



# HAYDON SCHOOL

## First Aid Policy

*Mission Statement*

*Haydon School is committed to the achievement of individual excellence, encouraging students to be creative and considerate, confident of their role in society and capable of rising to the challenges of a diverse and rapidly developing global economy.*

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## **1. Objectives**

First aid must be provided to any person that we owe a duty of care if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitably qualified first aiders and adequate first aid facilities to ensure that assistance will be provided quickly to casualties and a call made to the emergency services when appropriate. Contractors who work on site must provide their own first aid.

## **2. Operating Statement:**

Haydon School will have:

- A number of suitably stocked first-aid boxes
- School First Aiders to take charge of first aid arrangements
- Qualified personnel to administer first aid as required, both on and off-site
- Information for employees on first-aid arrangements

First-aid provision must be available at all times while people are on school premises, and also off the premises whilst on school visits.

The commitment of the school to basic first aid is echoed in our aim that staff will receive first aid training relevant to their roles.

## **3. Responsibilities:**

### **3.1 The Governing Body**

The Governing Body is the employer for Haydon School. It is the employer's responsibility to make sure that the statutory requirements for provision of first aiders are met, that appropriate training is provided and that correct procedures are followed. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise.

The Governing Body has responsibility for health and safety matters within the school, with managers and staff also having responsibilities. Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In the school this includes responsibility for all teaching staff, non-teaching staff, students and visitors (including contractors).

The Governing Body will make sure that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

### **3.2 The Headteacher**

The Headteacher is responsible for putting the Governing Body's policy into practice and for developing detailed procedures.

### **3.3 Teaching and non-teaching staff**

All staff will have access to students pre-existing or known medical conditions with details of their needs and what to do in an emergency (available on SIMS / Evolve). It is the responsibility of all staff to make themselves familiar with the needs of students they teach or oversee in and outside of the classroom. An appropriate number of staff will receive appropriate training to meet the needs of students with specific medical needs.

When on a school trip or away on a sports fixture, a Trip Leader must in advance check participants' individual needs and identify any medical issues - for students this can be done on EVOLVE. For any SEND student taking part in a school trip or a fixture the Trip Leader will consult with the SENCo. For students with the IHPs the Trip Leader will contact the School First Aiders for guidance. The Trip Leader must also identify participants who need to carry medication. Students' medication needs can be checked on EVOLVE. Any staff medication needs are identified via an Emergency Consent Form. Participants are responsible for carrying and administering their own medication unless in an emergency. Prescribed EpiPens will be signed in and out the Medical Room when a student is away on a trip/fixture by the Trip Leader. The Trip Leader ensures students who need medication (identified via SIMS, EVOLVE and/or parental consent form) have it when the students go on a school trip or a sports fixture. No student will be allowed to take part if they do not have the necessary medication with them. A first aid kit must be carried on all trips/fixtures by all supervising staff - the Trip Leader should arrange this with the School First Aiders a week in advance. All staff should be confident in administering basic first aid and be capable in summoning the help of the emergency services, i.e a fully charged mobile phone must be carried for all trips and fixtures. Any residential and overseas visits as well as trips that include participation in adventurous activities and trips to remote locations (eg DfE expeditions) should have at least one first aider present who is also trained to administer emergency equipment, i.e epi-pens. All incidents will be logged in the electronic Accident Book (EVOLVE) as soon as practical to do so.

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those trying to assist in an emergency.

The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

Staff responsible for leading curriculum areas are responsible for the preparation of risk assessments for their areas.

The school will use CLEAPSS guidelines when drawing up risk assessments for Science, Design Technology and other specialist subject teaching areas.

#### **4. School First Aiders**

School First Aiders: Stacey Kelly and Tracy Lofty

School First Aiders are located in the Medical Room. They can be contacted via dialling extensions 126 and 131 or on channel 3 on the radio.

School First Aiders are responsible for keeping a record of all first-aid related incidents that occur within the school and informing the necessary agencies should the situation demand as such. School First Aiders keep a central record of all first-aid treatment given by a first aider/appointed person. It is the responsibility of faculties to inform the School First Aiders of the requirements for refreshing first aid boxes. The School First Aider are also responsible for ensuring the medical room is kept hygienically clean and has all the equipment and facilities required. Parents of children with known medical conditions are to give their consent to the School First Aiders to administer medication if necessary. The form for parents to give that consent is Appendix A of this policy.

#### **5. School First Aiders' Main Duties**

School First Aiders must complete a training course approved by the Health and Safety Executive (HSE).

Within the School, the main duties of a first aider are to:

- Give immediate help to casualties with common injuries or illness and those arising from specific hazards at the school
- When necessary, ensure that an ambulance or other professional medical help is called

All staff are able to request an ambulance or other professional medical help. Examples where an ambulance would be called would include:-

- chest pain
- difficulty in breathing
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- fitting or concussion
- drowning
- Severe allergic reactions.
- suspected broken bones where movement of casualty is restricted

## **6. Calling the emergency services**

When you dial 999 you are not calling an ambulance but alerting the emergency services to your incident. They will decide on the response that they will provide; this can range from verbal advice over the telephone to an emergency evacuation by air ambulance. Calling 999 should not be delayed. Let the emergency services decide the appropriate course of action based on the information that you give them.

## **7. Selection of First Aiders**

Unless first-aid cover is part of a member of staff's contract of employment, people who agree to become first-aiders do so on a voluntary basis. When selecting first aiders, the Governing Body/Headteacher should consider the individual's:

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties, first aider must be able to leave to go immediately to an emergency

### **7.1 Appointed Person When School First Aiders are unavailable - Linda Carlin**

Although an appointed person is someone who:

- takes charge when someone is injured or becomes ill
- Ensures that an ambulance or other professional medical help is summoned when appropriate

Appointed persons are not necessarily first aiders. They should not give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/refresher training, as appropriate.

These courses do not require HSE approval. They normally last four hours and cover the following topics:

- What to do in an emergency
- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded or bleeding.

Emergency first-aid training should help an appointed person cope with an emergency and improve their competence and confidence.

## **8. First Aid Needs and Expectations**

Employers must provide adequate and appropriate equipment, facilities and qualified first aid personnel. The Health and Safety Executive (HSE) guidance recommends that organisations, such as schools which provide a service for others should include them in their risk assessments and provide for them.

In light of their legal responsibilities for those in their care, schools should consider carefully the likely risks to students and visitors, and make allowance for them.

## **9. Reassessment of First Aid Provision**

The Governing Body and / or Headteacher should regularly review the school's first-aid needs (at least annually), and particularly after any changes, to ensure the provision is adequate. Where minimum numbers of trained first aiders are set, these should be monitored to ensure that these standards are being met.

## **10. Providing Information**

The School First Aiders must inform all staff (including those with reading and language difficulties) of the first-aid arrangements. This should include the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the school's first-aid needs.

First aid boxes are kept in the following points in the school.

- Reception
- Medical Room
- Sixth Form Office
- Social Science Office
- Hive Office
- PE Office
- Art
- Technology
- Food Technology
- Science classrooms and Prep rooms
- Drama Studio Office
- Dobson IT Office
- St Mary's – Ground Floor Office
- Library
- Canteen

Travelling first aid boxes are kept at the following points in the school – School Minibuses, PE & Reception.



## **11. Automated External Defibrillators (A.E.D).**

These are located in the Reception area, P.E Office, Medical Room and Library.

Within the school are designated members of staff who have been properly trained to perform C.P.R using A.E.Ds. It is preferred that these people should be called to administer first aid using an A.E.D device. However, the A.E.D units are designed such that a novice could use them if absolutely necessary. Therefore in exceptional circumstances, where life threatening situations occur, it would be acceptable for an inexperienced member of staff to provide first aid using an A.E.D if such an emergency arose.

## **12. Risk Assessment of First Aid Needs**

The school will include staff, students, and visitors when carrying out risk assessments for first aid needs. School First Aiders and SENCo will work together where appropriate in the preparation of risk assessments for students with physical disabilities or any additional needs.

## **13. Location of Building**

It is good practice to inform the local emergency services, in writing of the School's location (Giving ordinance survey grid references if necessary) and any particular circumstances that may affect access to the school. As the school has more than one entrance, emergency services should be given clear instructions on where or to whom they should report.

Hazards and temporary hazards, such as building maintenance work, should be considered and suitable short-term measures put in place.

## **14. Medical Room Records**

School First Aiders will keep a record of any first aid treatment given by them or by a designated staff.

This should include:

- The date, time and place of the incident
- The name (and class) of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to class, went to hospital)
- Name of first aider or person dealing with incident
- Who notified the parent and whether this was by letter, phone, email or in person

Analysing these records will be a useful tool in a risk assessment, highlighting areas to concentrate on and tailor first-aid provision to. It is the responsibility of School First Aiders to keep records of visits to the medical room and any accidents using Evolve.

## **15. First-Aid Personnel Requirement**

The Governing Body/Headteacher to consider the likely risks to students and visitors, as well as employees, when drawing up policies and deciding on the numbers of first-aid personnel. The HSE provide guidance on numbers of first-aid personnel based on employee numbers. As a general guide, they recommend that:

- A lower risk place of work (e.g., shops, offices, libraries) with fifty to one hundred employees, should consider having at least one first aider.
- A medium risk place of work (e.g. light engineering and assembly work, food processing) with twenty to one hundred employees, should consider having at least one first aider for every fifty employees (or part thereof). Schools will generally fall into the lower category, but some schools or areas of activity may fall into the medium risk category.
- When considering how many first-aid personnel are required, the Governing Body / Headteacher should also consider:
  - Adequate provisions for lunchtime and breaks. It is good practice to encourage lunchtime supervisors to have first-aid training.
  - Adequate provisions for leave and in case of absences.
  - First aid provision for off-site activities e.g. school trips. If a first aider accompanies students off site, there needs to be adequate first-aid provisions.
  - Adequate provisions for practical departments, such as science, technology, home economics, physical education.
  - Adequate provisions for out of hours activities e.g. sports activities, clubs.
  - Any agreements with contractors, (e.g. Meals) on joint provision for first aid for their employees.
  - Adequate provisions for trainees working on site. They have the same status as staff for the purpose of health and safety legislation.

The School First Aiders deal with emergencies and they radio the reception if there is need for an ambulance etc.

Members of staff are to contact the School First Aiders if they require any information on first aid procedures, facilities and personnel. The list of trained first aiders are displayed on noticeboards throughout the School.

## 16. Qualification and Training

A first aider must hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE.

First aid at work certificate is only valid for three years. Refresher training and retesting of competence should be arranged before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a first aider. However, employees can arrange for first aiders to attend a refresher course up to three months before the expiry date of their certificate. The new certificate takes effect from the date of expiry. The School First Aiders keep a record of first aiders and certification dates.

## 17. Asthma Attack

The school keeps a supply of salbutamol inhalers for use in emergencies when a person's own inhaler is not available. These are kept in the school's emergency asthma kits in the medical room.

### 17.1 Symptoms of an asthma attack

Look for the following symptoms of asthma attacks:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Younger students may express feeling tightness in the chest as a 'tummy ache'.

### 17.2 Response to an asthma attack

In the event of an asthma attack, follow the procedure outlined below:

- Keep calm and encourage the student to do the same
- Encourage the student to sit up and slightly forwards – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected student unattended
- If necessary, summon the assistance of a designated member of staff to help administer an emergency inhaler
- Ensure the student takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the student

If there is no immediate improvement, staff will continue to ensure the student takes 2 puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a **maximum of 10 puffs**. If there is no improvement before the student has reached 10 puffs:

- Call 999 for an ambulance
- If an ambulance does not arrive within 10 minutes, the student can administer another 10 puffs of the reliever inhaler as outlined above

**Staff will call 999 immediately if:**

- **The student is too breathless or exhausted to talk**
- **The student is going blue**
- **The student's lips have a blue or white tinge**
- **The student has collapsed**
- **You are in any doubt**

## **18. Allergy and Anaphylaxis**

### 18.1 In the event of a mild / moderate allergic reaction

Mild-moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

1. If any of the above symptoms occur in a student, the nearest adult will stay with the student and call for help to administer adrenaline auto-injectors (AAIs - EpiPen)
2. The student's prescribed AAI will be administered. Spare AAIs will only be administered where appropriate consent has been received or as directed by a paramedic in a life threatening situation
3. Where there is any delay in contacting school first aiders, or where delay could cause a fatality, the nearest staff member will administer the AAI
4. The register of AAIs is kept in the medical room
5. If necessary, other staff members may assist school first aiders with administering AAIs
6. The student's parents will be contacted immediately if a student suffers a mild-moderate allergic reaction, and if an AAI has been administered
7. In the event that a student without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, school first aiders will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services

8. For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the student will be monitored closely to ensure the reaction does not progress into anaphylaxis
9. School First Aiders will refer any student who has been administered an AAI to the hospital for further monitoring

## 18.2 In the event of anaphylaxis

Anaphylaxis symptoms include the following:

- Persistent cough
  - Hoarse voice
  - Difficulty swallowing, or swollen tongue
  - Difficult or noisy breathing
  - Persistent dizziness
  - Becoming pale or floppy
  - Suddenly becoming sleepy, unconscious or collapsing
1. In the event of anaphylaxis, the nearest adult will lay the student flat on the floor with their legs raised, and will call for help from school first aiders.
  2. School first aiders will administer an AAI to the student. Spare AAIs will only be administered if appropriate consent has been received.
  3. Where there is any delay in contacting school first aiders, the nearest staff member will administer the AAI.
  4. If necessary, other staff members may assist the school first aiders with administering AAIs.
  5. The emergency services will be contacted immediately.
  6. A member of staff will stay with the student until the emergency services arrive – the student will remain lay flat and still.
  7. If the student stops breathing, a suitably trained member of staff will administer CPR.
  8. If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.
  9. In the event that a student without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, the school first aiders will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.
  10. School First Aiders will contact the student's parents as soon as is possible.
  11. Upon arrival of the emergency services, the following information will be provided:
    - any known allergens the student has
    - the possible causes of the reaction, e.g. certain food
    - the time the AAI was administered – including the time of the second dose, if this was administered

12. Any used AAIs will be given to paramedics.
13. Staff members will ensure that the student is given plenty of space, moving other students to a different room where necessary.
14. Staff members will remain calm, ensuring that the student feels comfortable and is appropriately supported.
15. A member of staff will accompany the student to hospital in the absence of their parents.
16. Following the occurrence of an allergic reaction, the senior leadership team, in conjunction with the School First Aiders, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

## **19. EpiPen Management & Administration**

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto injector which is commonly known as an EpiPen. Adrenaline given through an EpiPen to the outer thigh muscle is the most effective treatment for anaphylaxis, as when injected it rapidly reverses the effects of a severe allergic reaction. It is a single use preloaded automatic injection and is designed to be used as a first aid device by people without formal medical training.

If a student has been prescribed an EpiPen it is necessary that training in its use is a part of professional learning provided each year by a Registered Training Organisation, as a part of development of the Individual Anaphylaxis Management Plan. Records of staff who have received this training are kept by the School First Aiders.

If a student has been prescribed an EpiPen, a minimum of two EpiPens must be provided by the student's parents to the school. Storage of EpiPens

- EpiPens should be stored correctly and accessed quickly.
- EpiPens are stored in the Medical Room in an unlocked, easily accessible place away from direct heat. They should not be stored in the refrigerator or freezer.
- EpiPens should be clearly labelled with the student's name.
- Each student's EpiPen should be distinguishable from other students' EpiPens and medications.
- All staff should know where the EpiPen is located.
- The EpiPen should be signed in and out when taken from its usual place, such as for camps or excursions.
- Depending upon the speed of past reactions it may be appropriate to have the EpiPen in class or in a bag for outside use.

## 19.1 Key information about EpiPens

EpiPens should not be cloudy or out of date. They should last at least 12 months from time of purchase from a pharmacy and have an expiry date printed on them. It is the parent/carer's responsibility to supply the student's EpiPen to the school and to replace it before it expires. The School First Aiders should regularly check the EpiPen at the beginning or end of each term. At least a month before its expiry date, the School First Aiders should send a written reminder to the parents/carers to replace the EpiPen. Adopting the practice of returning the EpiPen to the family at the end of each term is suggested.

Administration of EpiPen is quite safe: if a person is suspected of having a severe allergic reaction, it may be more harmful not to give it than to use it when it may not have been needed. EpiPen should be administered if there is difficulty in breathing and an ambulance should be called.

If the ambulance has not arrived and the patient has not recovered a second dose should be administered within 10 minutes. "If in doubt, give the EpiPen".

## 20. First Aid Equipment

First aid equipment will be clearly labelled and easily accessible. All first-aid boxes must be marked with a white cross on a green background.

### 20.1 Contents of a First Aid Boxes

There is no mandatory list of items for a first-aid box, however the HSE recommend that, where there is no special risk identified, a minimum provision of first-aid items would be:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium size (approx. 12cm x 12cm) individually wrapped sterile medicated wound dressings
- Two large (approx. 18cm x 18cm) sterile individually wrapped undedicated wound dressings
- One pair of disposable gloves.

Equivalent or additional items are acceptable.

The School First Aiders are responsible for examining the contents of first-aid boxes. These should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

## 20.2 Travelling First Aid Boxes

Before undertaking any off-site activities, the School First Aiders / Educational Visits Co-ordinator should assess what of first-aid provision is needed.

Specific items may be necessary for specialised activities. These should be identified and logged, where necessary, a risk assessment should also be logged.

## 20.3 Public Service Vehicles

Transport regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on a board a first-aid box with the following items:

- Ten antiseptic wipes, foil packaged
- One conforming disposable bandage (not less than 7.5cms wide)
- Two triangular bandages
- One packet of 24 assorted adhesive dressings
- Three large sterile un-medicated ambulance dressing (not less than 15cm x 20 cm)
- Two sterile eye pads, with attachments
- Two assorted safety pins
- One pair of rustles blunt ended scissors.

The first-aid container shall be:

- Maintained in a good condition
- Suitable for the purpose of keeping the items referred to above in good condition
- Readily available for use; and
- Prominently marked as a first-aid box

## 21. First Aid Room

Employers must provide suitable and sufficient accommodation for first aid according to the assessment of the first-aid needs identified. The education (school premises) regulations 1996 require the school to have a suitable room that can be used for medical or dental treatment when required and for the care of students during school hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

The medical room is situated in the Hive.

## 22. Hygiene/Infection Control

First aiders must follow their training and maintain good standards of infection control.



Whenever small amounts of body fluids have to be cleaned up, disposable plastic gloves should be worn and disposable paper towels and a detergent solution should be used to absorb and clean surfaces. These items should be disposed of in black plastic bin bags, tied up and placed directly into waste bins with other inert waste.

## **23. Reporting Accidents**

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of the reporting, the, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease.

School First Aiders and Health & Safety Officer will report any RIDDOR qualifying incident to HSE.

### **23.1 How the School should report accidents or injury**

Parents will be notified of any accident or injury that occurs to their student at school or whilst on a school led activity. Where any head injury has been received, the parent(s) will be notified by telephone.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay (by telephone). This must be followed up within 10 days with a written report.

HSE website: [www.hse.gov.uk](http://www.hse.gov.uk)

## **24. Prescribed Medicines**

Medicines should only be taken to the school when essential; that is where it would be detrimental to a student's health if the medicine were not administered during the school day.

Medicines should only be accepted if they have prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in original container as dispensed by pharmacist and include prescribers instructions for administration.

Medicines should not be accepted if they have been taken out of the container as originally dispensed nor make any changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this.

Parents must fill out medical consent form (see Appendix A) for every medication to be administered.

## **25. Non-prescribed medicines**

The School First Aiders can administer non-prescribed medication such as standard “over the counter” painkillers to students whose parents have already given consent, and there is documented written approval stating medication and dose. Parent must fill out medication consent form (Appendix A). The student/parent must provide the medication, and it should be stored in a locked/secure area.

Staff should never give non-prescribed medicine to a student. They should refer the student to the medical room where they can be monitored by the School First Aiders.

A student under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

## **26. Controlled Drugs**

All controlled drugs are to be kept locked in a non-portable container and only named staff should have access.

## **27. Students with Special Medical Conditions**

The School should be aware of students who have allergies or that require any special medical attention.

## **28. Refusing Medicine**

If a student refuses to take medicine, staff should not force them to do so but should note this in the records and follow agreed procedures.

## **29. Covid 19**

Please follow Government guidelines on the link below:

**<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>**

## **30. Monitoring, Evaluation and Review**

This policy will be reviewed every year.

## APPENDIX A

**Parental agreement for School to administer medicine. Haydon School will not give your child medicine unless you complete and sign this form, and the School has a policy that staff can administer medicine.**

Name of Student	
Date of Birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (As described on container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	
Dosage and method	
Timing	
Special precaution	
Are there any side effects?	
Self-administration	
Procedures to take in an emergency	
Contact details	
Name	
Daytime telephone number	
Relationship to student	
Address	

I understand that I must deliver the medicine personally to [agreed member of staff]

--

**I accept that this is a service that the School is not obliged to undertake. I understand that I must notify the School of any changes in writing.**

Date:

Signature:

### Document History

Date	Status	Comments
January 2017	New Policy	To F & P 17.10.16 Approved & Student Committee 19.01.17-Approved – to FGB 03.02.17 for ratification. Approved
November 2020	Update	To Student Committee 10.11.20. Approved. To FGB for ratification 03.12.20. approved
May 2022	Updated	Student Committee 5.5.2022