MANSTON PRIMARY SCHOOL

Manston

FIRST AID AND ADMINISTERING MEDICATION POLICY

Manston Primary is committed to safeguarding and promoting the well-being of all children and expects our staff and volunteers to share this commitment.

Policy reviewed by: James Clay and Kirsty Thorpe

Approved by: Full Governing Body

Date: September 2026 Review Date: September 2028

Leeds CITY COUNCIL

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General Statement

The Education and Inspection Act 2006 places a duty on schools to promote the well-being of pupils, which encompasses health needs. Every school governing body and headteacher are responsible for developing and reviewing their local medicine and medical support policy and ensuring its implementation. The school staffing structure should include health care personnel or draw on health professionals in the community. The school must ensure that all staff are aware of medical issues, policy, procedures and how to respond in an emergency and that training is provided. School policy should be clear on the role of particular groups of staff. All staff should be aware of a pupil's right to dignity and privacy and the school's confidentiality rules. Children and young people that need medical support may be vulnerable to bullying. Staff should be watchful and report any signs of abuse in accordance with the behaviour policy.

The Governing Body and the Head Teacher accept their delegated responsibilities under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing first aid for employees, pupils and visitors within the school.

The Governing Body will provide support, advice and guidance on matters of first aid to the school based on the principles of best practice and governance, so far as is reasonably practicable. The Head Teacher will implement procedures for the reporting of accidents and recognise the school's statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

The provision of first aid in the school will be in accordance with local authority procedures and standards for Accidents and Incidents (Adverse Events).

The aim of first aid is to reduce the effects of injury or illness suffered at work. Sufficient first aid personnel and facilities will be available to:

- Give immediate assistance to casualties with both common injuries or illness which are likely to arise from specific hazards at work;
- Call for an ambulance or other professional help.

The minimum first aid provision in school will be:

- Suitability stocked first aid containers placed in various locations across the School;
- An appointed person(s) to take charge of first aid arrangements;
- Information for employees on first aid arrangements;
- A procedure for managing accidents.

Additional first aid provision will be determined as appropriate by relevant staff members including the head teacher, safeguarding and welfare officer and/or SENDCo.

This policy will be reviewed bi-annually and relevant agencies and professionals may be contacted for advice on any recommendations for improvement.

Equality Impact Assessment: At all stages within this policy and procedure and in accordance with the Equality Act 2010, provision will be made for any reasonable adjustments to accommodate the needs of individuals.

1. Statement of first aid organisation

Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on their premises. At Manston Primary School, this includes responsibility for the Head Teacher and all staff, pupils and visitors (including contractors).

The governing body is responsible under the Health and Safety at Work Act 1974 (HSWA) for making sure that the school has a health and safety policy. This includes arrangements for first aid at the school, based on a risk assessment. It covers the following areas:

- Number of First Aiders/appointed persons;
- Numbers and locations of first aid containers;
- Arrangements for off-site activities/trips;
- Out of School and community use arrangements e.g. School sports matches, parents' evenings and other School events.

2. Duties

2.1.The Head Teacher

The Head Teacher is responsible for ensuring that, so far as is reasonably practicable:

- All accidents are reported, recorded and, where appropriate, investigated
- All occasions when first aid is administered to employees, pupils and visitors are recorded
- Each School's premises and vehicles are equipped with apparatus and materials to carry out first aid treatment.
- Arrangements are made to provide training to employees and records are maintained of that training and reviewed bi-annually.
- A procedure for managing accidents in each School which require first aid treatment is established.
- Employees are provided with information regarding the arrangements for first aid

2.2.The Governing Body

The Governing Body will, provide support, advice and guidance on matters relating to this policy based on the principles of good governance, so far as is reasonably practicable.

They will approve a First Aid Policy:

- Review the policy bi-annually;
- Ensure that the Head Teacher has the resources to implement the policy;
- Monitor the implementation of the policy.

2.3.Employees

All employees are required to do the following, so far as is reasonably practicable:

- Comply with their employer's arrangements for first aid;

- Report any adverse events which could give rise to (or have resulted in) an accident.

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 pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils 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 of trying to assist in an emergency.

2.4.Designated First Aid Leads

The first aid lead as designated by the Head Teacher is responsible for line managing/ supporting those staff members who may be the agreed school's agreed qualified First Aiders.

In addition, the First Aid Lead will, so far as is reasonably practicable:

- Ensure that arrangements are in place for staffing any agreed designated medical rooms along with site specific medical provisions to cover the School day;
- Ensure that all staff members are complying with the requirements of the First Aid Policy and carrying out their duties and responsibilities effectively;
- Keep records in relation to training in First Aid (including copies of certificates) and rearrange training as required.

2.5.Qualified First Aiders

The Qualified First Aiders' responsibilities are to ensure, so far as is reasonably practicable, that first aid provision is available throughout the School day.

Their main duties include:

- Administering initial first aid to pupils as required and refer them to hospital where necessary.
- Arrange transport for pupils and liaise with parents as appropriate.
- Liaise with appropriate staff with regard to medical care plans for pupils.
- Monitor and maintain supplies of medical resources and ensure that first aid boxes are compliant with health and safety regulations.
- Complete statutory documentation regarding Health and Safety/accident forms/medical returns as appropriate.

3. Arrangements for First Aid

3.1.Materials, equipment & facilities

The School will provide materials, equipment and facilities as set out below.

First Aid Boxes/Kits

There are currently 6 first aid boxes placed at various locations around the School site [Reception, First Aid Room, Main Office, Y5 + 6 Wet Area, ICT Suite [for use on swimming lessons] and Comet.

First aid boxes/kits contain the following items:

ITEM (Guidance)	**FIRST AID BOXES** (Guidance)	**TRAVELLING FIRST AID KITS** (Guidance)
Guidance card/leaflet on first aid	1	1
Contents List	1	1
40 x Plasters	Assorted	6
Sterile finger dressings	2	1
Sterile eye pads, with attachment	1	1
Individually wrapped triangular bandages	3	1
Conforming Bandage	1	1
Alcohol free wipes	Box of	10
Foil blanket	1	1
Microporous tape roll	1	1
Resuscitation face shield	3	1
Blunt-ended scissors	1	1
Disposable gloves for wear by any personnel handling blood, vomit, excreta, etc.	Box	6 pairs
Pack of baby wipes	1	1
Medium dressing (bandage)	2	1
Eye wash	5	1
Yellow biohazard disposal bags	10	3
Eye patch plaster	2	1
First Aid Slip Book	1	1
Pen	1	1
Absorbent Dressings	15 [mixed sizes]	6 [mixed sizes]

First aid containers will be:

- Maintained in a good condition;

- Suitable for the purpose contents in good condition;
- Readily available for use
- Prominently marked as a first aid container.

In addition, the following items will be provided in the medical room, or other agreed room / area of each School:

- Disposable drying materials.
- Plastic bowls – one for cleaning wounds and one for cleaning vomit, etc.
- Disinfectant/household bleach or similarly effective solution – one part to ten parts water for cleaning sinks and bowls and soiled surfaces.
- Yellow biohazard bags for disposing of clinical waste.
- Any pain relief, including paracetamol, will only be administered in line with Section 5 of this policy and the Medical Conditions (including Asthma) Policy. No pupil under 16 will be given prescription or non-prescription medicine without written parental/carer consent. Over-the-counter (OTC) medicines can be administered by the School, upon the parent/carer completing the administering medication form [appendix A]. Dosages must not exceed the recommended dose.

A tourniquet is kept in the school office, on top of the lockable medicine cupboard in the event of an emergency where it is deemed appropriate to be used.

Defibrillator

The school has a defibrillator, which is stored in the school office on top of the lockable medicine cupboard. The pack also contains a disposable razor and a pair of blunt-ended scissors. These may be needed if hair removal is required to ensure that the defibrillator pads adhere properly and work effectively.

There is also a CPR Pocket Mask kept with the device, as well as resuscitation face shields.

First Aid Room

Medical stock is rotated and replenished regularly by a duly appointed member of staff. Key medical information is recorded on Arbor so that relevant staff can access it quickly. Individual Health Care Plans (IHCPs) are stored electronically on SEND SharePoint and are accessible to staff who work with the pupil. Where required, a paper copy of the IHCP and/or action plan is kept with the pupil's medication in the class medical box. Staff should refer to the relevant medical information before commencing treatment where practicable. These arrangements are overseen by the Headteacher and Safeguarding and Welfare Officer, and health information is handled in accordance with the School's Data Protection Policy.

The availability and contents of the first aid boxes and other medical supplies will be checked on a regular basis by An Joul and Kelly Turnbull. They will also be responsible for all record-keeping including:

- Keeping first aid signage up to date;
- Maintaining an inventory of the location of first aid boxes/supplies;
- Recording when first aid boxes were checked for sufficient and in-date supplies.

The Head Teacher will ensure that first aiders are qualified to carry out their duties and that certificates are in-date. Further training will be arranged as and when required

In compliance with The Education (School Premises) Regulations 1996, the Head Teacher will ensure that a room is made available for medical treatment. This facility contains the following and should be readily available for use:

- A means of communication, e.g. telephone
- Sink with running hot and cold water;
- Drinking water (if not available on mains tap) and disposable cups;
- Paper towels;
- Smooth-topped working surfaces;
- A range of first aid equipment (to the standard required in first aid boxes) and proper storage;
- A chair;
- A couch or bed (with waterproof cover), clean pillow and blankets;
- Soap;
- Clean protective garments for first aiders;
- Suitable refuse container (foot operated), lined with a clinical waste bag;
- An appropriate record-keeping facility;

The first aider must wash/gel hands and wear disposable gloves (as appropriate) before attending to any injury. Treatment given should be recorded on the first aid slips and a tear off copy is given to children or staff in the child's class (dependent on choice of staff member administering first aid) and are to go home to parents and carers. The carbon copy is then stored for 3 years in line with RIDDOR regulations.

In the case of more serious injuries, parents must be immediately informed and any follow up treatment given out of school will be logged on CPOMS.

Use of Cold Compresses in First Aid

The school does not use chemical ice packs for minor bumps or head injuries, as they present potential risks, are unnecessary in most cases, and may mask more serious conditions. For a minor head bump with no visible swelling or bruise, no cold treatment is required; staff will instead provide reassurance and monitor the child. If there is visible swelling or bruising and the child is uncomfortable, a clean flannel or paper towel soaked in cold water may be applied for comfort. Ice packs will not be used for routine bumps but may be considered only for sports-related soft tissue or muscle injuries, following appropriate first aid guidance.

After use, ice-packs must be dropped into the red collection box in the first aid room. Children can take responsibility to return them to the collection box. These will then be sterilised every night, ready to be re-stocked into the freezer and re-used.

Staff finding any ice-packs lying around school should drop them into the collection box and follow the infection control procedure above. Each morning the used ice-packs will be collected from the first aid room by An Joul and the cool box will be replenished from the designated refrigerator and placed into the first aid room.

Ice packs will be regularly sterilised by An Joul.

3.2.Appointment of First Aid Personnel

First Aiders

At Manston Primary School the following staff members are paediatric first aiders, following training certified by FAIB (First Aid Industry Board):

- Michelle Barrett
- Claire Broadley
- Karen Cartwright
- Karl Delahaye
- Kirsty Denbigh
- Maisy Dutton-Waugh
- Olivia Evans
- Emma Fallon
- Alex Finn
- Olivia Galbraith
- Kay Goddard
- Tifa Hall
- Glenda Jennings
- An Joul
- Lynsday Kay
- Rahel Khorshed
- Julie Lamb
- Kerri Meah
- Karen Matthews
- Lucy Millington
- Jill Oddy
- Rebecca Pearce
- Lucy Racster
- Christine Smith
- John Spinks
- Kirsty Thorpe
- Kelly Turnbull
- Oliver Tumilty
- Adele Trew
- Tara Uttley
- Jane Wiles
- Lesley Wilson

This is refreshed at least every 3 years, or earlier if necessary.

In determining who should be trained in first aid, the Head Teacher will consider each individual against the following criteria:

- Importantly – having the right staff members in the right places at the right time. I.e. an even spread across the full School day to cover all curricular and extra-curricular activities.
- Communication skills;
- Aptitude and ability to absorb new knowledge and learn new skills;
- Ability to cope with stressful and physically demanding emergency procedures;
- Availability to leave normal duties to go immediately to an emergency;

Appointed Persons

The appointed person/s will hold a first aid certificate.

The Head Teacher will appoint a member of staff to be the appointed person. The duties of the appointed person are to:

- Take charge when someone is injured or becomes ill;
- Look after the first aid equipment e.g. restocking the first aid container;
- Ensure that an ambulance or other professional medical help is summoned when appropriate;

First Aid at Work Certificate

This qualification is obtained through a 2-day course approved by the FAIB. The main duties of a first aider are to:

- Respond with Life-Saving Actions,
- Check and administer first aid for airway and breathing problems,
- Support those having seizures,
- Administer and support those with wounds pr who are bleeding,
- Support those with serious and minor injuries,
- Support those with trauma,
- Support and assist in medical emergencies,
- Give immediate help to casualties with common injuries or illness and those arising from specific hazards at the School;
- Ensure that an ambulance or other professional medical help is called if it is deemed necessary.

The role of the qualified First Aider includes the treatment of any person on the School site/premises whether or not they are an employee, pupil, contractor or member of the public, as well as to pupils/staff/volunteers when on a school trip.

The Head Teacher will ensure that first aiders are qualified to carry out their duties and that certificates are in-date. Further training will be arranged as and when required. There are other HSE recognised first aid qualifications which are specialised for particular circumstances. Many of these are designed for use where access to medical emergency services is limited and where the welfare of the injured may depend on immediate treatment.

- The Paediatric First Aid at Work certificate is only valid for three years. The Head Teacher will arrange refresher training and re-testing of competence before certificates expire. If a certificate expires, the individual will have to undertake the full course of training to become a First Aider.
- Records of First Aiders' certification dates and dates of additional specific or refresher training should be maintained electronically at the School site.

3.3.Information on First Aid Arrangements

The Head Teacher will inform all employees at the School of the following:

- The arrangements for recording and reporting accidents;
- The arrangements for first aid;
- Those employees with qualifications in first aid;
- The location of first aid boxes.

In addition, the Head Teacher will ensure that signs are displayed throughout the School providing the following information:

- The location of first aid boxes.
- Names of employees with first aid qualifications

All members of staff will be made aware of the First Aid and Administering Medication Policy, the Medical Conditions (including Asthma) Policy and the Allergy Safety Policy.

3.4.Record keeping and reporting

The School sources providers for first aid training through relevant approved organisations. The Head Teacher will maintain records of staff who are qualified, the date when their certificates expire and when re-training is due to take place.

If a child refuses first aid, this will be made clear on the slip that they are given – they will always be encouraged to receive first aid if it is deemed in their best interests.

For head injuries, parents and carers will also be notified by an App message on Arbor, stating the following or similar: Student(s) First Name *bumped* His/Her/Their *head, first aid has been given, they are okay and can stay in school as normal. Please follow* https://www.nhs.uk/conditions/minor-head-injury/.

In the case of more serious injuries, parents must be immediately informed and any follow up treatment given out of school will be logged on CPOMS. An accident form may be completed and submitted to the local authority. You will be made aware of this.

Significant medical incidents, administration of emergency medication and relevant near misses will be recorded through the School's normal procedures, including CPOMS and the accident book as appropriate. Serious incidents and near misses will be reviewed to identify any learning and whether changes are required to this policy, the Medical Conditions (including Asthma) Policy, the Allergy Safety Policy or an individual pupil's IHCP/action plan. Parents/carers will be informed as soon as possible as will the LA if the level of reporting is reached.

The Head Teacher will implement first aid procedures for reporting:

- All accidents to employees and pupils
- All incidents of violence and aggression

The Governing Body is aware of the statutory duty under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) in respect of

reporting the following to the Health and Safety as it applies to employees, as well as the updated RIDDOR 2013 legislation.

4. Transport to Hospital or Home

The Head Teacher or designated person will determine reasonable and sensible action to take in each case.

Where the injury is an emergency, an ambulance will be called, after which the parent/carer will be called.

Where hospital treatment is required but it is not an emergency, the Head Teacher or designated person will contact parents /carers for them to take over the responsibility for the child.

If the parents/guardians cannot be contacted, then the Head Teacher or designated person may decide to transport the student to hospital.

Where the Head Teacher or designated person decides for transporting a child then the following points will be observed:

- Only staff cars insured to cover such transportation will be used;
- No individual member of staff should be alone with a pupil in a vehicle;
- The second member of staff will be present to provide supervision for the injured student;
- At least one member of staff will be the same gender as the student.
- Where reasonably practicable, efforts are made to obtain the appropriate car seat for the student's height/weight.

5. Administering Medication

Training for staff in the general administration of medication (antibiotics, pain relief and antihistamines, for example) is undertaken as part of staff induction and reviewed annually. Staff who provide specific support to a pupil with a medical condition must receive suitable training and achieve the necessary level of competency before taking on that responsibility. A first aid certificate alone does not constitute appropriate training for administering prescribed medicines or undertaking healthcare procedures; condition-specific training will be arranged where required by an IHCP/action plan.

Staff are taught the **5 Rights**: right drug, right dose, right time, right place, right child.

Right	Meaning	Application to Pupils
Right Drug	Ensuring the correct medication is given.	Double-check the medication label and the prescription details against the child's records to ensure the correct medication is being administered.

Right Dose	Administering the correct amount of medication.	Measure or calculate the dosage accurately, based on the child's weight, age, and doctor's instructions.
Right Time	Giving the medication at the correct time as prescribed.	Adhere to the prescribed schedule, including specific times of day and the appropriate interval between doses. Regularly check the medication schedule to prevent missed or duplicate doses.
Right Place	Administering the medication in the correct manner and location.	Ensure the medication is given in the manner intended (orally, topically, etc.) and in a safe and appropriate location within the school.
Right Child	Confirming the identity of the child receiving the medication.	Always verify the child's identity against the medication label and school records, especially in schools with multiple children with similar names.

Where possible, medicines should be administered at home, including antibiotics prescribed three times a day. Medicines will only be administered at School when it would be detrimental to a pupil's health or attendance not to do so. Where medication is required during the school day, a parent/carer must complete and sign the Administration of Medication at School form [Appendix 1] and hand the medicine to the school office/reception area for secure storage. Any member of staff may be asked to provide support with medicines, although they are not obliged to do so; staff must be appropriately trained and competent where the medication or healthcare procedure requires this.

Any administration of medication is recorded on CPOMS and record keeping complies with the School Confidentiality Policy and GDPR Laws. Records include: the medication given, the dosage, who administered it and the time and date.

Note: CPOMS will add this for when the record is created and also record who has created this record - if the time, date, or member of staff is different to the author of this record, this will be made clear in the CPOMS incident entry.

Information shared with staff annually:

- If you administer medication in class (most likely inhalers), this all needs to be recorded. This can be done by one of the following:

1. directly onto CPOMS via clicking the category 'medical issues/information' and then selecting sub-category 'administering medication'. At the bottom of the page three prompts will appear with completed records appearing as below.

2. Recording on a weekly sheet, and then scanning and submitting at the end of the week onto CPOMS.

Please ensure you record details of what was administered, and the dosage as well as the time and who administered it. See examples below:

2 x puffs of blue reliever inhaler at 14:45, administered by KThorpe.

2x puffs of blue reliever inhaler at 11:15, self-administered by XXXX, witnessed by KThorpe.

10ml of 6+ Calpol, administered by KThorpe at 12:30.

From January 2026 CPOMS has been updated to prompt this information:

Administering medication to a child during the school day

Before any medication can be handed over for the School to administer, the parent/carer must complete the Administration of Medication at School form and must inform School when the last dose was administered and how much was given. Medication must be in date, clearly labelled with the pupil's name, in the original dispensed container/original packaging and accompanied by clear dosage and storage instructions. No pupil under 16 will be given prescription or non-prescription medicine without written parental/carer consent. All over-the-counter (OTC) medicines must be prescribed by a healthcare professional; where an OTC medicine is required regularly, it will be managed as a short-term medical requirement.

If a child brings medication into School, it must be taken to the office for safe storage. The parent/carer will be contacted and the medicine will not be administered until the required written consent and medication information have been provided and the medication meets the requirements set out above.

School staff acting in loco parentis may deem it necessary for a child to take generic pain relief such as Calpol or Ibuprofen on rarer occasions. This will not be the case for any other medications. In this event school will always gain prenatal permission by phone and record this clearly as part of the CPOMS record.

Medication is stored securely and in accordance with the manufacturer's instructions, either in the designated locked cabinet in the school office or, where refrigeration is required, in the designated receptacle in the Breakfast Club refrigerator in the school kitchen. Emergency medicines and devices, including reliever inhalers and prescribed adrenaline auto-injectors (AAIs), must remain readily accessible and are not locked away; these are stored or carried

in accordance with the pupil's IHCP/action plan and the Medical Conditions (including Asthma) and Allergy Safety policies. Medicine coming into School is placed in an outer plastic bag (kept in the school office) to reduce cross infection between child/home/School. Staff handling medication must wash/gel their hands first.

The class teacher will be notified that a child requires medication and the dosage time/s. KS1 children will be brought round to the school reception area. KS2 children will be sent round to the school reception area.

The School will make reasonable arrangements to administer medicine at the agreed times. If a dose is late or missed, the parent/carer will be informed as soon as possible and any action specified in the pupil's IHCP/action plan or medical instructions will be followed.

Medications are to be collected by parents/carers from the school office when no longer required. Parents/carers are responsible for the disposal of out-of-date or no-longer-required medication. Staff will return medication with a slip indicating who returned it, the date and an approximation of the contents.

Before any medication is administered by staff they must first:-

- Wash/gel hands or wear plastic gloves. You are handling a spoon that will go in the child's mouth and you are putting yourself and the child at risk of cross infection (you from them, them from you). Both these items are kept above the lockable medicine cabinet in the office.
- Remove medication from medicine cabinet or plastic container in dedicated refrigerator. Read the name and dosage instructions carefully and ask the child to repeat their name if they are not known to you by sight.
- Ensure you use plastic measuring spoon provided with medication. Spares to be kept in the cabinet for this purpose. For children who require more complex medication the correct measuring spoon is vital.
- Where self-administration has been agreed as appropriate for the pupil's age and ability, this will be recorded in the relevant consent/IHCP/action plan. Pupils may carry and use their own reliever inhaler or adrenaline auto-injector where this has been agreed; arrangements for any other self-administered medication will be set out in the pupil's plan.

Children with asthma:

Parents/carers must provide the School with an in-date, clearly labelled reliever inhaler and, where required, a spacer, together with the relevant consent and asthma action plan. Immediate access to reliever inhalers is vital. Pupils may carry and use their own inhaler where this has been agreed as appropriate; younger pupils' inhalers are stored safely and accessibly in the classroom. The School also holds spare emergency salbutamol inhalers in the school office for use in accordance with the School's emergency inhaler arrangements. Inhalers and relevant IHCPs/action plans will accompany pupils for PE, swimming, school trips and off-site activities.

The School's Medical Conditions (including Asthma) Policy sets out the arrangements for managing asthma and responding to an asthma attack. The Allergy Safety Policy sets out the School's specific arrangements for allergies and anaphylaxis. Relevant asthma/allergy

action plans and IHCPs are made accessible to staff who need to know and detail the actions to be taken for each individual pupil.

Children with special medical needs:

Some pupils with medical conditions may require an Individual Health Care Plan (IHCP), particularly where the condition has a functional impact in the School environment, places the pupil at risk of harm and/or requires arrangements that are additional to or different from those made generally. Not all medical conditions require an IHCP. Where an IHCP is in place, it should clearly define what constitutes an emergency, the action to take, medication arrangements and any staff training required, and it will be reviewed annually or whenever the pupil's needs change.

The School Nurse and other healthcare professionals will advise and liaise with the School and arrange specialist or condition-specific training where necessary. Staff should follow the Department for Education's statutory guidance on supporting pupils with medical conditions at school, together with current guidance on emergency salbutamol inhalers and adrenaline auto-injectors, as reflected in the School's Medical Conditions (including Asthma) and Allergy Safety policies.
Where a pupil's long-term medical needs mean that they may require additional support to evacuate the building, or require medication to be available during an evacuation, a Personal Emergency Evacuation Plan (PEEP) will be put in place.

Guidance that staff at Manston Primary School will follow:

DO

- ✔ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they're not obliged to do so
- ✔ Check the maximum dosage and when the previous dosage was taken before administering medicine
- ✔ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it
- ✔ Inform parents if their child has received medicine or been unwell at school
- ✔ Store medicine safely
- ✔ Make sure the child knows where their medicine is kept, and can access it immediately

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DON'T

- ✘ Give prescription medicines or undertake healthcare procedures without appropriate training
- ✘ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
- ✘ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
- ✘ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
- ✘ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
- ✘ Force a child to take their medicine. If the child refuses to take it, follow the procedure in their individual healthcare plan and inform their parents

6. First Aid Provision After School

The provision of first aid will be available to members of the public using the School's facilities after normal School hours. First aid will be provided by those School staff members who have access to first aid boxes throughout the School. These School staff members should have all attended an appropriate course in first aid and are therefore qualified to give first aid treatment

Equality Impact Statement

The Equality Act 2010 requires public bodies, in carrying out their functions, to have due regard to the need to:

· eliminate discrimination and other conduct that is prohibited by the Act

· advance equality of opportunity between people who share a protected characteristic and people who do not share it

· foster good relations across all characteristics - between people who share a protected characteristic and people who do not share it.

In the development of this policy due regard has been given to achieving these objectives.

7. Associated Advice

Emergency Dental Care

Following trauma to the mouth it is important that the child is assessed by a dentist as soon as possible, even if there is no apparent damage to the teeth.

This treatment may be provided by the child's dentist, by the Community Dentist at the nearest Community Dental Clinic, or by any other dentist who can be contacted and is willing to provide immediate treatment.

When one or more of the permanent front teeth are completely knocked out immediate first aid is essential. The advice does not apply to teeth with broken roots or baby teeth, neither of which should be re-implanted.

- Pick the tooth up carefully by the crown – the shiny part which is usually visible in the mouth.
- If the tooth looks quite clean do not worry about further cleaning. If it has been badly contaminated with dirt or mud, gently wash it under warm tap water or milk. Do not scrub, or apply any form of disinfectant.
- Push the tooth gently back into the socket, holding only the crown. If this is done quickly it is not usually painful. Get the child to bite on a clean handkerchief to hold the tooth in place and accompany the child to the dentist immediately.
- Do not store the tooth in water, or disinfectants such as Savlon or Milton. Store the tooth in milk.
- Do not wrap the tooth in a wet or dry handkerchief.
- Get to the dentist as soon as possible.
- If the tooth has been stored in milk it may be possible to implant up to twelve hours after the accident. However, chances of success are greatest within thirty minutes.

After receiving dental treatment, the child will need to attend their family doctor if anti-tetanus protection is required.

Further information, can be obtained by via the Community Dental Service.

Blood Spillage and Bodily Fluids (including vomit)

A COSHH assessment should be obtained and displayed with the supplies for dealing with body fluids and clinical waste. The procedure for dealing with bodily fluids is:

- Put on plastic apron and latex gloves;
- Place paper towels over spillage;
- Gently pour disinfectant on to the paper towels;
- For carpets use soap and hot water as some disinfectants will bleach;
- Wash gloved hands and leave the solution as directed on the label;
- Pick up towels (with gloves) and place them in a plastic bag;
- Wash the area thoroughly with detergent and hot water, then dry;
- Place all used towels in a plastic bag, wash gloved hands, place gloves in bag and seal and ensure the bag is sent for incineration;
- Wash hands.

Clinical Waste Contaminated Injuries

Clinical waste is disposed of in yellow bags as this colour identifies the contents as bodily fluids or waste. The School's clinical waste and hygiene services which collect sanitary waste can be asked to provide larger bins as necessary.

If it is thought that biological pathogens have entered the body via a contaminated injury, the Trust's guidance for Contaminated Injuries should be referred to.

Contaminated injuries include:

- Human bites and scratches
- Injuries caused by an object contaminated with visible blood
- Needle stick injury/injury with a needle
- Exposure to blood-borne viruses (e.g. hepatitis B, hepatitis C, Human Immunodeficiency Virus (HIV).

School Journeys

The provision of adequate first aid cover and the medical needs of individual pupils should form part of the essential risk assessment involved in organising any off-site activity. Pupils with medical conditions should be supported to participate, with reasonable adjustments where required, unless this would not be in their best interests owing to their health needs.

Where the trip is extended or remote in nature, or the likelihood of injury is higher, a qualified First Aider should accompany the group.

Where journeys are close to populated areas, or the likelihood of injury is minimal, then an appointed person or someone with a working knowledge of first aid procedures should accompany trips and other School journeys and a travelling first aid kit should be provided.

The planning for such journeys should include what to do in case of accident or medical emergency. Relevant IHCPs/action plans and prescribed emergency medication must accompany the pupil. The School's spare emergency inhaler and spare AAIs will also be taken for emergency use on school trips and off-site events in accordance with the Medical Conditions (including Asthma) and Allergy Safety policies.

Access for Ambulance

Unobstructed and adequate site access should be maintained for ambulances, their staff and equipment. Suitable signs should be displayed as deemed appropriate.

Hospital Consents Forms

It is unlikely that School staff accompanying pupils to hospital after accidents will be asked by the hospital to sign consent forms, but if asked they must decline.

The hospital will have procedures for obtaining consent from other sources if parents are not available.

Religious considerations

Due to religious convictions some families choose to decline certain medical procedures or treatments. If this is made known to the School, pupils' record cards should have an appropriate entry regarding this and this should be known to the First Aider or teacher taking the child to hospital in an emergency if the parent/carer is not available.

Reviewed: October 2025 [pending ratification]
Agreed with Governors: October 2025 [pending ratification]
Review due: September 2027

Appendix A

Administration of Medication at Manston Primary School

For medication that is required during the school day and has been agreed for administration by the School. Medicines must be in the original container as dispensed by the pharmacy or in the original packaging as applicable, clearly labelled and in date. The School will not give your child medicine unless you complete and sign this form. School keeps records of all medication given.

Date for review to be initiated by	Parent	
Name of child		
Date of birth		
Medical condition or illness		
Year Group		
Medicine Details		
Name/type of medicine (as the container)		
Expiry date		
Dosage and method		
Timing (when) & Duration (how long)		
Special precautions/other instructions		
Side effects that the school needs to know about?		
Self-administration	Yes	No
Procedures to take in an emergency		
Medication returned to parent	Amount returned:	Staff Initial:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/ policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I take full responsibility for any medication administered by staff on my behalf to the dosage and times I have listed above.

Name of parent/carer in capitals:

_____

Signature (parent/carer):

_____

Date(s):_____