

First Aid and Medicines Policy

Overton CE Primary School will undertake all required actions to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may be affected by our activities.

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Specific Responsibilities:

- AO and AA manages the stock of first aid items.
- SBM manages first aid on a day-to-day basis.
- SBM manages the training schedule for staff.
- Office staff manage the storage and handling of pupil medicines.

Aims & Objectives

Our first aid policy requirements will be achieved by:

- Ensuring that there are a sufficient number of trained first aid staff on duty
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid.
- Ensuring that the above provisions are clear and shared with all who may require them

First Aid Training

The Head Teacher will ensure that appropriate numbers of qualified first aiders are nominated and adequately trained to meet their statutory duties. The management of this is delegated to Fran Johnson.

First Aiders will be responsible for administering first aid, in accordance with their training, to those that become injured or fall whilst at work or on the premises. There also may be other duties and responsibilities which are identified.

First Aid Provision

Overton CE Primary School holds five first aid kits all kept in the school office. These can be used for off- site activities.

It is the responsibility of our AO and AA to check the contents of all first aid kits termly.

The office is designated as the area for treatment, sickness and administering of first aid. The disabled toilet is also available if needed.

In addition to the first aid provision held at reception, each class has a very basic first kit containing items such as plasters, cleansing wipes, gloves and the recording form. It is the teacher's responsibility to check these stock levels.

A defibrillator is available from the office.

Emergency Arrangements

Upon being summoned in the event of an accident, the first aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a need to call an ambulance.

The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is an obvious fracture of where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

It is our policy, where appropriate, to always notify parents of their child's accident if it:

- Is considered to be a serious (or more than minor) injury
- Requires significant first aid treatment
- Requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents cannot be contacted and a message has been left, the second/third contacts will be telephoned. Our policy will be to continue to make contact with the parents at regular ten-minute intervals. In the interim, we will ensure that a qualified first aider, appointed person or another member of staff remains with the child in the office area, or sat 1-1 with the child if the symptoms are serious, until parents can be contacted and arrive (as required).

In the event that the child needs hospital treatment and the parents cannot be contacted prior to attendance, a qualified first aider, appointed person or another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Records

All accidents requiring first aid treatment are to be recorded on CPOMS with at least the following information:

- Name of injured person
- Name of the first aider/appointed person
- Date of the accident
- Type of accident
- Location of accident
- Treatment provided and action taken

If a child bumps their head, staff must log this on CPOMS, alerting our admin team and complete a red head bump form to go home in child's bag. Staff to also apply a head bump sticker on the child's top, in case they lose the slip.

In addition to training staff, all staff will have access to our 'Medical Booklet', which lists in summary form the needs of each child. Critical needs are listed first. It is the responsibility of our admin team to keep this up-to-date and to ensure staff are made aware of changes. It is also the responsibility of parents to make the school aware of any new medical issues, or updates, where appropriate.

Medicines

This policy outlines the arrangements for the administration of medication during school hours. It is in accordance with the document 'Medicines in Schools' produced by Hampshire County Council in December 2015 and complies with the DfE statutory guidelines Supporting pupils at school with medical conditions.

Objectives

- a) Safe administration of all medicines.
- b) Safe storage and accurate record keeping.
- c) Clarity of where responsibility for administration of medicines to pupils lies.
- d) For pupils with asthma (inhalers) and diabetes (insulin injections) that safe self-administration is promoted.

Responsibilities and duties

- a) Children who are unwell enough should not be in school and parents should keep them at home.
- b) In general, non-prescribed medicines should not be sent to school, nor should parents expect staff to administer them. However, some non-prescribed medicines such as Calpol, Sudacreme and Piriton, which enable children to remain in school, can be brought into school by a parent and a form completed, as per the prescribed medicines approach if agreed by the Head Teacher.
- c) Where prescribed medicines are to be administered in school, with or without involvement of staff, it is important that a written instruction is received from the parent or carer. A form of consent will be available for completion. It must be clear that the medicine is for the correct child. Further, medicine for a sibling will not be given.
- d) Children with chronic illness or disability who have prescribed medicines will be encouraged to take responsibility for self-administration. There may be occasions when a very young child or one with special needs will need assistance from an adult.
- e) A child with asthma who has an inhaler for regular or occasional use should be encouraged to look after and carry his/her own inhaler if the school and parent feels that he/she is capable and responsible. Cases should be considered individually in consultation with parents, the school doctor or nurse as necessary.
- f) A standard practice should be followed when administering medication to any pupil:
 - 1. refer to the written instructions received by the school;
 - 2. check the child's name;
 - 3. check the prescribed dose;
 - 4. check the expiry date;
 - 5. check the prescribed frequency of the medicine;

6. measure out the prescribed dose and check child's name again (for liquid medicines parents should provide measuring spoons);

7. complete and sign a record card when child has taken/been given the medicine.

g) Medicines must be kept in the container supplied by the pharmacist which must be clearly labelled with the name of the child and instructions for use.

h) Some medications may need to be kept in the medicines refrigerator kept in the office or in a locked box in the fridge in the nursery building.

i) School staff may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

Care Plans and Emergencies

Some life-threatening conditions may need immediate attention eg acute allergy to nuts. A care plan will be drawn up for a child with such a condition and appropriate staff will be trained and up-dated on the procedure for the administration of such medication. An ambulance should be summoned as a matter of routine in such an emergency. Please refer to the policy, Supporting Pupils in School with Medical Conditions, for more information.

For occasional medicines eg antibiotics, parents should endeavour to plan the timing of administrations to avoid one during the school day if at all possible. If this is not possible parents should arrange to come into school to administer the medicine themselves at a suitable time. If it is really necessary for school staff to administer occasional medicines a consent form must be completed with full instructions and the school will endeavour to carry them out. The responsibility for the administration of medicines lies with the parents.

On site, the school will keep at least one emergency inhaler and one emergency EpiPen, which can be used where deemed appropriate. Please refer to the policy, Supporting Pupils in School with Medical Conditions, for more information.

Off-site arrangements

The administration of medicines whilst off the school site for a day or residential visit should be carried out according to guidance in the Hampshire County Council manual 'Off-Site Regulations and Guidance'.

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

As a school we believe it to be unacceptable practice to

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;

- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments; or
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

Complaints

If you have a complaint about how your child's medical condition is being supported in school please contact the Head Teacher and the Chair of Governors in the first instance. Our complaints policy is on the website.

Emergency Asthma Inhalers and Epi-pens

Since 2015 schools may hold asthma inhalers and epi-pens for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep these emergency items. These will only be used for those children who are already prescribed asthma inhalers or epi-pens. They will only be used in an emergency and at all times the school will seek to use the child's prescribed item if possible.

Liability and indemnity

As a school with an SLA with HCC, we are insured as long as all appropriate training and risk assessment has taken place.

Monitoring of this policy

The governors will take responsibility, at least annually, for ensuring this policy is administered correctly.

Reviewed: Autumn 2019, July 2021, July 2022, July 2023, July 2024, July 2025

Review: July 2026

Appendix 1 – Assessment of First Aid Needs

Part 1 ASSESSMENT OF FIRST AID NEEDS

There is a statutory obligation to carry out and periodically review an assessment of first aid provision in every workplace by carrying out a First Aid Needs Assessment. This template form (page 2) and the included guidance aims to help responsible managers to identify, formalise and record what level of first aid provision is needed in their building, premises or for their team.

Arrangements for your first aid provision as identified through this first aid needs assessment would be expected to form the basis of your own first aid policy. Those using this guidance will need to have read the **Children’s Services Safety Guidance Procedure SGP 08-07 (First Aid)**

Assessing the levels

How much first aid provision you require will depend on the circumstances of your workplace. Using this template form, you will be able to assess what facilities, staffing levels and training are appropriate in your workplace. You are advised to consult employees (as appropriate) about the important areas that require consideration such as:

- a. Workplace hazards and risks
- b. Size of organisation and type of service users
- c. History of accidents and incidents
- d. Nature and distribution of workforce including remoteness from emergency services
- e. Needs of travellers, remote and lone workers
- f. Employees working on shared or multi-occupied sites
- g. Annual leave and other absences of first aid trained staff and appointed persons

The assessment of how many and what sort of first aiders are needed requires consideration of the hazards of the work itself, the hazards in the workplace and the numbers of those exposed to risk. Managers should already have a clear picture of the risks that their staff are exposed to from the risk assessments already completed. Managers also need to consider the numbers of staff and others who are present in the location being assessed.

National and corporate guidance on minimum levels of first aid provision **based on staff numbers only** are set out below. However, these minimum levels would need to be increased dependent upon the information determined during the first aid needs assessment itself, such as the number and type of service users on site (eg. children in a school, or five year olds or younger in a centre).

CHILDREN'S SERVICES ASSESSMENT FORM CSAF-002

First Aid Needs Assessment Form

There is a statutory obligation to carry out and periodically review an assessment of first aid provision in every workplace by carrying out a First Aid Needs Assessment. This template form (page 2) and the included guidance aims to help responsible managers to identify, formalise and record what level of first aid provision is needed in their building, premises or for their team.

Arrangements for your first aid provision as identified through this first aid needs assessment would be expected to form the basis of your own first aid policy. Those using this guidance will need to have read the **Children's Services Safety Guidance Procedure SGP 08-07 (First Aid)**

Assessing the levels

How much first aid provision you require will depend on the circumstances of your workplace. Using this template form, you will be able to assess what facilities, staffing levels and training are appropriate in your workplace. You are advised to consult employees (as appropriate) about the important areas that require consideration such as:

- a. Workplace hazards and risks
- b. Size of organisation and type of service users
- c. History of accidents and incidents
- d. Nature and distribution of workforce including remoteness from emergency services
- e. Needs of travellers, remote and lone workers
- f. Employees working on shared or multi-occupied sites
- g. Annual leave and other absences of first aid trained staff and appointed persons

The assessment of how many and what sort of first aiders are needed requires consideration of the hazards of the work itself, the hazards in the workplace and the numbers of those exposed to risk. Managers should already have a clear picture of the risks that their staff are exposed to from the risk assessments already completed. Managers also need to consider the numbers of staff and others who are present in the location being assessed.

National and corporate guidance on minimum levels of first aid provision **based on staff numbers only** are set out below. However, these minimum levels would need to be increased dependent upon the information determined during the first aid needs assessment itself, such as the number and type of service users on site (eg. children in a school, or five year olds or younger in a centre).

Category of risk	Numbers employed at work	Guidance on number & type of first aid staff to be available on site at any time
Lower Risk eg. primary schools, children centres, some secondary schools, offices, libraries	Less than 25	An Appointed Person
	25 – 50	At least one emergency first aider
	More than 50	One first aider for every 100 employed or part thereof.
Higher risk eg. some secondary schools, workshops, warehousing, use of dangerous machinery use or sharp instrument use, light manufacturing, work with animals or higher risk activities.	Fewer than 5	An appointed person
	5 – 50	At least one first aider (either an emergency first aider or first aider depending on the type of injuries that might occur)
	more than 50	One additional first aider for every 50 persons or part thereof

INSTRUCTIONS FOR COMPLETING PART 1

- When completed, both parts of assessment will form the First Aid Needs Assessment record which should be kept and reviewed periodically through your bring-up diary system.
- Start carrying out your assessment of first aid needs by first completing **Part 1** to assist you in documenting that you have comprehensively considered the level and type of provision that you require on your site. Enter your own information in place of the **blue** guidance

Part 1		ASSESSMENT OF FIRST AID NEEDS
Name of Premises/Organisation/School		Overton CE Primary School
No.	Aspects to Consider at Your Premises	First Aid Provision Considerations (Insert Your Information)
1	What are the risks of injury and ill-health arising from the work and activities as identified in your risk assessments?	Low risk
2	Are there any specific risks? (eg. work with hazardous substances, dangerous tools, dangerous machinery, higher risk activities etc)	Siting of first aid equipment is in the main office and classrooms. Garden machinery including ride on lawnmower, stored in a locked room Separate building for YR with a telephone

		<p>Separate building for nursery/training room with telephone</p> <p>Pond area is securely fenced and gate kept locked with a procedure in place</p>
3	Are large numbers of people employed on site?	44 staff employed (includes 24 part time staff)
4	What is your record of accidents and cases of ill-health? What type and where did they happen?	Minor accidents mostly children with grazes and head bumps at playtimes. Adults rarely involved in accidents
5	Are there staff/children on site who have disabilities or specific health problems?	<p>1 member of staff has diabetes (VD)</p> <p>1 child pacemaker fitted IHCP & RA in place (AB 1SP)</p> <p>1 child Craniosynostosis IHCP in place (NF 1SP)</p> <p>7 x Anaphalaxis with Epipens IHCP's in place (HS Nursery, JB 5LB, ED 3MB, LD 10JM, MH 1SP, ZV 10 JM, EV)</p>
6	Are there clients or service users on the site who may need first aid?	Children, parents, staff and visitors may require first aid
7	Is there first aid cover for lunch times and for the beginning and end of the working day?	An adequate level of first aid cover is provided at lunch times and start/end of the day. LSA's and office staff first aid trained. Paediatric first aiders for Year R and Nursery (LSA's, Office team and nursery staff) Names displayed in school office
8	What is the site layout and will the layout require additional first aid cover for separate buildings or floors of a multi-storey building?	The school is on two floors and there are two separate buildings adjacent to the main school for YR and the Nursery. The site is vast consisting of 10.5 acres
9	Do you have any work experience trainees?	Y10 work experience students in summer term and SD students on teaching practice throughout the year
10	Are there a number of inexperienced or young staff/workers/visitors on site?	All staff receive an induction
11	Do the numbers of people on site vary throughout the day. Are extra first aiders needed for peak periods?	The school is staffed from 7.30am-6.00pm with 2/3 staff available at peak times (morning break and lunchtimes)
12	Do staff work in shift patterns and does each shift have sufficient first aid cover?	N/A

13	Do you work on a site occupied by other organisations and share first aid arrangements?	No
14	What is the distance from emergency services and how long are they likely to take to arrive on site?	Sites remote from emergency services such as accident and emergency departments or where emergency services will take time to arrive may need a higher level of first aid provision such as a first aider rather than an emergency first aider
15	Do some staff work alone or remotely (including contracted home workers)?	Lone working is not facilitated with the exception of Site Manager, for which procedures are in place.
16	Do you have service users aged five years of age or younger?	The Early Years Foundations Stage statutory instrument and Ofsted require organisations to have adequately trained paediatric first aid trained staff always present on site and trips if five year olds or younger children are on site – we are compliant 8 x staff Paediatric Trained
17	Do members of the public visit your premises?	Yes
18	Do you have any employees with reading or language difficulties?	No
<p>Do not forget that first aid trained staff, paediatric first aid trained staff and appointed persons take leave and/or are often absent from the premises for other unscheduled reasons. You must appoint sufficient people to cover these absences to enable first aid personnel to be available at all times when people are at work.</p>		

INSTRUCTIONS FOR COMPLETING PART 2

- Complete **Part 2** using information considered in Part 1. The actual numbers of each type of **first aid staff that you require on site at any one time** during the working day should be identified in the first column *Numbers of Staff Required to be on Site at Any Time*
- The second column *Numbers to be Trained to Meet On-Site Requirement* should be based on your consideration of **how many staff need to be trained to ensure that you always meet your own requirement** as detailed in column 1. For example – if you decided that you required one qualified first aider on site at any time, it may be that because of rotas or planned absences that you need to train four staff to reasonably meet this requirement.

Part 2	SUMMARY OF REQUIRED FIRST AID PROVISION	
Name of Premises/Organisation/School	Overton CE Primary School	
Level of First Aid Staff (Type of Provision)	Numbers of Staff Required to be on Site at Any Time	Numbers to be Trained to Meet On-Site Requirement
Qualified First Aider	0	0
Emergency First Aider	2	2
School First Aid Trained	2	17
Paediatric First Aid Trained	2	8
Appointed Person	0	0
Other: (Please specify) <i>(Note: This is not to include any training requirements for medicine administration)</i>	Support staff's 3 year first aid training also covers specific medication such as Epi-pens, Asthma inhalers and diabetes monitoring	
First Aid Kits	Quantity Required	Locations of First Aid Kits
Yes / No	17	2 x Admin Office, All classes, community Room, Kids Kitchen & Nursery
Travel First Aid Kits	Quantity Required	Locations of Travel Kits
Yes / No	6	Admin Office Trips x 3, Walk to village x 1 Swimming pool x 1
First Aid Rooms/Areas	Quantity Required	Locations of Rooms

Yes / No	1 included in school office number	Admin Office
-----------------	---	---------------------

First Aid Needs Assessment Completion

Manager's comments	Insert comments relevant to assessment as appropriate

Name of manager	Signature of manager	Date
Fiona Wyeth	<i>Fiona Wyeth</i>	03/09/25

Assessment reviews	Set future review dates & sign/comment upon completion
---------------------------	--

Review date	Reviewed by	Reviewer signature	Remarks
01/09/2026			

