

First Aid and Administration of Medicines Policy

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Updates/revisions included:	<p>The following updates have been made to strengthen compliance with the Independent School Standards (ISS) and ensure full alignment with current DfE guidance:</p> <ol style="list-style-type: none"> 1. Explicit reference to the Independent School Standards added <ul style="list-style-type: none"> ○ The legal framework section now states that the policy is written to meet ISS Part 3 (Welfare, health and safety of pupils), with cross-references to Parts 5, 6 and 8. 2. Clarification of dynamic risk assessment expectations <ul style="list-style-type: none"> ○ A sentence added to confirm that leaders will complete dynamic risk assessments for off-site visits and unusual activities, in line with DfE first-aid guidance. 3. Updated defibrillator (AED) compliance statement <ul style="list-style-type: none"> ○ Section strengthened to show alignment with DfE AED guidance (2025), including: <ul style="list-style-type: none"> ▪ Registration on The Circuit (national defibrillator network). ▪ Monthly documented checks and timely replacement of consumables. ▪ Provision of post-incident support and debrief for staff. 4. Enhanced declaration on access to the policy (ISS Part 6) <ul style="list-style-type: none"> ○ Statement added confirming that the full policy and localised Part 2 information are available to parents and inspectors on request. 5. Strengthened monitoring and compliance assurance section <ul style="list-style-type: none"> ○ Termly compliance checks now explicitly include: <ul style="list-style-type: none"> ▪ First-aid training currency, ▪ First-aid kit audits, ▪ AED check logs,

	<ul style="list-style-type: none"> ▪ Incident and near-miss trend analysis (including RIDDOR) and corresponding actions. <p>6. Minor editorial improvements</p> <ul style="list-style-type: none"> ○ Tidying of formatting issues, removal of placeholder text in school-specific Part 2 sections, and confirmation that emergency contact templates should be pre-completed with each school address and postcode.
Note:	<ul style="list-style-type: none"> • Part 1 of this document is read-only • Part 2 is localised for each of the schools, please notify OA Central whenever the details in this section change

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Part 1 – Policy

Statement of Intent

The Board of Trustees believe that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the Trust.

We are committed to:

- Completing first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at each school, and suitable records of assistance required and provided are kept.
- Having first-aid materials, equipment and facilities available, according to the findings of the risk assessment.
- Following the procedures for administering medicines and providing first aid and ensuring that they are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the Trust is appropriately insured, and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the school’s office/medical room. To manage their medical condition effectively, the academies/schools will not prevent students from eating, drinking or taking breaks whenever they need to.

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

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

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

Definition and background

Definition

For the purposes of this policy the school will follow the definition of First Aid outlined below, from Wirral NHS Foundation Trust:

“First aid is the assistance given to any person suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. It includes initial intervention in a serious condition prior to professional medical help being available, such as performing CPR while awaiting an ambulance, as well as the complete treatment of minor conditions, such as applying a plaster to a cut. First aid is generally performed by the layperson, with many people trained in providing basic levels of first aid, and others willing to do so from acquired knowledge.”

Background

Under the Health and Safety (First Aid) Regulations 1981, employers are responsible for providing adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. The regulations require employers to provide adequate and appropriate equipment, facilities and personnel based on a first aid needs assessment.

Although the regulations do not require employers to provide first aid for anyone other than their own employees, the DfE strongly recommends that all schools consider the needs of non-employees such as pupils and visitors when making provision for first aid, and that First Aid provision must be available:

- While people are on school premises.
- When staff and pupils are working elsewhere on school activities, including any off-site activity such as educational visits.

Legal framework

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2015) ‘Supporting pupils at school with medical conditions’
- DfE (2022) ‘First aid in schools, early years and further education’
- DfE (2025) ‘Automated external defibrillators (AEDs): a guide for maintained schools and academies’

The policy will be implemented in conjunction with the following school policies:

- Health and Safety Manual including Allergen and Anaphylaxis, Infection Control and Lone Worker Policy
- Behaviour Policy

- Child Protection and Safeguarding Policy
- Educational Visits and School Trips Policy
- Records Management Policy
- Social, Emotional and Mental Health (SEMH) Policy
- Supporting Pupils with Medical Conditions Policy

This policy is written to meet the **Independent School Standards (Education (Independent School Standards) Regulations 2014)**, in particular **Part 3 (Welfare, health and safety of pupils)**, with cross-references to **Part 5, Part 6 and Part 8**

Roles and Responsibilities

The Olive Academies Independent Schools Board (OAISB)

The OAISB has ultimate responsibility for health and safety matters - including First Aid in each school and must ensure that.

- First aid needs risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.
- First aid materials, equipment and facilities are provided according to the findings of the risk assessment.
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The Head of each school

The Head of School is responsible for:

- Carrying out a first aid needs assessment for the school site, review annually and/or after any significant changes.
- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in their respective school and that their names are prominently displayed throughout their respective school.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Contacting the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of students.
- Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

The Lead First Aider at each School

The lead first aider in each school must ensure that:

- Students with medical conditions are identified and properly supported in their respective school, including supporting staff on implementing a student's Healthcare Plan.
- Alongside the Head of School, the training needs of school staff, including administration of medicines are completed.

- First aid and medicines are administered in line with current training and the requirements of this policy.
- They check the contents of each first aid box and any associated first aid equipment periodically (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- Accident report forms and investigations are completed and provide assistance where necessary.
- They notify the Head of School when going on leave to ensure continual cover is provided during absence.

Appointed person(s) and first aiders

The appointed persons are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned, when appropriate

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Sending students home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details up to date.

Mental Health First Aider

The appointed persons are responsible for:

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

Staff Trained to Administer Medicines

Members of staff in each school who have been trained to administer medicines must ensure that:

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

Other Staff

It is the responsibility of all other staff to ensure that they:

- Follow first aid procedures.
- Know who the first aiders in their respective school are and contact them straight away.
- Complete accident reports for all incidents they attend to where a first aider is not called.
- Inform the Head of School or their line manager of any specific health conditions or first aid needs.

First Aid Needs Risk Assessment

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

Each school will ensure this assessment is reviewed when significant changes occur.

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

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

Leaders will ensure dynamic risk assessment for **off-site visits and unusual activities**, adjusting staffing/equipment accordingly.

First Aid Provision

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

- a) The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first-aid post and calls for a first aider.
- b) The first aider administers first aid and records details in our treatment book.
- c) If the child has had a bump on the head, they must be given a "bump on the head" note.
- d) Full details of the accident are recorded in our accident book
- e) If the child has to be taken to hospital or the injury is 'work-related' then the accident is reported to the Governing Body.
- f) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Governing Body will arrange for this to be done.

Insurance Arrangements

The trust is insured by the Government Risk Protection Arrangement (RPA).

Educational Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

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

Where identified within an educational visits First Aid Needs Assessment, the Lead First Aider will arrange for additional equipment such as epi-pens, inhalers as relevant to health care plans.

Administering Medicines

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Prescribed medicines may be administered in each school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a student refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, each school must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in each school office.

Staff will ensure that records are kept of any medication given. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken.

Non-Prescribed medicines must not be taken in any school.

Storage and Disposal of Medicines

Wherever possible, students will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in each school office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on school trips. It is the responsibility of each school to return medicines that are no longer required, to the parent for safe disposal.

Asthma inhalers / epi-pens will be held by each school for emergency use, as per the Department of Health's protocol.

When medication is no longer required, suitable disposal will be arranged, or medication will be collected by parents

Accidents/Injuries requiring Hospital Treatment

If a student has an incident, which requires urgent or non-urgent hospital treatment, The school will be responsible for calling an ambulance in order for the student to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance if required.

Parents will then be informed, and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the relevant school with up-to-date contact names and telephone numbers.

Allergies

Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing

anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

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

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

Defibrillators

Defibrillators are available within the school/school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

The local NHS ambulance service has been notified of its location.

Procedures are in place to maintain the equipment in accordance with manufacturers recommendations.

AEDs are registered on The Circuit (the national defibrillator network); monthly checks are logged; consumables replaced per manufacturer's schedule. After any AED use, managers provide **post-incident** support and debrief for the responder team, in line with DfE (Jan 2025)

at each school

Students with Special Needs – Individual Healthcare Plans (IHP) and Health and Care (EHC) plans.

Some students have medical conditions or special educational needs (SENs) that, if not properly managed, could limit their access to education. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. Such students are regarded as having special needs. Most students with special needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

Each school will consider what reasonable adjustments they might make to enable students with special needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that students with special needs are included.

Each school will not send students with special needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

Individual health care plans (IHCP) and Education, Health and Care (EHC) plans will help each school to identify the necessary safety measures to support students with special needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment. Not all pupils with a special need will require an IHP or EHC. It will be agreed with a healthcare professional and the parents when an IHP or EHC would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Principal will make the final decision. Where a student has SEND but does not an EHC plan, their special educational needs should be mentioned in their IHP.

Parents/carers have prime responsibility for their child's health and should provide the relevant school with information about their child's medical condition or special educational needs. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Healthcare Professional may also provide additional background information and practical training for school staff.

The procedure that will be followed when an school is first notified of a student's medical condition or special educational needs is set out in the trust policy: **Supporting Pupils with Medical Conditions** which can be accessed via each academy/ school website. The procedure that will be followed annually or when there is

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a significant change in a student's medical condition or special educational needs is also set out within this policy. Procedures will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999).

Each student's individual plan will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

Accident Recording and Reporting

First aid and accident reporting

- a) The online 'record injury' form on Medical Tracker will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. Parents will be informed of all incidents reported on Medical Tracker.
- b) As much detail as possible should be supplied when completing the record.
- c) Staff can manually reference incidents or medical records in both systems by:
 - o Logging a safeguarding concern in CPOMS and noting the relevant medical incident.
 - o Adding a reference or note in Medical Tracker that a safeguarding concern has been logged in CPOMS.
- d) Records held in the first aid and accident book will be retained by the school/academy for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Reporting to the HSE

- a) The Head of each school and the Trust H&S lead will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- b) The Head of each school and/or Trust H&S lead will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:
 - Death
 - Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury but could have been done. Examples of near-miss events include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment.
 - The accidental release of a biological agent likely to cause severe human illness.
 - The accidental release or escape of any substance that may cause a serious injury or damage to health.
 - An electrical short circuit or overload causing a fire or explosion.
- c) Information on how to make a RIDDOR report is available here:
<http://www.hse.gov.uk/riddor/report.htm>

Notifying parents

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

Reporting to Ofsted and child protection agencies

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

b) The Head of School will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

Mental Health First Aid

The Trust is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role in the Trust is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. The school's mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.

The school mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.

The Trust recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.

All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the Trust's confidentiality policy.

Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to HR/Line Manager who will advise on the next steps to be taken.

All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.

If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or HR/Line Manager.

The Trust ensures all staff have access to supporting documentation and information. All staff are encouraged to access this information at any time; the employee assistance details can be found [here](#).

Monitoring arrangements

This First Aid and Medicine policy reflects the Trust's serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

The storage, organisation, and administration of first aid and medicines provision is taken very seriously. The Trust and individual academies/schools carries out regular reviews to check the systems in place meet the objectives of this policy.

This policy will be reviewed by OA central annually with input from heads of School.

Termly compliance checks will sample: **training**, first-aid kit audits, **AED check logs**, incident/near-miss trends (including **RIDDOR**), and actions taken. Findings are reported to the OASB.

At every review, the policy will be approved by the Deputy Chief Executive.

Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Supporting pupils with medical conditions

This policy and the localised Part 2 information are **available to parents on request and to inspectors/authorities**.

Part 2 – Localised information

OA-North View

First Aid Leads	Angela Claisee, Simon Warman and Charlie Smith
Trained First Aiders	Angela Claisee, Simon Warman and Charlie Smith
First Aid Kit Locations	Medical room, multi-use classroom, main office, therapy room, kitchen
Defibrillator Availability	Awaiting arrival: to be kept in the medical room
Incident Reporting	Medical Tracker is available to all first aiders
Emergency Procedures	Emergency plan

Offsite Activities	Simon Warman and Charlie Smith
Accessibility	As per Accessibility Plan
Training Records	Angela Claisse - Office Manager
Review Schedule	Half-termly

Appendix 1 - Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number:

2. Give your location as follows (*insert academy address*)

3. State that the postcode is:

4. Give exact location in the academy (*insert brief description*)

5. Give your name: _____

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

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone.

Appendix 2: Individual Health Care Plan (IHP)

Name of academy/setting	
Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

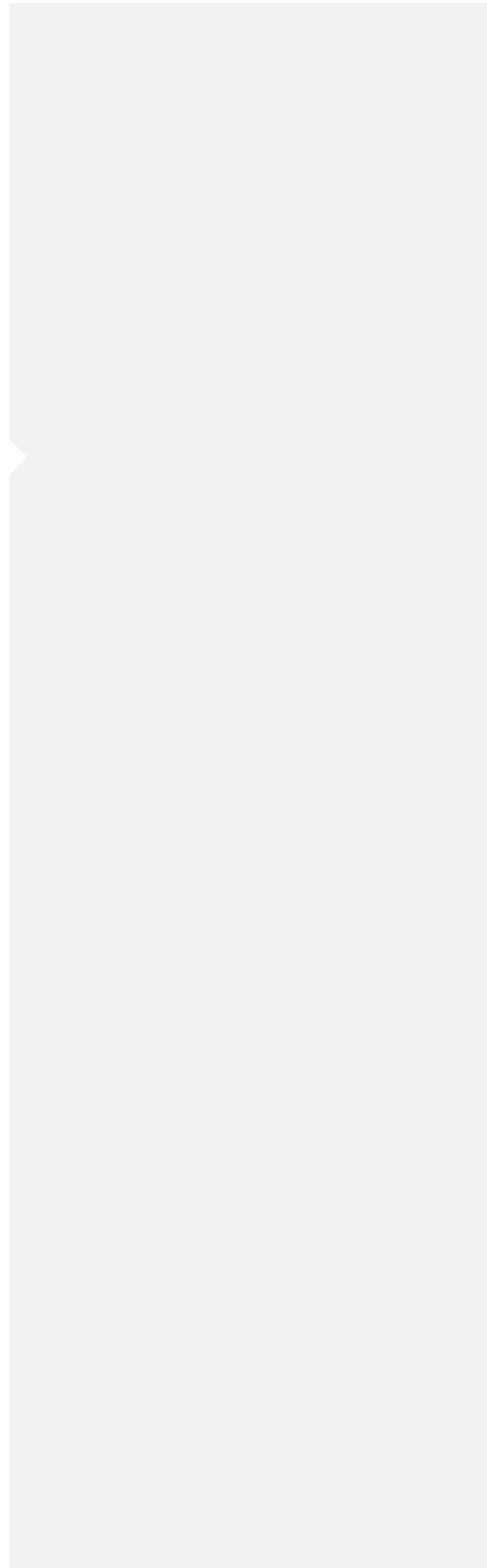
Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

For information only.
For an editable version of this please contact the SENDCO



G.P.

Name

Phone no.

Who is responsible for providing support in academy

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements, e.g. before sport, during lunch

Specific support for the pupil's educational, social and emotional needs

Arrangements for visits/trips etc

[Empty text box]

Other information

[Empty text box]

Describe what constitutes an emergency, and the action to take if this occurs

[Empty text box]

Who is responsible in an emergency (state if different for off-site activities)

[Empty text box]

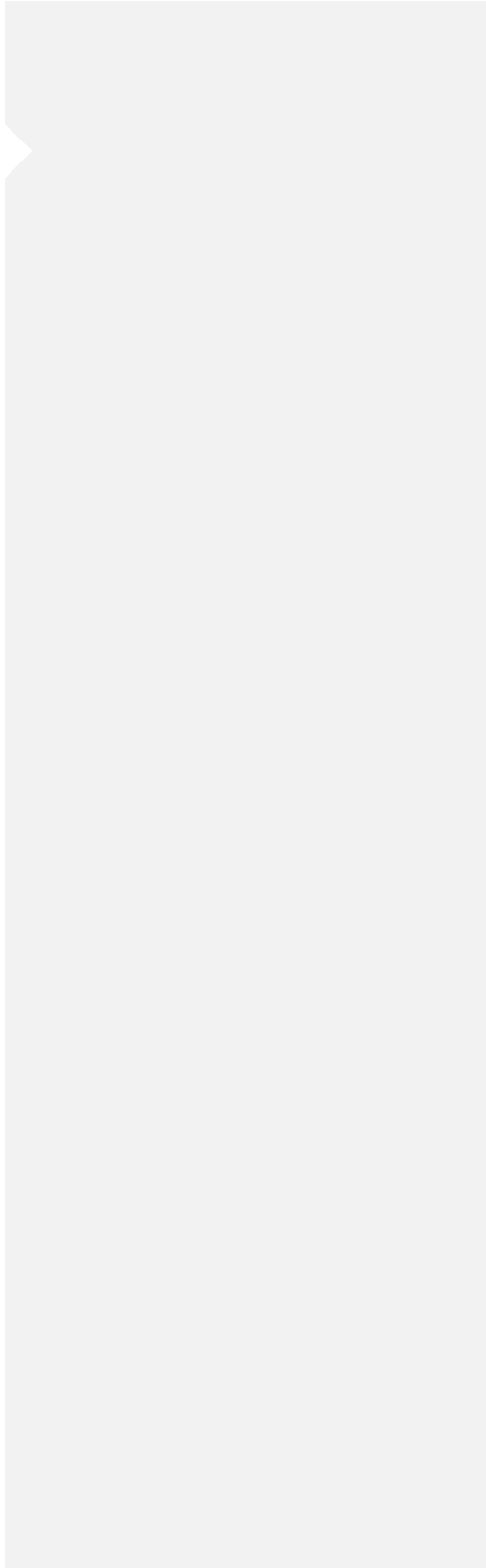
Plan developed with

[Empty text box]

Staff training needed/undertaken – who, what, when

[Empty text box]

For information only.
For an editable version of this please contact the SENDCO



Appendix 3 - Parental agreement for school to administer medicine

The academy will not give your child medicine unless you complete and sign this form, and the academy or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of academy/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the academy/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

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

Parent/carers signature(s)

Date

Appendix 4: Record of Medicine Administered to an Individual Child

Name of academy	
Name of pupil	
Date medicine provided by parent	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/
Quantity returned	
Dose and frequency of medicine	

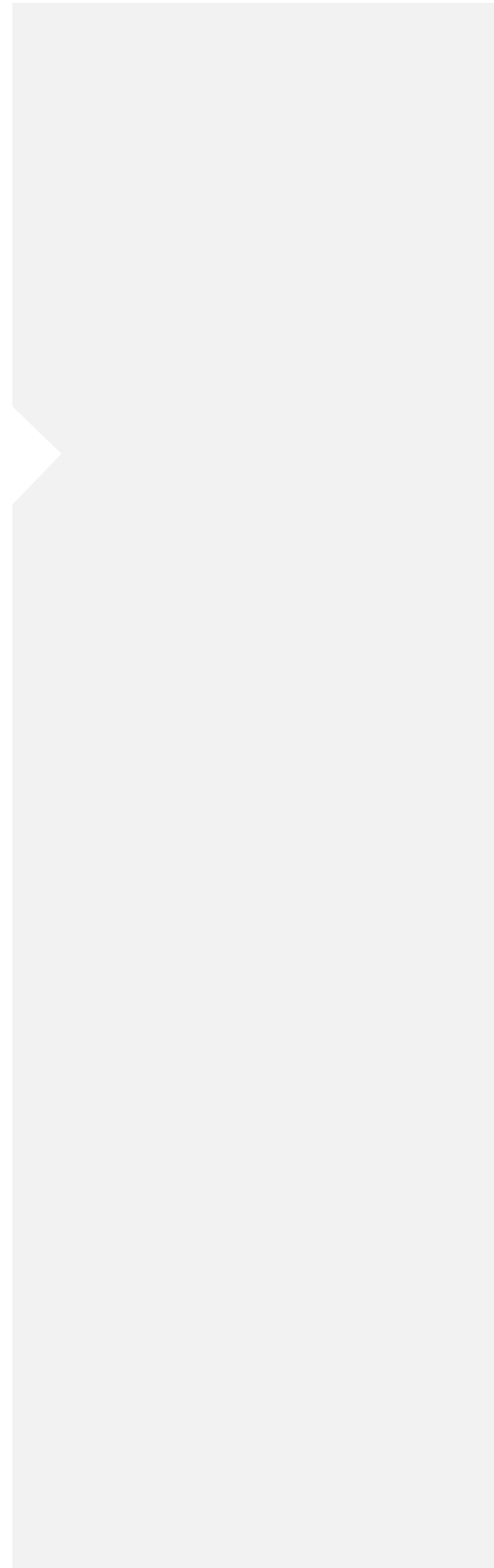
Staff signature

Signature of parent

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

Date	/ /	/ /	/ /
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For information only.
For an editable version of this please contact the SENDCO

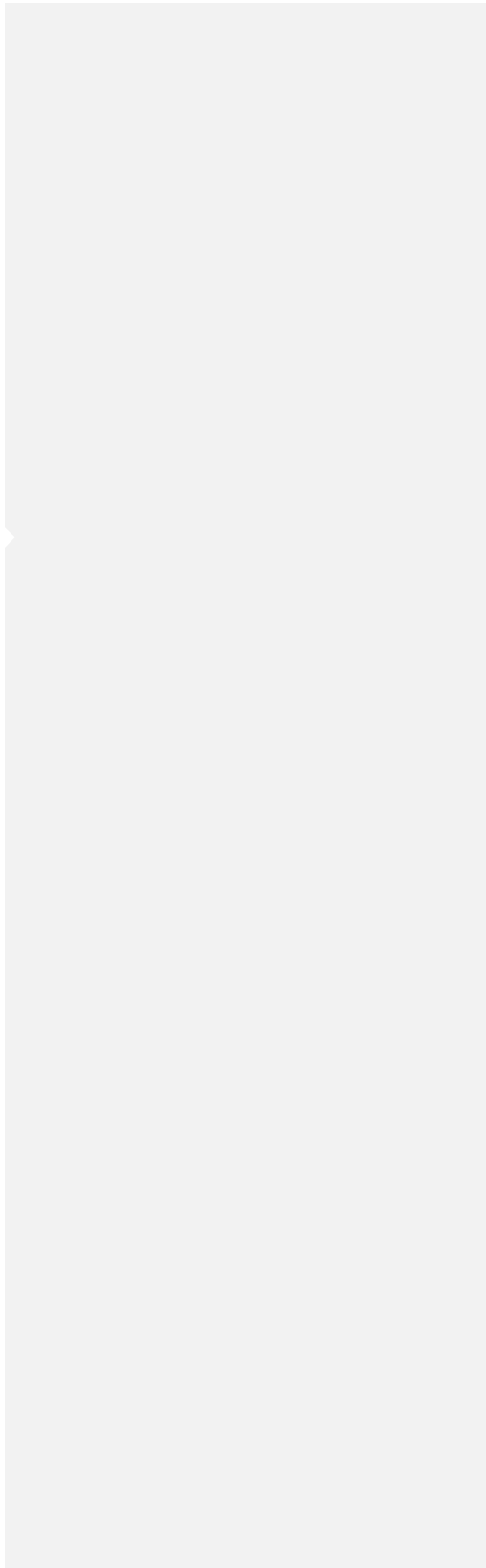


Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			



Appendix 5 - Administration of medication during seizures

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

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

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

Appendix 7 - EpiPen®: Emergency Instructions

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

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



ACTION

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

SEVERE REACTION

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



ACTIONS

1. Get the EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until the ambulance arrives.
7. Place used EpiPen® into a container without touching the needle.
8. Contact parent/carer as overleaf.

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Headteacher/Principal/Principal: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

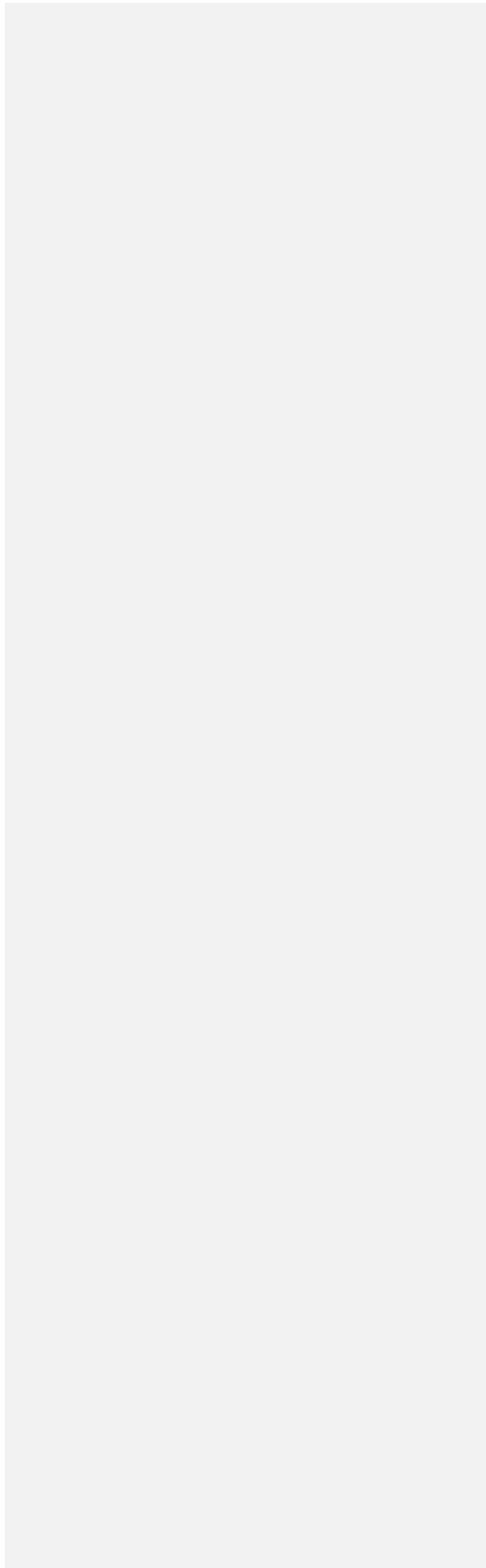
Relationship to child: _____ Date agreed: _____

Signed Paediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

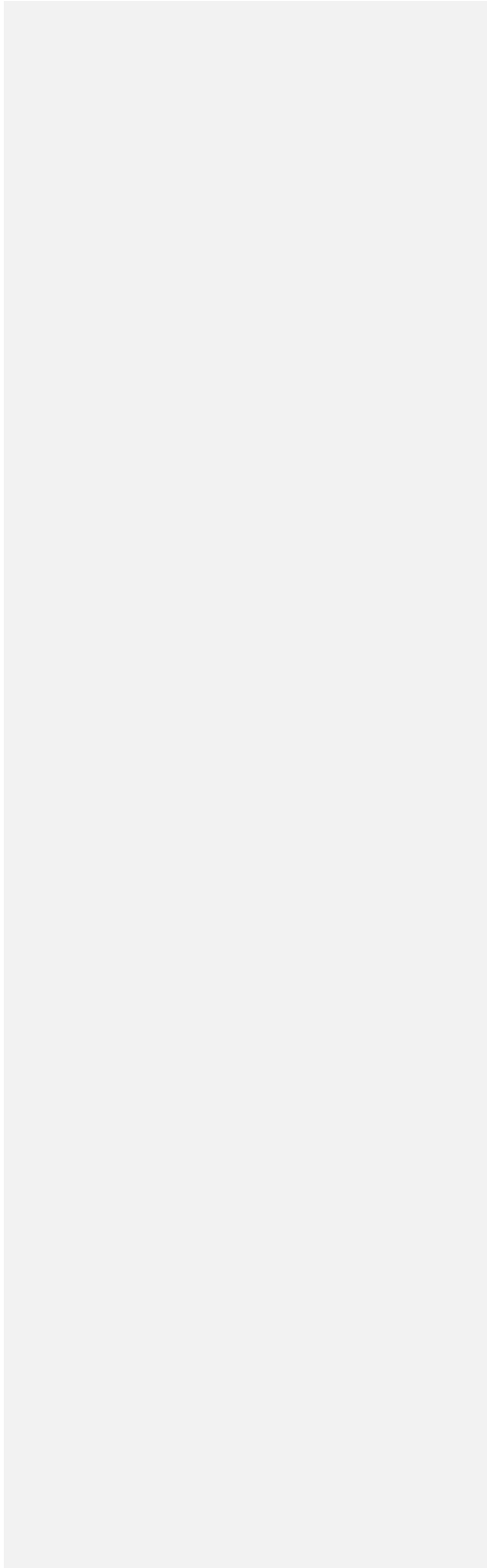
Designation: _____

Date of review: _____



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

Check expiry date of EpiPen® every few months



Appendix 8 – ANAPEN®: Emergency Instructions

Deleted: 1

ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

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



ACTION

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

SEVERE REACTION

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



ACTIONS

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

Appendix 9 – Note to parent/carer for medication given

Note to parent/carer.

Name of school

Name of child _____

Group/class/form _____

Medicine given _____

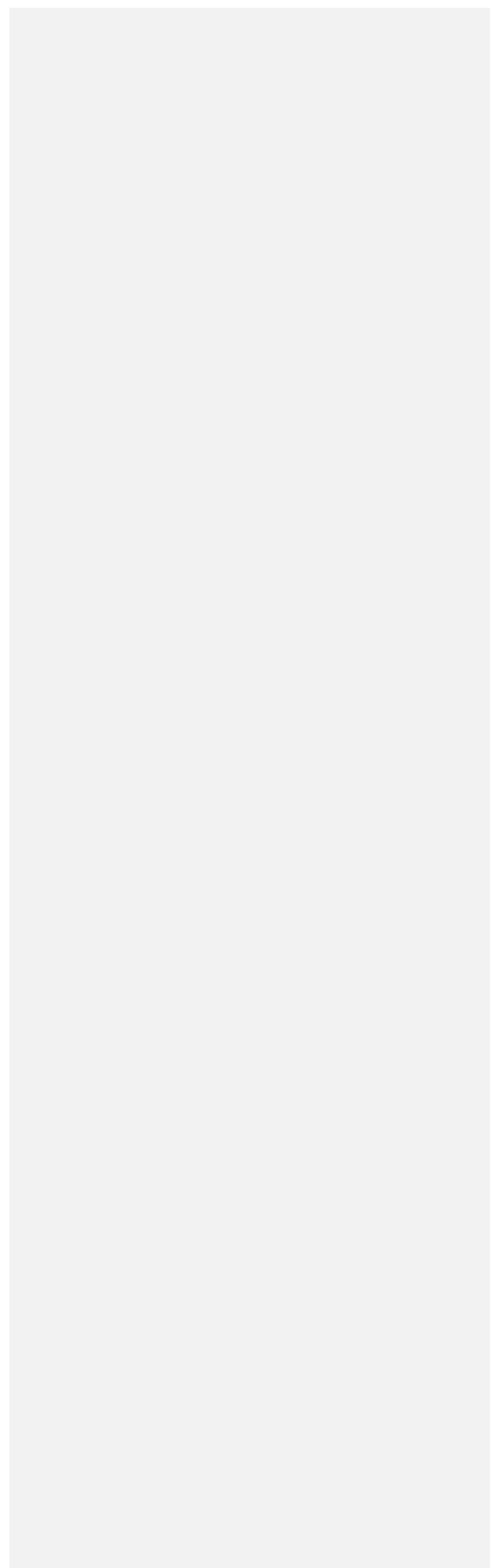
Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____



Appendix 10 cont: staff training record – administration of medicines

Name of academy	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Further Guidance

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

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

Resources for Specific Conditions

- Allergy UK
<https://www.allergyuk.org/>
<https://www.allergyuk.org/information-and-advice/for-school/schools>
- The Anaphylaxis Campaign
www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk
- Cystic Fibrosis Trust
www.cftrust.org.uk
- Diabetes UK
www.diabetes.org.uk

- Epilepsy Action
www.epilepsy.org.uk
- National Society for Epilepsy
www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
www.hacsg.org.uk
- MENCAP
www.mencap.org.uk
- National Eczema Society
www.eczema.org
- Psoriasis Association
www.psoriasis-association.org.uk/