



First Aid, Intimate Care and Medicines in School Policy

**THIS POLICY IS TO BE REVIEWED
BI-ANNUALLY**

Chair of Governors, Jane Jones

Signed

A handwritten signature in black ink, appearing to read "Jane Jones".

Reviewed January 2026

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Section 1

Introduction

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed every two years. It is based on the WSCC guidance on managing medicines (August 2024).

East Preston Infant School is a Rights Respecting School. All pupils, staff and visitors have the right to be healthy, safe, educated, listened to and treated fairly. These principles are at the heart of our school ethos, and our policies and practices support these rights. We are committed to equal rights, mutual respect and shared responsibility.

In this Policy we specifically recognise the following articles from the UN convention on the Rights of the Child:

Article 3 – The best interests of the child must be a top priority in all things that affect children.

Article 24 – Every child has the right to the best possible health.

Article 28 – Every child has the right to an education. Discipline in schools must respect children's dignity.

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of [name of school] will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Aims

- To ensure the efficient application of First Aid to children and staff who are on site during the school working day and during off-site activities
- To draw to employees attention the need to be vigilant with regard to potential hazards in order to assist in reducing the need for First Aid

Section 2

Staffing Provision

- A qualified First Aider or an 'appointed person' will be available to administer first aid as required during the school working day. The 'appointed person' will have received the necessary training.

- A qualified First Aider will be available to take charge of an accident or illness if required to do so by an 'appointed person'.
- Teachers who hold a First Aid qualification will be available if the designated First Aiders are not on site.
- There will be a qualified First Aider accompanying off site activities and visits.

NB. Unqualified staff should only administer first aid if a qualified first aider or appointed person is not on site

A list of current First Aiders is held in the First Aid area and the School Business Manager's Office.

Section 3

First Aid Equipment and Facilities

First Aid Room

First Aid materials are stored in the First Aid room and in the YR classroom. They contain only the following approved equipment, together with guidance on the treatment of injured people:

- Protective latex gloves
- Individually wrapped sterile adhesive dressings
- Sterile eye pads
- Triangular bandages
- Safety pins
- Individually wrapped sterile unmedicated wound dressings
- Extra large sterile individually wrapped unmedicated wound dressings
- Forehead, oral and under arm thermometers First Aid room only
- Ice packs (kept in staffroom freezer)
- Resuscitation mouthpieces
- Bed, blanket and pillow

Mains tap water only will be used to irrigate wounds. First Aiders may only use items that they have been trained to use. The Lead First Aider (Carol Chilvers) will be responsible for keeping the First Aid stock up to date.

Travelling First Aid Kits

There are 4 travelling kits containing:

- Individually wrapped sterile adhesive dressings
- Large sterile unmedicated dressing
- Triangular bandage
- Safety pins
- Individually wrapped moist cleaning wipes
- Micropore tape
- Cool packs
- Hand gel
- Protective latex gloves
- Scissors
- Tissues

If the kits are used then Carol Chilvers must be informed so that she can replenish them. In addition, the Midday Meals Supervisors carry first aid bum bags which contain:

- Plasters
- Tissues
- Individually wrapped moist cleaning wipes
- Resuscitation mouthpieces

Information about specific children is available in the First Aid Room

Supplementary Equipment available

- Blunt end scissors and tweezers
- Gauze
- Swabs
- Plasters

Section 4

Procedures

In case of concern about the health of or injury to an individual the following precautions should be followed:

1. Individual sent to a First Aider or Appointed Person. Any concerns referred to Carol Chilvers
2. Injury or concern checked and an assessment made of the level of treatment needed
3. Treatment administered or individual referred to qualified First Aider for treatment (in the event of an Appointed Person being on duty)
4. Appropriate persons informed depending on level of injury – class teacher, parents, Headteacher
5. Incident recorded in Accident book

There is a rota to ensure that a qualified First Aider is on the school premises throughout the day.

Secondary aid will be sought if necessary and at the same time the parent/guardian will be informed.

If an appropriate adult cannot accompany the casualty to hospital, a member of staff will accompany him/her if necessary.

The First Aider or appointed person is responsible for recording details of the accident (such as injury type and treatment given) in the accident book and if necessary complete other documentation.

Universal first aid procedures are to be followed to prevent blood-borne infection (see section 5 and see bodily fluids risk assessment).

The First aid list containing specific pupil information is to be kept up to date by the designated First Aider. The Medical Information file is in the First Aid desk.

Accidents

The accidents will be recorded on Medibook and is UK GDPR compliant. The following details should be recorded: Child's name, class, date time, type of injury, how the injury

occurred, treatment given and the signature of the person treating the injury. For major accidents an additional county form should be completed online.

Medi Book will then inform parents/ carers of first aid incidents and email messages will be sent from no.reply@notify.edu365online.com. For head bumps an additional text message and key information for procedure for after care will be included.

Section 5

Communications

Files are kept in the first aid desk that refer to any medical conditions or allergies.

A copy of the First Aid manual, notes of general first aid guidance and information regarding children's medical needs are kept in the First Aid desk and also in the office.

Treatment

Following Government advice, First Aiders must take precautions where possible to protect themselves for Aids and Hepatitis by:

- Using protective gloves and covering exposed cuts or abrasions with a waterproof or fabric dressing, before treating a casualty
- Washing hands before and after applying dressings
- Mouth pieces should be used when giving mouth to mouth resuscitation.
- If direct skin contact with blood or body fluids occurs, the affected area should be washed as soon as possible and medical advice sought.

If there is any slight cause for concern parents must be contacted and informed so that they may make a decision on treatment. Parents must always be contacted in the event of:

1. A significant bump on the head
2. On-going distress
3. Potential illness
4. Very high or very low temperature

Section 6

Intimate Care Principles

The following are the fundamental principles upon which the toolkit is:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Definition of Intimate Care

Intimate care may be defined as any activity that involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. This activity is required to meet the personal care needs of each individual child. Parents/carers have responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents/carers.

Intimate care can include (but is not limited to):

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Photographs
- Treatment such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care.

Staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is recognised that there is a need to treat all pupils with respect and dignity when intimate care is given.

Where required and need has been identified, individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. Intimate care plans should be drawn up in consultation with parents/carers and, where age appropriate, the child themselves. Arrangements will be reviewed on a regular basis. The needs and wishes of children and parents/carers will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

Intimate care may be required for any child where a need has not been previously identified. It is accepted that all staff have a duty of care when a child has an 'accident' or is sick.

This toolkit has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Disabled children or those with additional needs can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

Implementation

The management of all pupils with regular intimate care needs will be carefully planned. The pupil who requires intimate care is treated with respect at all times; the pupil's welfare and dignity are of paramount importance.

Staff, including supply or agency, who provide intimate care receive training to do so this includes; Child Protection, Health and Safety and manual handling training, as appropriate. Where appropriate equipment is provided to assist with pupils who need

special arrangements following assessment from a physiotherapist and occupational therapist as required. Volunteers will never undertake such duties.

The pupil will be supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage each pupil to do as much for him/her self as he/she can. This may mean, for example, giving the pupil responsibility for washing themselves; supported by appropriate communication aids and equipment as necessary.

Each pupil's right to privacy will be respected. Careful consideration will be given to their situation to determine how many staff might need to be present when a pupil requires intimate care.

Where intimate care is required, the staff allocated to that class will where possible work on a rota basis to ensure over familiarity in a relationship does not occur, yet, regular staff are attending the pupil so they feel comfortable and cared for. Pupils should be able to voice preference of intimate carers where possible.

Pupils wearing nappies or pull ups

Staff work closely with parents and carers in regards to intimate care routines and will discuss care needs and timing issues with parents/carers at the start of each year and have frequent contact with parents and carers to discuss any changes in routine or care needs. This will be in the form of an Intimate Care Plan. This allows the school and the parent/carer to be aware of all the issues surrounding this task right from the outset.

How procedures will happen

The member of staff dealing with the incident must advise a second member of staff that they are carrying out intimate care. They must not be on their own with the child behind a locked door.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded in a log (see appendix 5). The needs and wishes of pupils and parents/carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Procedures will be carried out in one of the following:

- Child in child's toilet cubical with adult outside, offering verbal instruction and help when required;
- Child and adult in disabled toilet with door ajar, and giving verbal instruction, and help when required.

At all times the care will be carried out in a way which promotes the child's dignity and independence.

Children will be encouraged to do as much as they can themselves, with verbal support and instruction, and adult touching of any intimate areas will be a last resort for routine or accidental care, and carefully planned for in cases of more complex needs.

When carrying out procedures, the school will provide staff with: protective gloves, aprons, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

Records will be kept whenever a child is changed.

Health and Safety

Gloves must be worn by the staff member when changing a soiled nappy/pull up. Aprons and Masks are available if required. Staff will always wear gloves when dealing with a pupil who is bleeding. Any soiled waste is placed in a disposal bag, which can be sealed. This bag is then placed in a specialist bin (complete with a yellow liner) which is specifically designated for the disposal of such waste. The bin is emptied and collected by Initial once a week. There are two bins in school- one in the disabled toilet by the first aid room and one in the Reception Class disabled toilet. All staff are aware of the school's Health and Safety policy.

The Protection of Pupils

Child Protection Procedures will be adhered to at all times. Concerns of a child protection nature must be referred to the Designated Safeguarding Lead (DSL) or Deputy DSL and dealt with in accordance with school child protection procedures.

All children will be taught personal safety skills carefully matched to their level of development and understanding, promoting positive self-esteem, awareness and confidence in their own body.

If a member of staff has any concerns about physical changes in a child's presentation, e.g., marks, bruises, soreness etc. they must immediately report concerns to the DSL.

If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil or any other person makes an allegation against a member of staff, all necessary procedures will be followed (see Safeguarding Policy/ Procedures for details). This should be reported to the Head teacher (or to the Chair of Governors if the concern is about the Head teacher) who will consult the Local Authority Designated Officer in accordance with the school's Safeguarding policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head teacher or to the Chair of Governors, in accordance with the Safeguarding procedures and 'whistle-blowing' policy.

First Aid and intimate care

There are named staff in School who administer first aid and wherever possible another adult or pupil are present. The pupil's dignity is always considered and where contact of a more intimate nature is required, another member of staff is always in the vicinity and made aware of the task being undertaken.

Medical Procedures

Pupils who may require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers and documented in the Individual Healthcare Plan (IHP) and will only be carried out by staff who have been trained and signed off as competent to do so. Staff should only undertake care activities which they understand and feel competent and confident to carry out; they are responsible to notify their line manager/Head teacher if this is not the case.

Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions that require care within school, for the school's records. At the beginning of each school year, parents/carers are requested to update details about medical conditions (including intimate care needs) and emergency contact numbers.

All parents/carers of children with intimate care needs will be required to provide information to school on these. From this information the school keeps its intimate care need records which are completed on Insight. All teachers know which children in their class have intimate care needs. Parents/carers are required to update the school about any change in their child's medication or treatment. Records must be kept for the administration of any intimate care (appendix 5).

Section 7

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at East Preston Infant School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at East Preston Infant School is Claire Greenway or in their absence Carol Chilvers. In their duties staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review.

All staff, governors, parents/carers and members of the East Preston Infant School community will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed and as part of the Head teacher's annual report to Governors.

Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed as 'cover available' in the RMP Medical Malpractice Treatment Table will be

insured under the WSSC Public Liability insurance policy. The Treatment Table is available to view on West Sussex Services for Schools under Other Documents in the Insurance, Resources section.

In addition to this policy the Council also maintains a Medical Malpractice policy to incorporate insurance cover for the more invasive and complicated procedures that staff are now expected to undertake and that are not covered under a standard Public Liability policy.

There is a brief section on Medical Malpractice in the Insurance Guide 23/24, (on WSSfE, Insurance, Resources, Core Policy Information) which outlines the policy, but any further specific questions will need to be directed to Sharon Andrews for clarification.

Admissions

When the school is notified of the admission of any pupil the admin team, under the direction of the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescriptions medication using 'Template B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines.' An assessment of the pupil's medical needs will be completed this might include the development of an Individual Health Care Plans (IHP) or Education Health Care Plans (EHC) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

Pupils with medical needs

The school will follow Government guidance and develop an IHP or EHC for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Template 1 (Appendix 1)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1).

Parents/guardians should provide the Head teacher with sufficient information about their child's medical condition and treatment, or special care needed at school. Arrangements can then be made, between the parents/guardians, Head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

All prescribed and non-prescribed medication

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary, the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine for administration with parental consent (template B or gained at the time of administration) for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g., manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the school office with the appropriate consent form Template C and/or C1 (Appendix 2). The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day.

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication.

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent to administer ad-hoc non-prescription by either using Template B (Appendix 2) when the pupil joins the school OR by contacting the parent/guardian to gain consent at the time of administration (conversations will be recorded). The school will send termly reminders requesting parents/guardians to inform the school if there are changes to consent gained when the pupils joined the school. If the school is not informed of any changes by the parent/guardian, it will be assumed that consent remains current.
- **Prescribed and non-prescribed medication taken regularly** - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C and/or C1) or if applicable on the IHP)

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Template D or E and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-

prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine.

WSCC does not allow the administration of non-prescription ibuprofen to children under 12.

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2).
- medication is licensed as suitable for the pupil's age.
- medication is suitable for the pupil i.e., if a child is asthmatic the medication is suitable for that condition.
- administration is required more than 3 to 4 times per day.
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL).
- and accompanied by parental/guardian consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect.

The school will NOT administer non-prescription medication:

- as a preventative, i.e., in case the pupil develops symptoms during the school day.
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time.
- Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a doctor's note. In the absence of a doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the

prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their doctor.

- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e., coughs sweets or lozenges, will not be administered by the school.
- If parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

Short term ad-hoc non-prescribed medication

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain - Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e., migraine.
- For mild allergic reaction – anti-histamine (see Anaphylaxis) NB parental consent should be gained for those pupils known to require anti-histamine as part of their IHCP. Verbal consent to administer for hay fever will be gained at the time of administration by contacting the parents and this will be recorded in writing. In an emergency medication can be administered with the consent of the emergency services.
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available. Parental consent to administer gained as part of the educational visit.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

Pain relief protocol for the administration of paracetamol

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol or Ibuprofen) was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e., decongestants e.g., Sudafed, cold and flu remedies e.g., Lemsip and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours, the school will with parental consent administer 1 dose.
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol and Ibuprofen) was administered before school, then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.
- IBUPROFEN – As the pupils in the school are under 12 the school will NOT administer Ibuprofen at all during the school day, in line with WSCC guidance.

If a request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will with parental consent, administer 1 standard of dose of Paracetamol without any need to confirm with the parent/guardian if a dose was administered before school, but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school complies with the School Nursing Service recommendation that staff administering asthma inhalers are trained in their administration and that training is renewed annually. The school will develop IHP's for those pupils with severe asthma and complete the Individual Protocol for pupils with mild asthma.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommendation that staff who will be administering auto-injectors are trained and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e., itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If

antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e., P.E. Science, Design and Technology.

Hay fever

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms, then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupil's medication isn't available staff will administer the school's emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1). The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the school office. (Appendix 2 Template G)

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g., midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

Pupils taking their own medication.

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHC and parents should complete the self-administration section of 'Parental consent to administer medication' form (Template C Appendix 1).

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely in a locked metal first aid cupboard (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be kept in a clearly identified labelled first aid container in his/her classroom. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times by taking the box with them, for example during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the First Aid Room to which pupil access is restricted and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs see page 7.

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired, it will be returned to the parent/guardian for disposal.

Spillages

A spill must be dealt with as quickly as possible, and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools' procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary, parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the bodily fluids risk assessment.

If the school holds any cytotoxic drugs, there management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

Record Keeping – administration of medicines.

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered using Medi-book.

Recording Errors and Incidents

If for whatever reason, there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication.
- Given the wrong dose.
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date.
- Or the wrong pupil is given medication.

Incidents must be reported to the Schools Senior Leadership Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools' local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Leadership will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Staff Training

The school will ensure that staff that will have to administer any medication (Prescribed/non-prescribed) will have completed Managing Medicines in Schools training before they can administer medication to pupils. WSCC provides both e-learning and face to face training courses.

- The Lead and/or designated member of staff who will be overseeing administration of medication should complete a face-to-face course, this can be either a classroom session or Teams webinar.

- Other staff who will be administering medication may also attend face to face training but need to complete as a minimum, the eLearning managing medicines **and** achieve a score of 100% on the managing medicines competency test. Staff should familiarise themselves with the school's medicines policy and other documentation.
- The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines can be arranged via the school nursing service.
- School staff involved in administering auto injectors or asthma inhalers in an emergency must complete annual training.

A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

Educational Visits (Off - site one day)

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 2 Template C) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

Risk assessing medicines management on all off-site visits.

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

The results of risk assessments however they are recorded i.e., IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

Complaints

Issuing arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

Section 8

Off-site Activities

When children are involved in off-site visits the following will apply:

1. The required number of stocked travel First Aid Kits will be taken (1 per year group)
 - o Paracetamol and anti-histamine will be provided in sachets
2. A qualified First Aider will accompany the children
3. If an accident occurs the First Aider or teacher in charge will deal with it using the following strategies:
 - Treat the injury and if it is considered to be sufficiently minor then let the pupil continue with the activity, under supervision.
 - If there is any doubt then the teacher in charge must phone the school to seek advice
 - If necessary, the teacher will seek specialised advice from a hospital casualty department and inform the school immediately. An adult (preferably a teacher) must stay with the child until treatment is completed or a parent/guardian arrives
 - On return to school **any** accident must be reported immediately by the teacher directly to the Headteacher and the parent/guardian of the child and an accident report completed as soon as is reasonably possible.

Section 9

Out of Hours Working

The first aid facilities and a telephone will be available. If children are involved, the supervising adult will administer First Aid. He/she may not be a qualified first aider or appointed person.

Visitors and Contractors

First Aid will be given where necessary to individuals who have been invited onto the site.

Non-employees will be treated under 'good neighbour' terms if first aid facilities are requested.

This policy has been developed in line with the West Sussex County Council (WSCC) model policy, August 2024.

A number of forms are referred to as appendices in this example policy. These are contained in Appendix 1- WSCC Care Plan Templates December 2021 and Appendix 2 West Sussex County Council (WSCC) 'Templates – Supporting pupils with medical conditions' December 2021. See also WSCC Administering Medicines Templates October 2020 and Summary guidance medicines policy.

The Asthma Toolkit is also available from the Child Health page within West Sussex Services for Schools

Linked policies: **EPIS Asthma Policy**
EPIS Bodily fluids risk assessment

WSCC Templates can all be found in Appendix 1 or Appendix 2. Templates 1 – 8 and Templates A – G (available on request from the school office)

Template 1 - Individual HealthCare Plan - IHCP

Template 2 - Individual protocol for Mild Asthma

Template 3 - Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction

Template 4 - Individual protocol for an Emerade adrenaline auto injector

Template 5 - Individual protocol for an Epipen adrenaline auto injector

Template 6 - Individual protocol for an Jext pen adrenaline auto injector

Template 7 - Letter inviting parents to contribute to individual healthcare plan development

Template 8 - Letter to send to parent or guardian who has not provided an in-date inhaler or auto injector

Template A: Pupil Health Information Form

Template B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines

Template C: Parental consent to administer medicine

Template C1: Individual protocol for non-prescribed medication

Template D: Record of Medicines Administered to an individual child

Template E: Record of Medicines Administered to all children

Template F: Staff Training Record – Administration of Medicines

Template G: Contacting Emergency Services

Template H Consent to administer non-prescribed medication on a school trip

Appendix 4 Procedures for Providing Intimate Care – to be displayed in first aid room and disabled toilets.

Not all staff are willing to undertake toileting support, nor are intimate hygiene procedures included within their job descriptions. However, there is an expectation that members of the teaching support staff would be willing to undertake this duty as needed. Therefore, at East Preston Infant School, no member of staff is required to change soiled or wet children, however, all staff are expected to change children on an occasional basis if they are happy to do so and they follow the agreed Protocol.

For children who have a recognised, ongoing incontinence difficulty it may be necessary for the school to provide regular toileting support and intimate care as part of a Healthcare Plan.

Agreed Protocol

1. If a child has an ongoing, recognised problem with soiling and/or wetting, written permission from the parents/carers should be sought for the named members of staff to regularly change the child in school and provide intimate care as part of the child's Healthcare Plan.
2. If an occasional soiling/wetting incident occurs the child should be encouraged to change and clean themselves, with verbal support and guidance from an adult. **Every effort must be made to encourage the child's independence and minimize staff intervention.**
3. If the child is unable to adequately clean/change themselves then the supervising adult should ask permission from the child to help change/clean them. If the child agrees to this then parental permission must be sought. Gloves must be worn by the staff member. Aprons and Masks are available.
4. If the child does not agree or is particularly distressed then parents/carers should be asked to come into school to change their child.
5. If parents/carers cannot be contacted staff must deal sensitively with the child, encouraging him/her to clean themselves or accept help from the adult. No child should be left to remain uncomfortable or excluded from the class for any considerable length of time.
6. When a child is being cleaned by a member of staff then another adult must be in close proximity. All efforts must be made to ensure the privacy of the child and to avoid loss of the child's personal dignity.
7. **All staff must be familiar and comply with the Code of Conduct and school safeguarding procedures.**
8. Records of intimate care must be kept, following the school's template (appendix 3).

Appendix 5- Intimate Care Record



Child's Name	
Class	

Key: **D** – dry **S** – soiled
W – wet **T** – used toilet