

**Oxford High School
First Aid Policy
For all pupils in the whole school,
including Early Years Foundation Stage**



Updated October 2018

Next review October 2019

Policy statement

This policy is designed to promote the health, safety and welfare of pupils, staff and visitors at Oxford High School through the provision of first-aid equipment and trained personnel in accordance to the requirements of the Health and Safety (First Aid) Regulations and relevant DfE guidance.

This policy is to be found on the Whole School Drive/Policy Bank 2018-19 [First Aid Policy 2018-19 MASTER.docx](#), as well as on the notice board in the Senior School, Prep and Pre-Prep staff rooms. This should be read in conjunction with the Girls' Day School Trust First Aid Policy and with the Administration of Medicines Protocol, see Appendix 3.

Aims

The school aims to provide a level of first aid cover and expertise that ensures a swift and competent response to any accident or illness suffered by a pupil, member of staff (while they are in school or engaged on a school activity out of school) or by visitors (parents, contractors and others).

'First-aid' means:

- cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimizing the consequences of injury and illness until such help is obtained, and
- treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse;

H&S (First Aid) Regulations 1981

The school site

The Senior School is situated on Belbroughton Road. The Prep School is situated on Bardwell Road and the Pre-Prep School on the Woodstock Road. There is a well-equipped and professionally staffed Health Centre on the main senior school site at Belbroughton Road and a medical room on both the other sites. The John Radcliffe Hospital is 10 minutes away by taxi. The senior school has a sports hall, swimming pool and playing fields but other sports sites at the Oxford Hawks ground and the Dragon School are also used.

Specific hazards

Specific hazards include high-risk activities such as PE; outdoor education; science and technology experiments and events; catering and works departments; out-of-school trips; special events and road safety. Risk assessments are made routinely for all potentially hazardous activities or special events, including trips out of school, building work or major public occasions.

Specific needs

There are a small number of pupils in the school with specific health needs such as asthma, severe allergies, diabetes etc. A list of such pupils is compiled by the school nurse at the beginning of each academic year and updated termly and the link to where the list is found is emailed to staff each term. At Woodstock Road, this list is also in a confidential folder on a noticeboard in the staff room.

Members of staff who wish similar information to be known about them, are invited to advise the school nurse and/or any other individuals in person.

School provision

The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. Oxford High School recognizes its responsibility to provide first aid and will ensure that staff, pupils and any visitors while on site, have access to adequate facilities and materials at all times during the working day. Therefore, in accordance with good practice, ISI and DSCF requirements, Oxford High School will ensure that:

- A first aid risk assessment is carried out to ascertain the needs of the school and the level of provision required. It will consider factors such as:
 - The number of staff / pupils on the site,
 - The location of sites and higher risk parts of the school site
 - The full range of activities undertaken by staff and pupils on the school premises during the normal school day, and as appropriate off-site and outside normal school hours, e.g. before/after the school day, at weekends and during the school holidays.
- As a minimum, at least one adult with a current 'First Aid at Work' qualification (3-day training) must be present on each identifiably separate school site when pupils are present, and at least one person with a current paediatric first aid certificate if Early Years Foundation Stage pupils are present. A paediatric first aider must also accompany all school trips/outings undertaken by Early Years Foundation Stage pupils.
- It may be sufficient for an 'Emergency First Aider in the Workplace' (1-day training) to be present at other times, e.g. early mornings, evenings, weekends and holidays, when employees are on the site, however this must be determined by risk assessment.
- The necessary **first aid equipment** and facilities are provided at appropriate locations throughout the school, as well as an adequate number of appropriately qualified first aiders¹.
- Adequate **training** and guidance is provided for first aiders, including refresher training at appropriate intervals and, where appropriate, specialist first aid training, for example:
 - Paediatric First Aid for Early Years Provision
 - First Aid for Lifeguards
 - Sports First Aid Training for PE staff
 - Schools First Aid/First Aid for staff accompanying pupils on lower risk educational visits
 - Activity First Aid/Outdoor First Aid / Rescue & Emergency training for staff accompanying pupils on higher risk educational visits or visits to remote places.
- **Lists of trained staff are available for both senior and preparatory schools** (see Appendix 1). These lists can also be found on the whole school drive/Policy Bank 2018-19 [First Aid Training](#)

¹The expression 'First Aiders' in this policy includes all staff with current first aid qualifications, such as First Aid at Work, Emergency First Aid in the Workplace, First Aid for Teachers, Schools First Aid, Sports First Aid, Paediatric First Aid, and Outdoor First Aid/Rescue and Emergency Courses.

[Sept 2018 - whole school.pdf](#). A paper copy is located next to first aid kits and is also on the notice board in all staff rooms.

- **All staff are made aware of the first aid arrangements** annually by email and for new staff it is part of the induction process.
- **Parents are made aware of the school's first aid arrangements** and the procedures for informing them if their daughter has had an accident, sustained an injury or received first aid treatment at school or on an off-site school activity in the new pupil handbook and also via the first aid policy which is on the school website. NB wherever possible the parents of EYFS pupils must be informed on the same day as the accident/treatment.
- A **record** is kept of any **first aid treatment** administered by the school nurse/first aiders on the school SIMS system.

A first aider's main duties:

- First aiders must complete a training course approved by the Health and Safety Executive (HSE).
- First aiders must be aware of and check, where necessary, the list of pupils with specific medical issues and those requiring emergency medication.
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. Where possible, it is good practice to manage first aid in the health centre; this has the equipment that is needed, and is a clean, safe, private area. Apart from first aid containers, all equipment should be stored in the medical room.
- However, it may be necessary to carry out first aid where the pupil is located.
- When necessary, ensure that an ambulance or other professional medical help is called and that the medics are given all relevant information about the incident or accident. All staff must make themselves aware of how to contact ambulance services (*see page 8*).
- The first aider will gather the facts of the incident or accident from the pupil at the time of assessment. If more facts are required the first aider will ask a colleague to find out any further relevant background. This could be speaking to a teacher in charge of a lesson or a staff member or pupil who was at the scene of the incident or accident.
- Call the school nurse and a member of SLT where appropriate.
- If a pupil needs to go to accident and emergency, staff should not drive pupils in their own car. An ambulance should be called to transport the pupil, or advice taken from SLT or the school nurse.
- All first aiders should be aware of and implement the guidance on infection control at school and minimum exclusion periods. This can be found on the GDST Hub under Pupil Health or www.gov.uk/phe

Recording school accidents:

All incidents whether an accident, illness or giving medication must be recorded. A record is kept of all injuries to staff and pupils occurring both on and off the school premises as a result of school activities. Dangerous occurrences and significant near misses are recorded. Detailed

guidance on how and where to do this is given in the 'Accident Recording and Reporting Section' under Health and Safety on the GDST Hub.

Records will be kept in accordance with the Trust's policy on the retention of documents which can be found on the GDST Hub. In practice this means that records relating to pupils should be kept until pupils attain the age of 25 years of age, and records for all other categories of people should be kept for a minimum of 6 years. All serious injuries are reported to the Headmaster and in addition, for Year 6 and below, to the Head of the Prep and Pre-Prep School.

Senior School: The school nurse or designated first aiders records all accidents and injuries on a pupil's SIMS record. More serious injuries are also recorded on the RIVO reporting system.

Anyone else administering first aid should use their department log-book/a paper RIVO form or inform the nurse of what they have done so she can record it. PE staff should refer any pupil onto the school nurse after giving them first aid. All trip first aid kits have paper copies of RIVO and other forms to record medication given and any first aid given.

Prep and Pre-Prep School: There are day accident books in the medical rooms with a separate book specifically for EYFS. All first aid or medicine given should be recorded in these books and parents informed of the care given when the pupil is collected at the end of the day.

Reportable accidents: The school nurse will report relevant accidents on the school RIVO system and to the HSE and report all RIDDOR accidents when necessary (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 99 23). Detailed guidance on how and when to do this is given in the 'Accident Recording and Reporting Section' under Health and Safety on the GDST Hub.

GDST require ALL staff accidents to be reported and certain types of accident or incident – the school nurse does this. All injuries to staff and pupils requiring treatment beyond that provided by the school nurse/first aider are reported to the Health and Safety Team at Trust office. This happens automatically as the school records such accidents on the RIVO safeguard accident reporting system.

Reference to RIDDOR

- The Headmaster must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.
- HSE (Health and Safety Executive) must be notified of fatal and major injuries and dangerous occurrences without delay.
- The Headmaster is responsible for ensuring this happens, but may delegate the duty to the health and safety officer or the school nurse.

The criteria for reporting to the HSE can be found in Appendix 2.

Any serious accident or serious injury to, or death of, any child within EYFS will be notified to Ofsted/Children's Services and Social Care agencies as soon as possible and certainly within 14 days. The criteria for reporting to the Health and Safety Executive (<http://www.hse.gov.uk/>) should be followed at all times. The school nurse will normally report these but in her absence the SLT member of staff responsible for first aid will ensure these are reported.

First-aid and accident reporting arrangements are reviewed by the school health and safety committee every term and first aid provision will be reviewed in the light of any resulting concerns about particular activities or departments. Any major incident is reviewed immediately by the H&S co-ordinators, the DFO, Deputy Head responsible for first aid; and the GDST Health and Safety Advisor.

School practice

All school staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the safety and welfare of pupils.

The **school nurse** is located in the health centre at the senior school. It is part of her responsibility to:

- Administer **first aid**.
- Provide first aid advice over the telephone to the prep and pre-prep school as required.
- Be available to all pupils, parents, and staff in the school.
- Organise an injured person's **transfer to hospital** in the case of an emergency (or the senior first aider at the Prep and Pre-Prep School). If non-emergency transportation to hospital is required, an authorised taxi service must be used and the school nurse or qualified first aider remains with the pupil until their parent/guardian is available.
- Organise contact of parents of any injured pupil.
- Keep a **register of staff** who have had first aid training, and ensure that an **up-to-date list of all first aiders** is posted next to all first aid kits and available in the staff room on all sites.
- Keep **first aid certificates** (or copies) of trained staff.
- Organise **refresher training** of first aiders as required (usually every three years).
- Appoint the appropriate number of suitably trained people as to be first aiders.
- Organise new first aiders as required.
- Keep a list of locations of **all first aid kits** and publicise this list, along with the list of first aiders on whole school drive/policy bank 2018-19.
- Organise the provision and replenishment of **first aid kits** in school locations and for trips.
- Organise **immunisation** programmes.
- Conduct **health checks** with pupils in Reception, Years 7 and 10 and any other new pupils.
- Record all **accidents** to staff and pupils and report those accidents promptly to RIVO and the HSE website.
- To keep a record of all first aid administered.
- To inform staff and parents of the school's first aid arrangements and ensure this is part of the induction for new staff.

All first aiders are covered by the Trust's insurance against claims for negligence provided that they are suitably trained, and are carrying out their duties for the School/Trust.

The school nurse can be contacted at all times on the mobile number 07972 862557 or via Reception if necessary (01865 559888 or internal extension is 30031). The school nurse works from 8.15am to 15:50pm, Monday to Friday.

First Aid Equipment and Materials

There is a health centre at the senior school and first aid medical rooms at the prep and pre-prep sites.

First aid areas:

Senior School

The health centre is situated in the new temporary art and textiles building. It has a sink in the office, tap drinking water, and a locked medicine cabinet and all necessary first aid equipment. The nurse's room is locked when the nurse is not there. If access is needed to the medicine cupboard when the nurse is not present then the key is with the health centre administrator and at reception.

Emergency medication: spare medication for pupils with allergies and asthma and other diagnosed conditions is kept with a care plan in an unlocked cupboard in Reception so is easily accessible for all.

Prep School - Bardwell Road

The medical room has a bed for lying down and first aid equipment with a locked medicine cupboard. First aid supplies are found in drawers in the room.

Emergency medication is kept in a cupboard that is out of reach of children with a key in the door.

Pre-Prep School - Woodstock Road

The medical room has a bed for lying down and cupboards with first aid supplies. It has a locked medicine cupboard.

Emergency medication is kept in a cupboard in the dining room.

Defibrillators

All staff are reminded at the start of the academic year about the use of defibrillators. The location of Oxford High School defibrillators is as follows:

- Senior School: reception and sports' hall reception area.
- Prep School - Bardwell Road in the photocopying room off the main reception.
- Pre-Prep School - Woodstock Road in staff room.

First aid equipment

Location of first aid boxes:

A number of first aid boxes (marked with a white cross on a green background) are sited in key locations around the school sites and specific staff have been delegated to check the contents regularly. They are responsible for stocking and checking the first aid kits on a monthly basis, and making records of when the boxes have been checked on the inside of the lids. Additional supplies are available from the school nurse if necessary.

Lists or maps of the locations of the kits can be found in the senior and preparatory staffrooms and at the reception on each of the three sites. The school nurse will supply first aid kits for out-

of-school activities on request. Any member of staff who uses first aid supplies must ensure that the school nurse is informed so that they can be replenished.

Sports staff

All PE staff have their own first aid bag which accompanies them to all off-site fixtures.

Science, Design Technology and Art Departments, and Cleaning, Caretaking and Maintenance Departments

All departments carry out risk assessments. In cases where hazardous chemicals/materials/equipment are used, this is covered in a risk assessment. A named member of staff is responsible for updating the risk assessment, and ensuring specific first aid procedures (e.g. eye washing) are in place and up to date.

Swimming pool

The Sport Department are in charge of the swimming pool. They are responsible for training lifeguards and for ensuring certificates are in date. The Normal Operating Procedure for the swimming pool details how the pool is managed.

Trips

The nurse supplies first aid kits for trips on request. These contain first aid supplies and paper forms which include a RIVO form, a form to document first aid care or medication given and a slip to be given to parents with details of first aid or medication given. Medication supplied is paracetamol and an antihistamine and this is to be administered according to the Administration of medicine protocol. The nurse will train staff as needed to administer medication and emergency medication as needed.

Procedures in the event of an emergency

Examples of emergencies which require immediate first-aid assistance include:

- Severe allergic reactions
- Asthma attacks
- Epileptic fits
- Difficulty in breathing
- Fainting
- Hypoglycaemia in diabetics
- Bleeding
- Breaks or sprains
- Concussion

Staff and pupils should proceed as follows:

If you witness an incident and the injured person is able to walk, take them to the health centre. If the school nurse is not there either send a message to reception to ask them to contact a first aider, or if you are a qualified first aider please administer first aid as appropriate. Do not leave the person unattended.

If you witness an incident and the injured person does not seem able to move, do not try to help them move; stay with them and send a message to reception to ask them to contact the school

nurse or a first aider. If a first aider is not available, or the situation requires urgent medical assistance, do not hesitate to call an ambulance. Any pupil who has had an accident requiring urgent medical treatment will be taken to Accident and Emergency department of the John Radcliffe Hospital, (or the nearest accident and emergency hospital if on a trip), accompanied by a member of staff.

Further information on the action to be taken in the event of anaphylaxis, asthma attacks, seizures and hypoglycaemia/hyperglycaemia can be found in the 'Chronic illness' and 'Allergy Protocols' available under the 'Pupil Health and Well-being' Section of Health and Safety on the GDST Hub.

Parents will be informed by phone as soon as possible if a pupil suffers an accident or injury or visits the medical centre and is deemed too unwell to stay in school and therefore needs to be collected to go home.

Instructions for calling ambulances services

In an emergency, an ambulance should be called immediately and the school nurse should be informed. First-aid qualified staff on the site should be contacted to help.

If an ambulance needs to be called, it is likely that the following information will be needed:

- Name of school – Oxford High School telephone number
 - Senior: 01865 559888
 - Prep: Bardwell Road 01865 515647
 - Pre-Prep – Woodstock Road 01865 558279
- School address including postcode
 - Senior: Belbroughton Road, OX2 6XA specify which entrance – Belbroughton Road or Marston Ferry Road
 - Prep: 1 Bardwell Road OX2 6SU
 - Pre-Prep: Woodstock Road OX2 7ND
- Location of the casualty
- Name of the member of staff present
- Brief description of pupil's symptoms/injuries. Ensure they know that this is a child and it is an emergency.
- Which school access the ambulance should use.
- A member of staff should stay with the casualty and as far as possible the area should be cleared of other pupils. Another member of staff should wait to meet the ambulance. Parents need to be contacted.
- If the pupil is taken to hospital a member of staff or the nurse should remain with her until a parent or carer arrives.

Guidance on when to call an ambulance

- Members of staff who are qualified in first aid will respond to injury or illness in accordance with their training.
- If a member of staff who is not first-aid qualified requires assistance or advice in dealing with a person who is injured or ill, the first point of contact is the school nurse on 07972 862557 She can also be contact on 01865 599888 or internal calls 30031. Senior school reception 01865 559888 can summon the school nurse or, if she is unavailable, a first aider.
- If a member of staff is in charge of a group of pupils when such a situation arises, s/he should normally stay with the patient. S/he should send one pupil to the nearest phone

to call school nurse, and another to the nearest member of staff (normally the next classroom) for assistance.

- There are a number of staff qualified in first aid who will deal with an emergency whenever possible if the school nurse is not available.

As stated above the school nurse or if not available, the first aider on the scene will make the judgment. If in doubt call an ambulance.

Early Years Foundation Stage

- There is always at least one qualified first aider with a current paediatric first aid certificate present when pupils in Early Years are on the premises
- There is always at least one qualified first aider with a current paediatric first aid certificate who accompanies pupils in Early Years on a visit.
- There is a separate section in main first aid record for pupils in Early Years to record accidents and first aid treatment.
- Parents are informed of accidents, injuries and any first aid treatment given. In the case of serious accident or injury, parents will be informed immediately when possible. Contact will continue to be sought until it is made. In the case of minor injuries, parents will be contacted as soon as possible and certainly by the end of the school day.
- A report must be made to OFSTED, Trust Office and ISI within 14 days if a child under the age of 5 suffers a major injury (defined as those requiring the child to go to hospital) whilst on the school premises. The report should be made by telephoning Ofsted's Children's Services Department 08456 404040. This is in addition to the HSE (RIDDOR) reporting requirements.
- The local child protection agency must be notified of any serious accident or injury to, or the death of, any child in the setting and act on any advice given.

All procedures in this document apply to Breakfast Club and After School Care see Appendix A for list of qualified EYFS first aiders.

Procedures for Non-Emergency Situations

Oxford High School informs **parents and pupils** via the year handbooks and website (see Health Information) of the procedures we follow if a pupil is not well enough to attend school, or if she becomes ill during the day and needs to be taken home. Parents and pupils are also made aware of the times when they can seek help or advice from the school nurse for non-emergency situations, e.g. headaches, or to discuss any concerns.

If non-emergency transportation to hospital is required, use the authorised taxi service and ensure that the school nurse or qualified first aider remains with the pupil until their parent/guardian is available.

Practical arrangements when a pupil becomes unwell or is injured during the school day.

Senior School: The member of staff will make an assessment and where necessary send the pupil to the school nurse. A pupil seeking treatment during a lesson should be sent to the school nurse and she should be accompanied by another pupil. **If a child needs to go home** due to illness or injury, permission has to be given by the school nurse or her designated first aider. Pupils up to and including Year 11 must not leave school unaccompanied. Pupils in the 6th form may leave the site to go home on their own with the consent of a parent.

Prep and Pre-Prep school: If a child complains that she feels unwell, the member of staff involved will make an initial assessment depending on the child's symptoms. If the teacher considers it necessary she may do any of the following things:

- Ask a first aider to come and see the child and make an initial assessment
- Ask the school nurse for further advice
- Continue to monitor the child

The first aider or school nurse may make the decision that the child needs to go home and their parent will be contacted.

Head injuries

Senior School: The pupil will see the nurse who will contact parents as necessary.

Prep and Pre-Prep school: The nurse should be informed if any pupil has a serious head injury. Parents should also be informed by the first aider who dealt with the incident or by the school nurse. If the pupil is well enough to stay in school then she will be given a head injury sticker and a head injury form will be sent home with her. This informs parents of further symptoms to be aware of. The class teacher will also inform the carer who collects the child. For children within Early Years Foundation Stage, this form must be given to the adult who collects the child.

Sport

Senior school: A pupil should be sent to the nurse accompanied by a friend. For any off-site head injuries, the pupil should be given ice and should watch the rest of the lesson, then the member of sports staff should accompany the pupil to the nurse on returning to school. If after school, then the member of staff must inform the parents of the incident.

Prep and Pre-Prep school: A pupil sustaining any head injury in a lesson will sit out during the lesson and be given ice if the first aider deems it is necessary. On returning to her class, the PE staff will inform the class teacher and the school nurse. The class teacher will deal with the incident as documented above.

Administration of medication

Medication will be administered according to the Administration of medicines protocol (see Appendix 3). Over the counter medication can be administered as below.

Senior school: The school nurse or in her absence a designated first aider can administer paracetamol or ibuprofen to pupils who have previous written consent from their parents which is recorded on SIMS.

Prep and Pre-Prep school: The designated first aider can administer medication to a pupil. Junior liquid paracetamol or liquid antihistamine can be administered by the designated first aider following written consent from a parent as well as verbal consent on the day from a parent. This consent should be recorded and a note sent home informing the parent of the dose and time the medication was given.

To ensure that all medicines are administered safely, all staff who are authorised to administer medicines will receive training on the procedures; essential precautions; possible side-effects of the medicine and the importance of making appropriate records.

No child under 16 should be given any medicine without their parent's written consent. No prescribed medicines should be administered to an Early Years Foundation Stage pupil unless they have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and the parents have given specific written permission for each individual medicine and the reason

why it is needed. The parents must be informed, wherever possible on the same day, if any medicines are administered.

Emergency Medication

Senior School: Pupils who require auto-adrenaline injector pens or asthma inhalers are encouraged to be responsible for their own medication and carry it with them around school. Spare emergency medication is held for each pupil and is available in an unlocked cupboard in reception. This spare medication should be taken by a member of staff and accompany a pupil leaving the school site for a school trip.

Prep and Pre-prep schools: In the Prep School, all spare emergency medication is kept in the medical room and staff are responsible for ensuring the emergency medication is taken for a pupil when they leave the site. In the Pre-prep spare emergency medication is in a cupboard in the dining room and again staff are responsible for ensuring it accompanies a pupil when she leaves the site.

Emergency generic asthma inhalers are located as follows:

Senior School: in reception and outside the office in the sport's hall

Prep school: in the medical room.

Staff are allowed to administer these in an emergency to pupils whose names are held on a list kept in the appropriate box. Parents will be informed following any use of the emergency inhaler.

Emergency generic auto-adrenaline injector pens (AAIs) are located as follows:

Senior school: in Reception.

Prep school: In the medical room. A list of pupils whose parents have consented to the use of these pens is kept in the box and clearly parents will be informed if the pen is administered as this constitutes an emergency.

Hygiene and Infection Control

Arrangements for management of spillage of body fluids:

In this event, call for the nurse, a caretaker or cleaner who have special cleaning agents.

Senior School - Bodily fluid spillage kits are also available at reception and in the health centre.

Prep and Pre-prep school – Spillage kits are in the medical rooms on both sites *see* Biohazard Spill Policy for further details.

Infection Control:

In the event of the increase of an infectious disease, the school nurse will liaise with cleaning staff to ensure that the possibility of cross infection is minimised. This may mean extra cleaning of door handles, taps etc. The nurse stocks antibacterial wipes and sprays for this purpose. All staff must take precautions to avoid infection and must follow basic hygiene procedures. They must have access to single use disposable gloves situated in all first aid boxes and the health centre and medical rooms and must wash their hands after any incident. The maintenance staff are trained to deal with spillage of blood and other bodily fluids and may be called to deal with such material if the nurse or a cleaner is not available. All materials used in these incidents are disposed of in the yellow clinical waste bins. For further information please see 'Medical Conditions Section' under Health and Safety on the GDST Hub for infection control. Please see GDST pupil health and wellbeing on guidance to exclusion periods for common illnesses and the public health England document on health protection in schools and other childcare facilities.

Appendix 1

Oxford High School Senior School				
Surname	First name	Type of Certificate	Dept	Expires
		First aid at work 3 day		
Barlett	Chloe	First aid at work	Admin Office	9/21
Berry	Jane	First aid at work	PE	5/19
Bramall	Julie	First aid at work	Drama	6/21
Ferrelly	Victoria	First aid at work	PE	8/19
Gilbert	Liam	First aid at work	PE	5/21
Gilbert	Nicola	First aid at work	Health Centre	10/20
Harris	Charlotte	First aid at work	Admin	10/21
Harrison	Mark	First aid at work	Catering	8/21
Hay	Mike	First aid at work	Theatre Manager	6/21
Huggins	Sarah	First aid at work	PE	10/20
Lewin	Gary	First aid at work	PE	5/21
Lowe	Katie	First aid at work	PE	5/21
Mullins	Lucy	First aid at work	Health Centre	02/20
Pelling	Jeffrey	First aid at work	Drama	10/21
Wade	Colin	First aid at work	Admin Part time	01/20
		Outdoor first aid	Level 2 – 2 day	
Lonsdale	Richard	Outdoor first aid Level 2	Classics	5/19
Rushton	Mark	Outdoor first aid Level 1	Science	2/20
Sobey	Jack	Outdoor first aid Level 2	Science (DoE)	1/21
Yeo	Katie	Outdoor first aid Level 2	Geography	1/19
		Emergency first aid at work	1 day	
Barbour	Gill	Emergency first aid at work	Physics	8/19
Bell	Kay	Emergency first aid at work	Science Tech	5/21
Berry	Sue	Emergency first aid at work	Biology	5/21
Black	Laura	Emergency first aid at work	Geography	6/20
Brazel	Anne	Emergency first aid at work	History	6/20
Brooks	Joanna	Emergency first aid at work	Art Tech	5/19
Burton	Rachel	Emergency first aid at work	Maths	4/21
Chipchase	Claire	Emergency first aid at work	Maths	6/21
Creak	Catherine	Emergency first aid at work	Science	5/20
Dobson	Laura	Emergency first aid at work	Art Tech	5/21
Dong	Jane	Emergency first aid at work	MFL	6/21
D'Souza-Eva	Penny	Emergency first aid at work	Maths	5/20
Duckmanton	Alyson	Emergency first aid at work	Science Tech	6/21
Flory	Abi	Emergency first aid at work	PE	5/20
Foster	Peter	Emergency first aid at work	Music	1/19
Gallacher	Mike	Emergency first aid at work	Politics	6/21
Gilbert	Liam	FA Lvl 2 Emergency first aid in football	PE	9/20

Girling	Mari	Emergency first aid at work	English	6/19
Harskin	Sabine	Emergency first aid at work	MFL	6/20
Hilary	Emmanuelle	Emergency first aid at work	MFL	6/21
Hughes	Alison	Emergency first aid at work	SEN	5/21
Hughes	Sarah	Emergency first aid at work	Art	6/20
Jarvis	Andrew	Emergency first aid work	Music	5/19
Karapanagioti	Niki	Emergency first aid at work	Classics	5/19
Lea	Stephanie	Emergency first aid at work	Geography	5/20
Lewin	Gary	Emergency first aid at work	PE	3/20
Liebrecht	Sarah	Emergency first aid at work	MFL	6/19
Liu	Yan	Emergency first aid at work	Chinese	6/21
Masterson	Stephanie	Emergency first aid at work	Drama	6/20
May	Julia	Schools first aid	Reception	9/20
Nebesnuick	Claire	Emergency first aid at work	SLT/English	5/21
O'Neill	Cathy	Emergency first aid at work	English	6/20
Packard	Rob	Emergency first aid at work	RS	6/19
Pallas-Brown	Rachael	Emergency first aid at work	SLT/RS	6/21
Peel	Lucy	Emergency first aid at work	Reception	2/19
Phipps	Dani	Emergency first aid at work	English	6/20
Regardsoe	Emma	Emergency first aid at work	Science	6/21
Rhodes	Jennie	Emergency first aid at work	Physics	01/20
Robbins	Ashley	Emergency first aid at work	IT	5/19
Rymer	Emily	Emergency first aid at work	MFL	6/21
Selway	Ellie	Emergency first aid at work	History	6/20
Solovyova	Katya	Emergency first aid at work	MFL	6/20
South	Paul	Emergency first aid at work	History	6/20
Squire	Sarah	Emergency first aid at work	SLT	5/21
Stacey	Andrew	Emergency first aid at work	Maths	6/19
Stellardi	Margherita	Emergency first aid at work	MFL	3/20
Stewart	Miranda	Emergency first aid at work	MFL Politics	6/21
Stone	Judith	Emergency first aid at work	Biology	6/21
Stott	Frances	Emergency first aid at work	Librarian	5/20
Tonks	Melanie	Emergency first aid at work	PE	6/21
Townend	Frances	Emergency first aid at work	RS	6/19
Wang	Juan	Emergency first aid at work	Mandarin	5/21
Waterfield	Tom	Emergency first aid at work	Maths	6/20
Watts	James	Emergency first aid at work	SLT/IT	6/21
Weeks	Paul	Emergency first aid at work	Biology	6/19
Westwood	Nicola	Emergency first aid at work	Science	6/19
Whittington	Maria	Emergency first aid at work	Science	6/21

Oxford High Prep and Pre-Prep School - First aid training

Surname	First name	Type of certificate	Site	Cert Expires
		First aid at work 3 day		
Allen	Angela	First aid at work	Bardwell Rd P/T	5/20
Cook	Sue	First aid at work	Bardwell Rd	05/19
Futter	Elizabeth	First aid at work	Woodstock Rd	5/21
Hargraves	Evelyn	First aid at work	Bardwell Rd P/T PE	05/20
Khan	Kiran	First aid at work	Woodstock Road	6/21
Prior	Debbie	First aid at work	Bardwell Road	05/20
Waddell	Jillian	First aid at work	Woodstock Road	5/21
		Paediatric 2 day		
Collins	Sally	Paediatric first aid	Woodstock Rd (4 days)	06/21
Cook	Sue	Paediatric first aid	Bardwell Road	07/20
Eyre	Jill	Paediatric first aid	Woodstock Rd	12/18
Futter	Elizabeth	Paediatric first aid	Woodstock Rd	03/20
Khan	Kiran	Paediatric first aid	Woodstock Rd	9/21
Morris	Claire	Paediatric first aid	Woodstock Rd	3/21
Ye	Carol	Paediatric first aid	Woodstock Rd	07/20
		1 day course		
Amano	Ellie	Emergency first aid at work	Bardwell Road (2 days)	6/20
Dawson	Nick	Emergency first aid at work	Woodstock/BW Rd	6/21
Dawson	Sian	Emergency first aid at work	Bardwell Road	6/21
Dickson	Abigail	Emergency first aid at work	Bardwell Road	5/19
Evans	Rachel	Emergency first aid at work	Bardwell Road	6/19
McGarrity	Louise	Emergency first aid at work	Bardwell Road	6/19
Panatti	Claudia	Emergency first aid at work	Bardwell Road	6/21
Sweeney	Annette	Emergency first aid at work	Bardwell Road	5/21
Taylor	Louise	Emergency first aid at work	Woodstock and BW Rd	5/19
Tonks	Alison	Emergency first aid at work	Bardwell Road	5/20
Warren	Carolyn	Emergency first aid at work	Woodstock Rd (3 days)	5/20
Wei	Wei	Emergency first aid at work	Bardwell Rd (4 days)	4/21
Winearls	Beryl	Emergency first aid at work	Bardwell Rd (3 days)	6/21

Appendix 2

Reporting to the HSE

Some accidents that happen in schools, including off-site visits, or during activities organized by schools, have to be reported to the Health and Safety Executive (HSE). The requirement to report these accidents is set out in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Guidance on which incidents to report is listed in [Flowchart-Pupils](#) and [Flowchart-Employees](#).

(i) What has to be reported?

Accidents causing injury to staff, or to members of the public including pupils, if the injury is caused by faulty equipment or lack of supervision it must be reported.

In addition, work-related ill health affecting staff, such as dermatitis, work-related upper limb disorders or certain infections including TB and hepatitis if contracted at work must be reported. However, ill health affecting members of the public such as pupils is not reportable to the HSE but it may require reporting to the HPA (Health Protection Agency).

Some dangerous occurrences need to be reported. In the main, these are serious incidents in which somebody might have been badly hurt, but was not. The list of dangerous occurrences which require reporting includes fire or explosion, release of a dangerous substance, failure of a pressure system, failure of a structure or failure of lifting equipment.

For further guidance on what constitutes a injury, dangerous occurrence or disease, see [Flow chart](#) or <http://www.hse.gov.uk/riddor/index.htm>

(ii) Accidents to staff

Accidents to staff includes all categories of employees, including temporary and part time employees. Also report accidents to self-employed persons working on the premises.

- Report:
- ☐ An accident resulting in death if work related has to be reported as soon as possible to the Incident Contact Centre (0845 300 9923 during opening hours Monday to Friday 8.30 am to 5 pm).
 - ☐ An accident resulting in a specified injury must be reported within 10 days
 - ☐ An accident resulting in the employee taking over seven days to recover has to be reported within 15 days

When calculating the seven days in the latter category, note that unfitness for work starts the day after the accident. If the accident lasts more than seven days this triggers the report – whether the person was due to work on those days is not relevant. Also, if someone comes into work but does “light duties” – in other words is unfit for their normal work, for more than seven days, this will be reportable.

If a member of staff or pupil is off due to a contagious infection this is reported to the HPA.

Injury due to an act of non-consensual physical violence to a member of staff is reportable if it comes into one of the categories above. Violence to a pupil is not reportable.

Road traffic accidents to staff will not usually be reportable.

(iii) Accidents to the public, including pupils

If a member of the public who is not at work, such as a pupil, a parent or a visitor, has an accident at school or during a school activity or at Trust Office, it must be reported if **both** of the following occur:

- ☐ The person involved is killed or taken to hospital **AND**
- ☐ The accident arises out of or in connection with the work of the school/Trust Office

Ill health resulting in a trip to hospital is not reportable.

Deciding whether an accident arises out of or in connection with work is not always straightforward. In general, if the accident is attributable to a fault in the premises, or in the work equipment, it will be reportable. Again, if it is attributable to a failure of supervision or organisation, it will be reportable. Otherwise, it does not need to be reported.

For instance:

- A pupil falls down stairs, is injured, and is taken to hospital. Not reportable. However, if the stairs were wet from washing, or the nosing was raised creating a trip hazard, it will be reportable.
- A child crashes into another in the playground, knocks herself out, and is taken to hospital. Not reportable.
- Preparatory children are left unattended whilst a teacher takes a phone call, they engage in risky play and one is injured and is required to go to hospital. This is reportable because of a failure of supervision.
- Pupils on a field trip are caught in adverse weather and one is injured in unplanned activity. Reportable because of a failure of organisation.
- A pupil falls and injures her ankle during a netball match after school. This is not reportable – unless there was a defect of the playing surface or of the supervision of the game.

Note that the occurrence of a major injury does not alone make an accident to a pupil reportable – that requirement applies only to staff. Deciding whether to report can require some judgement.

(iv) Making a report

A fatal specified injury to a member of staff, or a reportable accident to a member of the public, must be reported within 15 days, this means either by phone to the Incident Contact Centre on 0845 300 9923 or via the website at www.hse.gov.uk/riddor. When a report is made on the website or by telephone, a copy of the report will be sent to the school by the HSE. A note should be taken of the incident number and recorded on the GDST 'Rivo Safeguard' Accident Reporting software.

Accidents causing seven days or more unfitness for work to a member of staff do not have to be reported immediately, but must be reported within 15 days either by one of the methods of reporting described above.

The school nurse or senior first aider will make the reports, providing information about them to the next Health and Safety Committee. The school nurse or senior first aider must also inform the Headmaster of any fatal or major injury accident to a member of staff, or of a reportable accident to a member of the public.

(v) Accidents to contractors

Reporting accidents to contractors at the school is the responsibility of their employer. Schools should record the details on the Rivo Safeguarding GDST Accident Reporting software which has recently replaced the accident book, but have no responsibilities under RIDDOR. However, if any injury could be attributed to a failure on the part of the school, a civil claim may follow, therefore the incident should be investigated and records should be kept.

(vi) Accidents off site

Accidents which occur during organised school activities such as educational visits, matches against other schools or games lessons will be reportable by the team leader who is leading the activity if they meet the criteria above, no matter where they occur. This includes accidents happening outside the UK – although RIDDOR is not applicable outside the UK.

Such incidents should be reported on the Rivo Safeguarding Accident Reporting software.

Accidents on the way to or from school, to pupils or to staff, are not reportable.

Accidents during activities which are not part of the school's operations are not normally reportable, even if they occur on the school premises. PTA or parent led clubs would need to make their own report.

For instance:

- A member of staff breaks a leg whilst playing in a staff football game at the weekend. Not reportable.
- A child is injured during a trampoline club event held at the school but organised by an independent club. Not reportable by the school but would be reportable by the club.
- A pupil on a ski-ing trip is injured during the evening entertainment. Probably not reportable – unless there was failure of supervision/organisation. If she were injured whilst ski-ing, because she failed to follow an instruction – not reportable. However, if she were injured as an outcome of poor instruction, or bad planning, or defective equipment provided, then it would be reportable by the organiser of the trip.

Accident reporting

All accidents to staff, pupils, contractors and visitors which result in an injury, however minor, must be reported on the Rivo Safeguarding Accident Reporting software which has been implemented by the Trust. Staff who have had the relevant training and have responsibility for imputing the data must ensure that they inform parents of the incident. This is important for children in early years.

- ☒ **Online report** – The online report records every interaction between the school nurse and a pupil, member of staff or other person seeking attention. If the school nurse is unavailable, a first aider should list names and treatment on a separate sheet of paper, which can be collated into the online report by the school nurse. Teaching staff with queries should speak directly with the school nurse. The school nurse may choose to withhold certain interactions from the report, recording them for her own reference in a suitable, secure way.
- ☒ **RIDDOR F2508** – A RIDDOR report will be needed if an accident to staff results in a specified injury or seven days or more incapacity for work, or if an accident to a pupil or member of the public results in a trip directly to hospital from school and arises out of the school's activities.
- ☒ **Investigation report** – See 4.3 below.

4.3 Accident investigation

The causes/reasons for any accident reportable to the HSE, Trust Office or where it is thought a claim is likely, should be investigated by the Head of Department/Health & Safety Co-ordinator or person supervising the activities during which the accident took place, in the case of non-classroom activities. The investigation should include photographs taken of the accident scene and a detailed record of events. The investigation may include statements taken from relevant witnesses. The investigation report should be given to the Headmaster, a copy kept on file by the Health and Safety Co-ordinator, and a copy sent to Trust Office together with a note of any corrective action to be taken.

The report should include details of the risk assessments in place for the activities being undertaken at the time of the accident.

Detailed guidance on investigating accidents and incidents is available in the HSE's document HSG245 "*Investigating Accidents and Incidents*" (ISBN 0717 628 272) - available to download on H&S Sharepoint.

Appendix 3

Oxford High School For the whole school including Early Years Foundation Stage Administration of Medicines Protocol

Administration of Medicines

No child under 16 should be given medicines without their parent's written consent.

- **Consent for prescribed medicines** is normally provided on the 'Administration of medicines consent' form. A new form should be completed for each type of medicine and for each new course of medicine.
- **Consent for non-prescription and over the counter medicines** is normally provided on the Pupil Health Assessment Form (completed before the pupil joins the school) or on the electronic annual update form sent to all parents once a year.
- Medical authorisation and parental consent should be obtained for the use of **emergency adrenaline auto-injector devices** on pupils who are at risk of anaphylaxis. These consents should be updated annually to take account of the changes in the child's condition.
- Medical authorisation and parental consent should be obtained for the use of **emergency salbutamol inhalers** by children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. These consents should be updated annually to take account of the changes in the child's condition.

Administering Medicines

Medicines should only be given by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training about administering medicines. Before administering the medicine they should check:

- The child's name
- The child's medical consent forms
- Name of medication, that it is in its original container and its expiry date
- Prescribed dose and method of administration
- Time / frequency of administration
- Written instructions provided by the prescriber on the label or container
- Any side effects

Every time a member of staff administers medicine to a child, they should complete and sign a record.

If in doubt about any procedure the member of staff should not administer the medicines but check with the parents or school nurse before taking any further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or the school nurse.

Non-Prescription and over-the-counter Medicines

Non-prescription or 'over-the-counter' medicines include Piriton, Ibuprofen, Gaviscon, and Paracetamol.

- Non-prescription medicines should only be given by **nominated staff** who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training about administering medicines. In line with the OHS first aid policy only staff who have received training from the school nurse may administer medication.
- Nominated staff, i.e. the school nurse /named first aider, should **never** give a non-prescribed medicine to a child unless there is a specific written consent from the parents. This will be on the Pupil Health Assessment Form and is documented under parental consent on SIMS.
- Non-prescription medicines should not normally be administered to **children under the age of 8** (criteria, in the national standards² for under 8s day care providers).
- When a non-prescribed medicine is administered to a child a **record** should be made and the **parents informed**. This may be by an electronic means of communicating with parents, e.g. email, Firefly alerts, hard copy letters, or tell them in person, e.g. on the phone or when the child is collected – a record should be made of all verbal conversations.
- Where non-prescribed medicine is administered to an **Early Years (EYFS) child**, the school **must** ensure that the parents/carer are informed as soon as practicable and preferably on the same day, and parents/carers should acknowledge receipt of the information, e.g. by signing the record book.
- A child under 16 should never be given **aspirin** unless prescribed for medical purposes.

Schools must have accurate documentation in place and ensure that all staff complete and sign a record each time they give medicine to a child. In some circumstances, such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult.

Prescribed Medicines

Prescribed medicines, e.g. antibiotics, insulin and codeine phosphate, should only be brought into school when it is essential for a dose to be taken during the school day; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Prescribed medicines should only be given by **nominated staff** who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training about administering medicines.

Staff should complete and sign a record each time they give medicine to a child. Where the pupil is in Early Years (EYFS), the school must ensure as soon as practicable, preferably on the same day, that the parents/carer are informed that the medication has been administered to the pupil as directed on the 'Administration of Medicines consent' form.

Controlled Drugs

The supply, possession and administration of some medicines, e.g. morphine, are controlled by the Misuse of Drugs Act 1971 and its associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 allows 'any person' to administer the drugs listed in the regulations. Staff administering medicine should do so in accordance with the prescriber's instructions.

Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for safety and audit purposes. A controlled drug should be returned to the pupil's parents/carer when it is no longer required to arrange for safe disposal.²

Self-Management of Emergency Medicines

Generally, pupils should not carry medicines whilst at school. However, pupils should be encouraged to carry and be responsible for their own **emergency medicines**, e.g. adrenaline auto-injectors and inhalers, when staff, in conjunction with parents (bearing in mind the safety of other children and medical advice), judge that they are sufficiently capable and competent to do so. Other non-emergency medicines should generally be kept in a secure place, not accessible to pupils.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in their records. Parents should be informed on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

RESPONSIBILITIES

Parental / Carer Responsibilities

Parents / carers should inform the school about any conditions or illness that their child suffers from that requires them to take medication whilst at school (including on school trips / educational visits) and provide written consent for the school to administer the medication on the 'Pupil Health Assessment Form' (completed before the pupil joins the school), or on the 'Administration of medicine consent' form.

Parents / carers should inform the school of any changes in their child's medical needs, condition or illness that results in any changes to the medication, prescription or the support they require.

² Managing medicines in schools and early year's settings. DFES / Dept of Health - 2005
2 National standards for under 8s day care and child-minding (DFES/0649/2003)

Staff should check any details provided on the consent forms are consistent with the instructions on the container.

Parents should give any medication required by children under the age of 16 to an appropriate member of school staff. Parents must ensure that the medication is presented in the original packaging with the prescription information on it. This should include details of the medicine to be taken, the child's name and date of birth and the dosage required.

Teachers and Other Staff Administering Medicine

During The School Day

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a pupil should have appropriate guidance, including an awareness of any possible side effects of the medicine and what to do if they occur. Normally the school nurse, or in her absence a named first aider, should undertake this responsibility during the school day.

A school nurse should act in accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct (NMC 2002a) and Guidelines for the administration of medicines (NMC 2112b). In administering any medication, or assisting or overseeing any self-administration of medication, the nurse must exercise their professional judgement and apply their knowledge and skill in the given situation.

Sporting Activities

Some children may need to take precautionary measures before or during exercise and may need immediate access to their medicines such as asthma inhalers. See the GDST Chronic / Long Term Illness Protocol on the Hub <https://hub.gdst.net/Health-and-Safety/Health-and-Safety---Pupil-Health-and-Wellbeing/Pupil-Health---Protocols,-Medicines,-First-Aid,-Accidents-&-Records/1912>

School Trips / Educational Visits

Arrangements for pupils to take any necessary medication, either routinely or in emergency situations, will need to be taken into consideration when planning the trip / visit. Staff supervising school trips / educational visits should always be aware of any individual pupil's medical needs and relevant emergency procedures. A copy of individual health care plans should be taken on visits in the event of the information being needed in an emergency. Non-prescription medicines should only be given by **nominated staff** who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training about administering medicines.

Medication required for the Prep school and Pre-Prep School trips and visits will be held by the trip leader and given when appropriate.

Emergency medication on trips:

Senior School pupils are responsible for bringing emergency medicines with them on visits. However, **staff must check that pupils have this medication** with them before departing on the visit especially if the pupil has an allergy or is diabetic. The trip leader must carry a second AAI

and/or asthma inhaler for pupils who require them. Staff reserve the right to refuse to take a pupil on a trip who does not have spare emergency medication.

Preparatory School pupils who are at risk from anaphylaxis should carry their own AAls or have a member of staff carry their own adrenaline auto-injector pens (AAI) with them at all times and the trip leader must hold a second AAI for use in an emergency. Similarly pupils with asthma inhalers should carry their inhaler with them or have a teacher carry it for them and the trip leader hold a second inhaler for use in an emergency.

Competency of staff to administer emergency medicines should be taken into account when preparing risk assessments for educational visits and the appropriate training should be provided by the school nurse where necessary, e.g. how to administer an adrenaline auto-injector.

Staff Duty of Care

Anyone caring for children including teachers or other school staff have a common law duty of care to act like any reasonably prudent parent. In some circumstances the duty of care could extend to administering medicine and /or taking action in an emergency. This duty also extends to staff leading activities off site, such as PE fixtures, school trips or educational visits.

Certain medicines can be given or supplied without the direction of a doctor for the purpose of saving life. For example the parental administration of adrenaline (1mg in 1ml), chlorpheniramine and hydrocortisone are among those substances listed under Article 7 of the POM order for administration by anyone in an emergency for the purpose of saving life (Prescription Only Medicines (Human use) Order 1997).

Staff assisting in an emergency in good faith and acting reasonably and responsibly, whilst carrying out their duties, will be covered by the GDST's insurance against claims of negligence.

Record Keeping

Schools must have accurate documentation in place and ensure that all staff complete and sign a record each time they administer medicine (prescribed or over-the-counter) to a child, including on school trips and educational visits. Some schools keep a log book for this, either paper or electronic, e.g. in SIMS or Firefly, whilst others have added a section into the individual school planners to record this information and improve communication between home and school. The record should include:

- Name of child
- Group, class or form name
- Name and strength of medicine
- Expiry date of medicine (if prescribed medicine)
- Prescribed dose, method & frequency of administration
- Date and time medicine administered
- Dose given
- Name & signature of staff administering the medicine

You may also wish to record:

- Date medicine provided by the parent
- Quantity received and quantity returned to parent

In some circumstances, such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult.

Storing Medicines

Schools should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container and an individual 'Administration of medicine consent' form should be completed for each medicine and provided to the school.

Children should know where their medicines are stored and know who holds the key to the storage facility. All **emergency medicines**, such as asthma inhalers and adrenaline auto-injectors should be readily available and should not be locked away, although they should be kept in a lockable room with restricted access. It is recommended that schools make special access arrangements for the emergency medicines that it keeps. Some pupils may carry their own emergency medicines, see the 'Self-Management' section above.

Schools should keep **controlled drugs** in a locked, non-portable container and only named staff should have access to it. Prescribed and non-prescription medicines should be kept in a locked cupboard or fridge.

Some medicines must be stored in a **refrigerator** because they may break down or 'go off'. The patient information leaflet supplied with the medicine will state whether the medicine needs to be stored in a refrigerator. Local pharmacists can also give advice.

There should be restricted access to a refrigerator holding medicines. It is recommended that schools invest in a lockable refrigerator. Medicines can be kept in a refrigerator containing food (in a clearly labelled airtight container) unless there is a constant need to refrigerate medicines that a pupil takes regularly, e.g. insulin, or if vaccines are stored; in these cases separate, sole use, refrigerators must be provided.

The temperature of the medicine refrigerator should be between 2° and 8°C and monitored daily when it is in use, and recorded. A maximum/minimum thermometer is recommended for this. In the event of the refrigerator breaking down it is important to identify the fault quickly, otherwise medicines may be wasted. Medicines must be returned and parents informed if this occurs. The refrigerator should be cleaned and defrosted regularly.

Staff Medicines

Staff who bring prescribed or over-the-counter medications to school, or on school trips / educational visits, for personal use, must ensure that their medicines are securely stored, especially in EYFS settings. If staff are going on a trip or visit, they should also inform the trip

leader about the medication and it should be included in a risk assessment if necessary i.e. emergency medication.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. If parents do not collect medicines, they should be taken to a local pharmacy for disposal. Some hospitals also have disposal containers for old medicines.

Further Information

Further information can be found in:

- 'Managing Medicines in Schools and Early Years Settings' published by the Department for Education and Skills and the Department of Health in 2005
- 'Supporting Pupils at School With Medical Conditions' - Department for Education – Dec 2015

Updated by Lucy Mullins
School Nurse
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Review annually