

**Lissan Primary School**



# First Aid Policy

***“Together we learn, grow and play in God’s love and care.”***

### **Policy Statement**

The Principal and Board of Governors of Lissan Primary School accept their responsibility under the Health and Safety (First Aid) Regulations (Northern Ireland) 1982 and acknowledge the importance of providing First Aid for employees, children and visitors within the School.

The staff of Lissan Primary School recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 and agree to abide by the SELB procedure for reporting accidents.

The Board of Governors and staff of Lissan Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal, First Aid Officer / Deputy will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered / trained to do so.

Signed \_\_\_\_\_  
(Principal)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Chairperson of Board of Governors)

### **Introduction**

*'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill (The Joint First Aid Manual 8th Edition). Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life threatening condition and where necessary obtain medical assistance or refer the casualty to hospital as quickly as possible.*

## **Statement of First Aid Provision**

The School's arrangements for providing First Aid will:

- Place a duty on the Principal and Board of Governors to approve, implement and review the First Aid policy;
- Place individual duties on all staff;
- Report and record accidents using relevant forms to the Education Authority
- Record all occasions when First Aid is administered to staff, pupils and visitors.
- Provide equipment and materials to provide First Aid treatment;
- Make arrangements with Education Authority to provide First Aid training to staff, maintain records of training and review annually;
- Establish a procedure for managing accidents in school which require First Aid treatment;
- Provide information to staff on the arrangements for First Aid;
- Undertake a risk assessment of the First Aid requirements of the School and review on a regular basis;
- Use the information from the risk assessment of First Aid to determine the number and level of trained staff and also any additional requirements (eg. specialised training for children with particular medical needs);
- Notify parent/guardian that first aid treatment was given to the child.

## **Arrangements for First Aid**

The School will provide materials and equipment and facilities to provide First Aid.

The location of the First Aid Kits in the School are in the staff room and classrooms

**A standard First Aid Kit will contain the following items:**

Leaflet giving general advice on First Aid  
20 individually wrapped sterile adhesive dressings assorted sizes  
4 triangular bandages  
2 sterile eye pads  
6 safety pins  
6 medium wound dressings  
2 large wound dressings  
3 extra large wound dressings  
1 pair of disposable gloves

The contents of the Kits will be checked on a regular basis by the First Aid Officer / Deputy First Aid Officer.

The School First Aiders are: the Principal, First Aid Officer and Deputy.  
Most staff have been trained in First Aid.

Before undertaking any off site activities the level of first aid provision will be assessed by the Principal / Teacher and at least one First Aid Kit will be taken along.

**Information on First Aid Arrangements**

The Principal / First Aid Officer / Deputy, will inform all staff at the school of the following:

- The arrangements for recording and reporting of accidents;
- The arrangements for First Aid;
- Those staff who are qualified First Aiders;
- The location of the First Aid Kits.

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

- The names of staff with First Aid qualifications;

All members of staff will be made aware of the School's First Aid policy. No member of staff should attempt to give First Aid unless they have been trained.  
**(see attached list of trained staff)**

### **Accidents involving bumps to a Pupil's head**

The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time.

**Where emergency treatment is not required an 'accident slip' letter will be sent home to the parent/guardian or they will be contacted by telephone.**

### **Transport to hospital or home**

The Principal will determine the appropriate action to be taken in each case. Where the injury requires urgent medical attention an ambulance will be called and the pupil's parent or guardian will be notified. If hospital treatment is required, then the pupil's parent/guardian will be called for them to take over responsibility. If no contact can be made with parent/guardian or other designated emergency contact, then the Principal may decide to transport the pupil to the hospital.

Where the Principal makes arrangements for transporting a child then the following points will be adhered to:

- Only staff cars insured to cover such transportation will be used;
- No individual member of staff will be alone with the pupil in a vehicle;
- A second member of staff will be present to provide supervision of the injured pupil.

## **Administration of Medication**

**Parents should keep their children at home if they are acutely unwell or infectious.**

Parents are responsible for providing the staff with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to school staff, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

- Pupil's Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

**The school will not accept items of medication in unlabelled containers.**

Medication will be kept in a secure place, out of the reach of pupils.

The school will keep records, which they will have available copies for parents if required.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date. The school will not make changes to dosages on parental instructions.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long-term or complex medication needs / care plan, the Principal, First Aid Officer / Deputy, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.

See Forms attached:

- AM1 - Medication Plan for a pupil with medical needs
- AM2 - Request for a school to administer medication
- AM3 - Template for a request for pupil to carry his/her medication
- AM4 - Record of medicine administered to an individual child.
- AM5 - Record of Staff first aid training

**Form AM1**

**Lissan Primary School**

**MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS**

Date \_\_\_\_\_ Review Date \_\_\_\_\_

Name of Pupil \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_

National Health Number \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

**Contact Information**

**1 Family Contact 1**

Name

\_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship

\_\_\_\_\_

**2 Family Contact 2**

Phone No (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship

\_\_\_\_\_

**3 GP**

Name

\_\_\_\_\_

Phone No \_\_\_\_\_



#### 4 Clinic/Hospital Contact

Name \_\_\_\_\_

Phone No \_\_\_\_\_

Plan prepared by

Name \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms

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Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

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Members of staff trained to administer medication for this child (state if different for off-site activities)

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

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Follow up care

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I agree that the medical information contained in this form may be shared with individuals involved with the care and education of

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/carer

**Distribution**

School Doctor \_\_\_\_\_ School Nurse \_\_\_\_\_

Parent \_\_\_\_\_ Other \_\_\_\_\_

**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

**Details of Pupil**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M ☐ F ☐

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_

**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

Name/Type of Medication (as described on the container)

Date dispensed \_\_\_\_\_

Expiry Date \_\_\_\_\_

**Full Directions for use**

Dosage and method

**NB Dosage can only be changed on a Doctor's instructions**

Timing

Special precautions

Are there any side effects that the School needs to know about?

Self Administration Yes/No (*delete as appropriate*)**Procedures to take in an Emergency****Contact Details**

Name \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_ (work) \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address \_\_\_\_\_

I understand that I must deliver the medicine personally to

\_\_\_\_\_ (*agreed member of staff*) and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

### **Agreement of Principal**

I agree that \_\_\_\_\_ (*name of child*) will receive  
\_\_\_\_\_ (*quantity and name of medicine*) every  
day at \_\_\_\_\_ (*time(s) medicine to be administered e.g.  
lunchtime or afternoon break*).

This child will be given/supervised whilst he/she takes their medication by  
\_\_\_\_\_ (*name of staff member*).

This arrangement will continue until \_\_\_\_\_  
(*either end date of course of medicine or until instructed by parents*).

Signed \_\_\_\_\_ Date \_\_\_\_\_

(*The Principal/authorised member of staff*)

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.**

**FORM AM3 Lissan Primary School**

**REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION**

This form must be completed by parents/carers.

If staff have any concerns discuss this request with healthcare professionals.

**Details of Pupil**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address

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Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_

Condition \_\_\_\_\_ or \_\_\_\_\_ illness

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**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

Name of Medicine

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Procedures to be taken in an emergency

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### Contact Details

Name \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship to child  
\_\_\_\_\_

**I would like my child to keep his/her medication on him/her for use as necessary.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_ to \_\_\_\_\_ child  
\_\_\_\_\_

### Agreement of Principal

I agree that \_\_\_\_\_ (*name of child*) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until \_\_\_\_\_ (*either end date of course of medication or until instructed by parents*).

Signed \_\_\_\_\_ Date \_\_\_\_\_

*(The Principal/authorised member of staff)*

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication.**

## RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN

[illegible]

RECORD OF STAFF TRAINING

Lissan P.S. Staff FIRST AID Training List

NAME	FIRST AID & CPR	EPIPEN	DIABETES	EPILEPSY
Mrs McIntyre			*	*
Miss McKenna		*		
Mrs Coyle	*	*	*	*
Mrs Lavery		*	*	*
Miss Young		*		
Sharon Donnelly			*	
Maeve Conway	* —	*	*	*
Tracey Timoney		* —	* —	* —
Noreen McHugh		*	*	*
Susan Loughran		*		*
Siobhan O'Neill		*	*	
Claire McCrory		*	*	
Lisa McCaffrey		*		*
Michelle Johnston		*	*	

Last update: Sept 2022

(Dates/signatures of all training received, available in main office).