Glan Llyn Primary School

First Aid / Medication Policy

November 2024

In Line with the Health and Safety (First Aid) Regulations 1981. Glan Llyn Primary School will ensure that the provision of 'adequate and appropriate' first aid equipment, facilities and a sufficient number of qualified First Aiders are available.

Glan Llyn Primary will ensure the provision of first aid required for the school site, staff and service users is assessed.

Glan Llyn Primary ensures the first aid training provided is suitable and addresses the needs of Glan Llyn site users (pupils & staff).

Key staff will undertake additional training in the management of long-term medical conditions, such as Asthma, Allergies, Diabetes, Epilepsy etc. as needed. All training is recorded on the school's Training Record and updates/ additional training is sought as required.

In accordance with the school's Health and Safety policy, first aid cover will be provided for school visits, off site activities, after school activities and to cover sporting events.

A list of first aiders is kept in the main office.

Supply staff are provided Information on first aid procedures during their site induction. All contractors and visitors are provided with relevant site information verbally by school staff.

The contents of the class First aid Kit will be checked regularly by class staff and an adequate central store maintained in medical room by the main school office.

A First Aid kit must be taken outside at break/ playtimes and on all off-site activities.

Any employee or any person volunteering to administer first aid will be covered and indemnified under the LA Public Liability Insurance Policy.

An adult witness should be present if tending an intimate part of the body.

Administering Medication

School will not routinely administer medication for acute / short term medical conditions.

Where required staff will administer medication for chronic/long term conditions.

Where medication is required, school will seek advice from School Nurse/ Specialist Nurse to provide training and advice on appropriate arrangements for the administration of medication and completion of the Health Care Plan (HCP).

The Head Teacher will ensure, where required the HCP and if necessary a risk assessment is completed to support the individual pupil. These will be updated at least annually.

Where any medication is administered, school complete the managing medicine in schools' paperwork, ensuring parents/ carers and the Head Teacher agree to the conditions for the administering the medication.

Care will be taken to ensure that emergency medication which is needed quickly is readily accessible e.g., asthma pumps, EpiPen's etc.

Medicines must be provided in the dispensed containers, be clearly labelled with pupil's name and correct dosage. All medicines are stored as per instructions on container/ information leaflet.

Where administering of medication by school staff Is agreed, the measuring and administering of medication should be documented and witnessed by a second adult on the correct form, this should be stored in a secure location. Where parents, carers or medical professionals attend school to administer medication, the relevant form should be completed. Any administering of medication taking place on the school site should be witnessed and recorded by a member of school staff. Children who self-administer must be appropriately supervised and documentation confirming witness of administration completed by staff.

For all school visits, off site activities, after school activities and sporting events. Medication is to be kept on an adult's person who will supervise the pupil.

Any staff member administering medication is trained to do so. All medication will be administered in accordance with the pupils HCP.

A register of children with medical conditions including but not exclusively- epi-pens/ allergies/asthma is kept in the in the school office. A register of any medication routinely taken at home should be recorded on this.

For any short-term medication required to be administered at home, parents are asked to notify the school in writing the medication that their child has taken before attending school.

Managing medication documents attached to this policy;

APPENDIX 1 -Parent, Carer, medical professional or pupil to administer

medication

APPENDIX 2 -School to administer medication

APPENDIX 3 -School to administer medical procedure

APPENDIX 4- Record of medication administered

First Aid & Illness

Children who feel unwell should be taken to the school office. The decision to send an unwell child home will be made by the Senior School Support Officer or a member of the Senior Leadership Team.

Unwell children must be collected by a parent or guardian.

School follows Public Health Wales guidance on infection control in schools and other childcare settings.

All staff should take precautions to avoid infection and must follow basic hygiene procedures. PPE is provided to staff.

Staff should have access to single-use disposable gloves, aprons and hand washing facilities. A risk assessment will be undertaken detailing appropriate control measures for dealing with blood and other body fluids.

Where a pupil has an accident which causes a visible injury, or the pupil complains of being hurt- shows signs of distress, the pupil will be checked over by a first aid trained member of staff. The first aider will make an informed decision as to the appropriate first aid required. For significant injuries, which may need further medical attention, parents will be contacted.

Any known accident/ incident that involves a bump to the head / a head injury staff will contact parents/ carers without delay to inform them of the incident and offer them the option to attend and check on their child. Any child with a head bump is sent home with the official head bump guidance to ensure that parents are aware what to look out for in the case of concussion and advised to seek medical attention should this be the case.

In the case of serious injuries, the school will seek immediate medical advice (call an ambulance) – The Authorities accident form is completed and sent to Newport's Health and Safety Team without delay.

Where appropriate pupils will be transported to hospital (usually by ambulance). Parents, guardians will be informed. No casualty will be allowed to travel to hospital unaccompanied. A member of staff will accompany a pupil where parents, guardians cannot attend immediately.

Accident Recording

All accident/ incidents are recorded on the school's accident form. Any accident involving employees, visitors or a serious injury is recorded on Newport City Councils accident form and sent to the Health and Safety Team

RIDDOR reporting: Any accident or case of ill health which is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 will be reported within the specified timescales. This will be completed by the Health and Safety Team.

Fore infectious diseases school follow information provided by Public Health Wales (PHW).

Where required an outbreak of a named infectious disease will be reported to PHW by the Head Teacher.

Glan Llyn Primary School
Ysgol Gynradd Glan Llyn

APPENDIX 1

Request for Parent, Guardian, Carer, Medical professional, or Pupil to administer medicine or carry out a medical Procedure at school

To be completed by Parent / Guardian / Carer

Pupil Information

Name
Address
Date of Birth
Illness / Medical Condition

Request for medication to be administered in school by	Name Name
Request for a medical procedure to be carried out in school by	Name Name

Contact details of named person/s

Name	Name
Address	Address
Phone	Phone
Email	Email
Name	Name
Address	Address
Phone	Phone
Email	Email

Medicine

Name of medicine				
Method of administration				
Duration that medicine is to be taken	**Start Date**		**End Date**	
Times				
Dosage				

Does the child need to be observed after taking medication	**Yes**		**No**	
Are there side effects	**Yes**		**No**	

What signs should be watched for

What action should be taken (Including and emergency procedures)

Does the medication involve any risk to other people	**Yes**		**No**	

Actions to be taken to prevent harm to others

Medical procedure

Details of procedure to be carried out

Equipment or Materials required

When is the procedure to be carried out

Times				

Does the child need to be observed after procedure	**Yes**		**No**	
Are there any side effects				

What signs should be watched for

What action should be taken (including any emergency procedures)

Is the procedure hazardous to other people	**Yes**		**No**	

Actions to be taken to prevent harm to others

Statement by Parent / Guardian / Carer

The information I have provide is correct and I will inform the school immediately if there are any changes. I accept that the school cannot be held responsible for any errors or omissions by me, or the consequences of any such errors or omissions.

Print Name	Signature

Date	Relationship to Pupil

To be completed by the school

Staff/s that are responsible for Monitoring the administration of medication or carrying out medical procedures by Pupil or another named person

Name	Designation

Information / training required

To be completed by staff/s responsible for monitoring administering medication or the carrying out a medical procedure by Pupil or another named person

I Confirm that
I have received appropriate information / training for monitoring the administration of medication and / or the procedures to be carried out, stated on this form, for the named pupil.

Name	Sign	Date

Decision To be completed by Head teacher

I have considered all alternatives and I am / am not satisfied that medicine must be administered to this pupil or that a medical procedure must be carried out at school to ensure that the pupil can attend school or can have access to the curriculum.

I am / am not satisfied with the arrangements that have been made for administering medicine or carrying out the procedure described in this form –

Arrangements	Yes	NO
All necessary information and training has been provided		
All necessary equipment and materials have been provided		
There is a suitable place to do this work		
Proper arrangements have been made for the provision, use, storage and maintenance of all necessary equipment and materials		
Proper arrangements have been made for the provision, use, storage, and maintenance of all necessary PPE		
All necessary emergency procedures are in place		

Decision

The request has been		**Approved**		**Refused**	
Name	**Sign**				
Designation	**Date**				

The request will be reconsidered when the following has been completed

APPENDIX 2

SCHOOL TO ADMINISTER REQUEST FOR SCHOOL TO ADMINISTER MEDICINE

This form is in two parts –
PART A **must be completed by the parent, guardian or carer.**
PART B **must be completed by the school.**

Please print all information.

PART A – TO BE COMPLETED BY THE PARENT, GUARDIAN OR CARER

A.1 I request that the staff of Glan Llyn Primary School administer medicine to my child, in accordance with the information given below.

A.2 **Pupil's Name**

Surname .....

Forenames .....

A.3 What condition or illness does your child have? ……

…… ……

……

MEDICINES

Please give details of the medicine to be administered (as described on the container). You may attach copies of the prescription and any instructions you have been given, if that would be helpful -

A.4 Name or type of medicine ……

……

A.5 How long will your child take this medicine ……

A.6 Date the medicine was dispensed ……

A.7 Date of expiry of the medicine ……..……

A.8 Dosage and how it is to be taken ……..……

A.9 At what times must it be taken at school?

…… ……..……

…… ……

A.10 Are there any side effects? YES/NO

A.10.1 If YES, please give details ……..……

……..……

A.11 Does your child need to be observed afterwards? YES/NO

A.11.1 If YES, what signs should be watched for? ……..……

……

A.11.2 What action should be taken if they are seen? ……..……

……..

A.12 What should be done in an emergency? ……..……

……

……

A.13 Does the medicine or procedure involve any risk to other people? YES/NO

A.13.1 If YES, please explain what precautions should be taken to prevent harm to other people, including staff -

……

……

STATEMENT BY PARENT/GUARDIAN/CARER

I confirm that the above information is correct and I agree -

to deliver any medicine to the nominated school contact,

to provide any necessary equipment or materials to the nominated school contact,

to collect and safely dispose of any unused medicine or materials, and to remove any equipment when it is no longer required in school.

I accept responsibility for the accuracy of the information I have provided and will tell the school immediately if any of it changes.

I accept that the school cannot be held responsible for errors or omissions by me or for the consequences of any such errors or omissions.

Signed ……. Date ……

Parent/Guardian/Carer
(delete where inappropriate)

PART B – ARRANGEMENTS - TO BE COMPLETED BY THE SCHOOL

B.1 The staff who have responsibility for storing and administering this medicine or carrying out this procedure are :-

Name …….

Designation ……..……..

Substitute(s) in the event of absence –

Name …….

Designation …….

Name ……..

Designation ……..

B.2 The following information/training is required for the nominated person and substitutes –

……..

……..

B.3 The following equipment or materials are needed (show who will provide them) –

…….

……..

…….

B.4 The medicine or procedure will be administered in the following place –

……

……

B. 5 This section to be completed by staff with responsibility for administering medicine

I confirm that -

I received appropriate information/training relating to the administration of the above medicine or carrying out the procedure to the above pupil on (date)

……

The information/training was provided by ……..

I feel able to administer this medicine or carry out this procedure to this pupil safely.

Signed …… Date ……
(Nominated person)

Signed …… Date ……
(Substitute)

Signed …… Date ……
(Substitute)

DECISION - This section to be completed by the Head Teacher or nominated substitute

I have considered all alternatives and I am/am not satisfied that medicine must be administered to this pupil or that a medical procedure must be carried out at school to ensure that the pupil can attend school or can have access to the curriculum.

I am/am not satisfied with the arrangements that have been made for administering medicine or carrying out the procedure described above -

	Yes	No
all necessary information/training has been provided for the nominated person and substitutes	☐	☐
all necessary equipment and materials have been provided	☐	☐
the place identified above is suitable for doing this work	☐	☐
proper arrangements have been made for the provision, use, storage and maintenance of all necessary PPE	☐	☐
all necessary emergency procedures are in place	☐	☐

the need to do this work will be reviewed on ……..……

and will end on ……..

I approve/refuse the request.

Signed …… Date …….

Designation …….

Glan Llyn Primary School
Ysgol Gynradd Glan Llyn

APPENDIX 3

REQUEST FOR SCHOOL TO ADMINISTER MEDICAL PROCEDURE

PART A – TO BE COMPLETED BY THE PARENT, GUARDIAN OR CARER

A.1 I request that the staff of Glan Llyn Primary School administer medicine to my child, in accordance with the information given below.

A.2 **Pupil's Name**

Surname .....

Forenames .....

A.3What condition or illness does your child have?

……

……

……

……

……

……

MEDICAL PROCEDURES

A.14 Please give details of the procedure to be carried out. You may attach copies of any instructions you have been given by medical personnel, if that would be helpful -

……

……

……

……

……

A.15 What equipment or materials will be needed to carry out this procedure and who will provide it?

……

……

……

……

A.16 Medical procedures are normally carried out in the school's medical area. Is this a suitable place for the procedure to be carried out? YES/NO

A.16.1 If NO, what changes need to be made?

……

……

……

A.17 How long will your child need to have this procedure carried out?

……

A.18 At what times must the procedure be carried out in school?

……

……

……

……

A.19 Are there any side effects? YES/NO

A.19.1 If YES, please give details

……

……

……

A.20 Does your child need to be observed afterwards? YES/NO

A.20.1 If YES, what signs should be watched for?

……

……

……

A.20.2 What action should be taken if they are seen?

……

……

……

A.21 What should be done in an emergency?

……

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……..……
……
……..……

A.22 Is the procedure hazardous to other people? YES/NO

A.22.1 If YES, please explain what precautions should be taken to prevent harm to other people, including staff -

……..

……

STATEMENT BY PARENT/GUARDIAN/CARER

I confirm that the above information is correct and I agree -

to deliver any medicine to the nominated school contact,
to provide any necessary equipment or materials to the nominated school contact,
to collect and safely dispose of any unused medicine or materials, and to remove any equipment when it is no longer required in school.

I accept responsibility for the accuracy of the information I have provided and will tell the school immediately if any of it changes.

I accept that the school cannot be held responsible for errors or omissions by me or for the consequences of any such errors or omissions.

Signed ……. Date ……

Parent/Guardian/Carer
(delete where inappropriate)

PART B – ARRANGEMENTS - TO BE COMPLETED BY THE SCHOOL

B.1 The staff who have responsibility for storing and administering this medicine or carrying out this procedure are :-

Name …….

Designation ……..……..

Substitute(s) in the event of absence –

Name …….

Designation …….

Name ……..

Designation ……..

B.2 The following information/training is required for the nominated person and substitutes –

……..

……..

B.3 The following equipment or materials are needed (show who will provide them) –

……

……..

……

B.4 The medicine or procedure will be administered in the following place –

……

……

B. 5 This section to be completed by staff with responsibility for administering medicine

I confirm that -

I received appropriate information/training relating to the administration of the above medicine or carrying out the procedure to the above pupil on (date)

……

The information/training was provided by ……..

I feel able to administer this medicine or carry out this procedure to this pupil safely.

Signed …… Date ……

(Nominated person)

Signed …… Date ……

(Substitute)

Signed …… Date ……

(Substitute)

DECISION - This section to be completed by the Head Teacher or nominated substitute

I have considered all alternatives and I am/am not satisfied that medicine must be administered to this pupil or that a medical procedure must be carried out at school to ensure that the pupil can attend school or can have access to the curriculum.

I am/am not satisfied with the arrangements that have been made for administering medicine or carrying out the procedure described above -

	Yes	No
all necessary information/training has been provided for the nominated person and substitutes	☐	☐
all necessary equipment and materials have been provided	☐	☐
the place identified above is suitable for doing this work	☐	☐
proper arrangements have been made for the provision, use, storage and maintenance of all necessary PPE	☐	☐
all necessary emergency procedures are in place	☐	☐

the need to do this work will be reviewed on ……

and will end on ……..

I approve/refuse the request.

Signed …… Date ……..

Designation ……

Glan Llyn Primary School
Ysgol Gynradd Glan Llyn

APPENDIX 4 – RECORD OF MEDICINE ADMINISTERED

RECORD OF MEDICINE RECEIVED AND ADMINISTERED OR MEDICAL PROCEDURE CARRIED OUT

Each pupil must have a separate record

If the pupil refuses to take his/her medicine or to undertake a medical procedure **OR** if there is any adverse reaction, you must follow the emergency procedure agreed with the parents, inform the parents immediately and write notes on the back of this form.

Pupil's Name ……

MEDICINE RECEIVED - I confirm that I received medicine for this pupil, as specified in Part A of Form 2 or 3.

Signed …… Designation …… Date ……

MEDICINE ADMINISTERED -

Date	Time	Medicine/Procedure	Dose	Adverse reaction? Yes/No	Signature of person administering medicine or carrying out procedure	Signature of person observing

Date	Time	Medicine/Procedure	Dose	Adverse reaction? Yes/No	Signature of person administering medicine or carrying out procedure and signature of assistant/chaperone	Signature of person observing