health and Safety Executive. First Aid certificates are valid for three years and refresher training must be arranged before the certificate expires.

All First Aiders have Epipen/Jext Pen training and most school staff have been trained in the use of an Epipen/Jext Pen, with yearly up dates of training provided.

Materials

A First Aid cupboard and bags are provided by the school to ensure that there are adequate supplies for the nature of the accidents occurred. First Aid personnel are responsible for their contents and maintenance. The school will replenish stocks as required if items have been used or their expiry dates have passed.

Recording Accidents

All accidents need to be recorded, however minor. At Unity Academy Accident Report must be completed as soon as possible after the injury has occurred and signed.

A Unity Academy Pupil Accident Form should be completed for pupils whenever injuries occur involving:

- assault by another person
- fractures or suspected fractures
- medical/hospital treatment
- head injuries giving rise to concern (eg. concussion or unconsciousness)
- defects in equipment, furnishings or premises.

This should be reported to the LA within **two days** of the accident using the PRIME on-line electronic accident reporting system.

Accidents involving death or very serious injury should be reported to the Worcestershire County Council's Health and Safety Co-ordinator **immediately** using the PRIME on-line electronic accident reporting system.

Reporting to the Health and Safety Executive (HSE)

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, certain accidents and incidents must be reported to the HSE. This includes:

- Accidents resulting in death or serious injury to staff, pupils or visitors
- Specified injuries such as fractures, amputations, or serious burns
- Any injury resulting in a staff member being incapacitated for more than seven consecutive days.
  The Trust's Service Level Agreement (SLA) with Worcestershire County Council includes the provision for reporting RIDDOR incidents to the Health and Safety Executive (HSE) on behalf of the Trust. All reportable incidents must be escalated to the Trust's Operations Team immediately.

Recording and Reviewing Serious Medical Incidents

Where medical treatment is required (e.g. allergic reaction, seizures, or emergency medication administered), the following must take place:

- Incident logged in the school's medical incident register.
- Report completed by the member of staff who administered or supervised treatment.
- Entry logged on CPOMS, with any follow-up actions recorded.
- Parent/carer informed as soon as possible and provided with written record.
- Incidents reviewed half-termly by SLT or designated health & safety lead to identify patterns, training needs, or systemic risks.

In the event of a data breach involving medical records, we will follow the Trust's Data Breach Policy, including immediate notification to the DPO and, where appropriate, the ICO and affected individuals.

Communication with Parents Following Accidents

Where a child sustains any injury during the school day, parents/carers will be informed promptly. This may be done via telephone for more serious injuries (e.g. head injuries, suspected fractures, allergic reactions), or via electronic communication or standard accident form for minor incidents. All communication is logged. A record of first aid given is also made available upon request. Communication must be same-day.

Transportation of Casualties

First Aid personnel are not expected to accompany a casualty to hospital or transport them anywhere. If a situation arises where hospital treatment is required, an ambulance is called and the parent/carer is contacted.

If a hospital recommendation is made by the First Aider (but not an emergency), parents or carers are contacted and it is their responsibility to transport their child. First Aiders cannot make medical diagnosis.

In the unusual event that a parent/carer cannot be contacted, a member of staff will accompany the child if they are in immediate danger or need immediate hospital treatment.

Off-Site First Aid and Risk Assessments

When pupils are taken off-site (e.g. trips, visits, sports events), appropriate first aid arrangements must be in place. This includes:

- A named trained First Aider accompanying the group (where needed).
- Staff carrying a portable first aid kit with appropriate supplies (including emergency medication for individual pupils, if required).
- Risk assessments carried out in advance to identify any additional medical needs or hazards.
- Pupils' individual healthcare plans shared with trip leaders. Emergency procedures must be discussed with staff before the trip and relevant contact numbers shared.

Administering Medication to Pupils

Storage and disposal

We uphold the principles of 'Privacy by Design' in all our data handling practices. All sensitive health information is stored securely, access is strictly limited, and digital records are encrypted. Cybersecurity measures include regular backups and antivirus protection.

All medication should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.

Schools may hold asthma inhalers for emergency use, as detailed in DfE Guidance on the use of emergency salbutamol inhalers in schools. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

In cases where controlled drugs e.g. ritalin is prescribed, medication must be handed into reception where it will be stored in a locked container.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP (See Supporting Pupils with Medical Conditions Policy). Template 1 must be completed when parents/carers initially give medication to school and updated as necessary.

Records of administration will be kept of any doses used and an inventory of the amount held. (Template 3). Template 2 is not used in this instance.

All disposal of medication should follow the manufacturer's guidelines. This is usually that medication is returned to the pharmacist by the parent, rather than thrown away.

Self-administration

In cases where, after discussion with parents, children who are competent should be encouraged to manage their own medicines and procedures, including self-medicating under supervision. In such cases, written consent from parents/carers should be obtained.

Training

In line with 'Supporting pupils at school with medical conditions' (December 2015) our staff must have appropriate training in supporting children with medical conditions. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

In cases where children may require oral medication such as antibiotics/paracetamol, written instructions from a parent/carer as well as written instructions on the medication container dispensed by the pharmacist will be deemed as sufficient training for members of staff under the discretion of the headteacher. Administration of medication should always be checked and signed for by two members of staff (appendix 1).

In cases where children may need support in administering an inhaler, training materials can be accessed through How to use your inhaler | Asthma + Lung UK (asthmaandlung.org.uk) . Health professionals can also provide training in specific instances. In cases where an inhaler can be self-administered, written consent from the parent/carer must be obtained.

In cases where children may require an adrenaline pen e.g. EpiPen or Jext, a Health Care Plan is required. Adrenaline pen training can be accessed through 'Every' training through_Anaphylaxis & Allergy Training for Schools & Carers. Please note, as part of this training, there is an additional link that must be opened and read.

Training for other medical conditions detailed on Health Care Plans should be advised by a healthcare professional.

First Aiders and staff are not contractually obliged to give medication or to supervise a pupil taking it. It is, therefore, a voluntary activity. Any medication given whether prescription or non-prescription must be accompanied by a completed medical

consent form, which should show dosage and timings. Medication should always be supplied by the parent/carer.

School reserves the right to refuse admittance to school if a child's (known to school) medication is not on the premises and in date.

Individual Healthcare Plans (IHCPs)

In accordance with the *Supporting pupils at school with medical conditions* statutory guidance, all pupils with ongoing medical needs (e.g. diabetes, epilepsy, severe allergies) must have an up-to-date Individual Healthcare Plan (IHCP). These plans are created in consultation with parents, school staff, and healthcare professionals and must be reviewed at least annually, or sooner if the pupil's needs change. The school ensures plans are accessible to relevant staff and monitored regularly to ensure care is consistent, safe, and responsive. See Supporting Children with Medical Conditions Policy.

Parent/Carer Responsibilities

Prime responsibility for pupils' health rests with parents and carers. In order that medication can be administered in school, parents/carers must complete a medical consent form (appendix 1).

It is parents'/carers' responsibility to ensure medication is in date and there is an adequate supply in school.

If a child needs non-prescribed medication during the school day (e.g. Calpol, Nurofen, Piriton), parents/carers are encouraged to come into school to administer it. In these cases, written consent must be sought.

Allergic Reactions and Emergency Response

In the event of a suspected allergic reaction, staff should:

- Administer an adrenaline auto-injector (EpiPen or Jext) without delay if the pupil has a known allergy and a care plan in place. Contact the emergency services (999).
- Where there is no known allergy, the school must contact emergency services (999) immediately.
- Remain with the pupil, monitor airway and consciousness, and place in recovery position if required.
- Inform the Headteacher or Senior Leader and contact parents/carers without delay.
- Record the incident in the school's accident/incident log and follow procedures outlined in the child's healthcare plan.
  All staff are advised to familiarise themselves with pupils who have severe allergies. A spare emergency adrenaline injector is kept onsite and used only with parental consent and in line with training.

Reporting to Trustees

The Trust is committed to ensuring appropriate oversight of serious medical incidents. The central Operations Team collates termly incident data and trends, including those requiring RIDDOR submission or emergency medical intervention. This is reported to the Trust Board or relevant Committee (e.g. Health & Safety or Audit & Risk) as part of scheduled governance updates, ensuring Trustees are aware of any systemic risks or required policy changes.

Summary of changes

Date	Section	Summary of Change
June 2025	Recording Accidents	Paragraph added referencing actions following a data breach.
June 2025	Storage and Disposal	Information added about privacy by design
August 2025	Legal Framework and Statutory Guidance	*The Health and Safety (First-Aid) Regulations 1981* *First aid in schools, early years and colleges - GOV.UK* Updated link to *Guidance on First Aid for Schools*
August 2025	Communication with Parents Following Accidents	New section added
August 2025	Procedures for allergic reactions	New section added
August 2025	Individual Healthcare Plans:	New section added
August 2025	Recording and Reviewing Serious Medical Incidents	New section added
August 2025	Off-site first aid procedures	New section added
August 2025	Reporting to the Health and Safety Executive (HSE)	New section added
August 2025	Reporting to trustees	New section added
August 2025	Controlled drugs	Section amended to recognise Supporting Pupils with Medical Conditions Policy templates and procedures.

Template 1 -Parent/Carer Request and Agreement for School to Administer Medicines

Unity Academy

Parental agreement for school to administer medicines on school site and off-site activities.
This record should be kept until the child's 25th birthday.

Name of Child			
Date of Birth		Class	
Medical condition or illness			
Emergency contact name			
Emergency contact telephone		Relationship to child	

Name/Type of medicine			
Date dispensed		Expiry Date	
Dosage and method		Time of dose	
Special precautions			
Are there any side effects the school should know about?			
Can the child self-administer?		Agreed review date	
Procedures to take in case of emergency			

Consent for emergency inhaler: (only complete if necessary)
In the event of my child displaying symptoms of asthma/having an asthma attack, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies. **Yes/No**

I confirm that:

- I understand that I must deliver the medicine personally to the school office.
- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any change in writing.
- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities.
- I agree to collect it at the end of the term and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy.
- The medication is in the original container labelled with the contents, dosage, child's full name and is in within its expiry date.
- I give consent, as part of the health and safety and GDPR regulations, for any specific emergency medicine my child might require to be displayed in the staff room for staff employed by the school to see.

Signed parent/carer ……..Date……

Quantity received	Date	Staff signature	Parent/Carer signature

Template 2 – Record of Administration of Medicine

Unity Academy

Record of medicine administered to an individual child as per details on reverse (to be completed by school)

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

Date		Dose given	
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Name of staff administering medicine		Checked and signed by	

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Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

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Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

Template 3 - Controlled Drug Administration & Inventory Log

This log should be used for recording the administration and remaining inventory of any controlled drug (e.g., methylphenidate / Ritalin) held in school. This aligns with DfE statutory guidance on Supporting Pupils at School with Medical Conditions and ensures safe storage, accurate administration, and appropriate accountability.

Medication Details

Pupil Name:	
Date of Birth:	
Medication Name & Strength:	
Prescribed Dosage & Timing:	
Storage Location:	

Controlled Drug Administration & Inventory Record

Date	Time	Dose Administered	Amount Remaining (ml/tablets)	Staff Initials	Witness Initials	Notes / Adverse Reactions

Note: Inventory should be checked and recorded at the start of each day medication is administered. Any discrepancy must be reported immediately to the Designated Safeguarding Lead and Headteacher.