



First Aid and Supporting Pupils with Medical Conditions Policy (includes Administration of Medication)	
Lead Governor & Member of SLT:	Mr P Tompkins & Mr I Horgan
To be approved by:	Full Governing Body
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Queensbridge School
Queensbridge Road, Moseley, Birmingham B13 8QB

Policy prepared by: Mr I Horgan (Deputy Headteacher)

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Overview

The governing body of Queensbridge School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Queensbridge School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

Long-term absences as a result of medical conditions can affect educational attainment, impact on integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have a statement or education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

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1. General Principles

- 1.1. The Headteacher and school staff shall treat all medical information as confidential.
- 1.2. On the pupil's admission to school the parent/carer shall be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital consultants, allergies, special dietary requirements and any other relevant information. This information shall be reviewed annually. It is the parents/carers responsibility to inform school, by writing immediately.
- 1.3. Parents/carers should be encouraged to ask the pupil's doctor to prescribe medication which can be administered outside of school hours wherever possible, for example asthma preventer inhalers, anticonvulsant medication and antibiotics. However, there will be times when it will be necessary for a pupil to take medication during the school day. In these circumstances, it is the school policy for appropriate staff to assist pupils and parents by supervising or administering medicines when this is essential.
- 1.4. If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parent/carer and/or a healthcare professional.

2. Responsibilities

- 2.1. The school governing body is responsible for developing and regularly reviewing the medication policy and related procedures.
- 2.2. Responsibility for overseeing medication procedures and all issues relating to first aid rests with the First Aid Group, who are a sub group of the school Health and Safety committee. This group will comprise of a senior leader, a lead first aider, a member of the safeguarding team as well as the lead administrator for first aid. The role of this group is to provide quality assurance and oversight or process and procedure, feeding back to the Health and Safety group as well as governors.
- 2.3. The Headteacher is responsible for ensuring that all staff involved in the administration of medication are familiar with the school's medication policy and procedures and that they receive support and training appropriate for the tasks they undertake. The designated person shall keep a list of the named first aiders and a training record for each of them.
The Headteacher is responsible for ensuring that all staff receive annual awareness training on anaphylaxis, diabetes, asthma and epilepsy, in conjunction with the school nurse team.
- 2.4. It is the parents/carers responsibility to provide the school with the medication required. The medication should be as dispensed, in the original container and must be clearly labelled with:
 - name of child
 - name of medication
 - strength of medication
 - What dose to give

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- when it should be given
 - length of treatment
 - any other instructions
 - expiry date
- 2.5. It is the parents/carers responsibility to make sure that medication is replenished when needed.
- 2.6. The school is responsible for ensuring that the information on medication being used is the most up to date available.
- 2.7. Parents/carers must ensure that their child understands their responsibility if they carry their own medication, for example an inhaler for asthma.
- 2.8 Parents/carers must return the care plans sent by the school nurse team in a timely manner. Care plans that are not returned may affect the pupil's participation in onsite/off site activities, ie, trips and residential.

3. Storage of Medication

- 3.1. Medication, when not in use shall generally be stored in a locked cupboard. Access to the cupboard shall be restricted to the designated persons. Access to the cupboard is limited and set by the designated person.
- 3.2. The important exceptions are:
- Emergency medication shall be stored in an unlocked cupboard in reception where it is always readily accessible.
 - Wherever possible pupils shall be responsible for their own asthma “reliever” inhalers. Spare inhalers shall be kept at Reception and in the Head of Year office (medical cabinet).
 - Medication that requires refrigeration shall be kept in the designated fridge in the Head of Year office.
- 3.3. The designated person shall check the medication cupboard regularly and ensure that medication has not reached its expiry date. Parents/carers shall be asked to collect any medication which is expired or no longer required. Should a parent/carer fail to collect expired or unused medication after 28 days of a written request, the medicine shall be disposed of by returning it to a GP surgery or pharmacy.

4. Administration of Medication

- 4.1. Should a pupil need to receive medication during the school day, parents/carers will be asked to contact the designated person, prior to the medication being brought into school. Parents/carers will need complete a consent form ‘School Medication Consent Form’ (see Appendix 1 and 1a). There is a separate form for Prescribed and over the counter medication. The designated person and parent/carer will discuss where these medicines shall be stored. If more than one medication is to be given, a separate form should be completed for each.
- 4.2. The medication must be in the container as prescribed by the doctor and as dispensed by the pharmacist with the child’s name, dosage and instructions for administration printed clearly on the label.

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- 4.3. Before accepting medication from a parent/carer the designated person shall check that a signed consent form has been received.
- 4.4. In the event that a pupil brings medication into school but there is no signed School Medication Consent Form, the designated person shall contact the parent/carer to ask the parent to complete the form before the medication is given. The medication shall be stored in the Head of Year office (medical cabinet) until consent is gained.
- 4.5. Medication shall be administered at the designated area. All the necessary paperwork shall be assembled and available at the time of administering medication. This will include the written consent and school medication administration records.
- 4.6. Medication shall only be administered to one child at a time.
- 4.8. Prior to administering medication the member of staff should check:
- The pupil's identity
 - That there is written consent from a parent/carer
 - That the medication name and strength and dose instructions match the details on the consent form
 - That the name on the medication label is that of the pupil being given the medication
 - That the medication to be given is in date
 - That the pupil has not already been given the medication
 - That the pupil is not allergic to the medication
- 4.9. A record of the administration of each dose will be kept on a relevant school MIS. A separate record shall be kept for each type of medication administered.
- 4.10. Reasons for any non-administration of regular medication shall be recorded and the parent/carer informed on that day, this includes refusal by the pupil to take medication. "wasted doses" (e.g. tablet dropped on floor) shall also be recorded.
- 4.11. Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately. A new consent form will be required and a fresh supply of correctly labelled medication, along with the consent form, should be provided to the school either in person by the parent/carer or delivered to the school in a sealed parcel.
- 4.12. It is the parent/carers responsibility to ensure that medication is replenished when necessary. A new supply should be provided to the school either in person by the parent/carer or delivered to the school in a sealed package.

5. Self-Management

- 5.1. Pupils will be supported to take ownership of their own medication wherever possible, for instance diabetic pupils. This will be after discussion with Parent/carer.
- 5.2. Where a parent/carer has given consent to self-medication, the designated person will assess the pupil's ability to administer their own medication e.g.

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reliever inhaler for asthma and will check that they understand their responsibilities in this area. The designated person may also be asked to check the pupil's techniques before the school allow the pupil to self-medicate.

- 5.3. Emergency asthma inhalers will be kept in the Head of Year office (medical cabinet) and at Reception. Spare Epi pens are kept in Reception and in the Head of Year office (medical cabinet). Pupils are encouraged to carry their own Reliever inhaler and epi pen. Pupils will also have access to the emergency inhaler and epi pen.

6. Non-Prescribed Medication

6.3. In exceptional circumstances (pupil is in severe pain/severe allergy) and subject to parent/carer consent, the school may issue Paracetamol/antihistamine to a pupil as a one-off event. Any such decision shall be overseen by designated person(s) as identified by the First Aid Group (including but not exclusive to Heads of Year, Senior Leaders or relevant adults who work with vulnerable students in a 1-1 capacity) and following contact with the parent/carer to check:

- The parent/carer gives consent (verbal consent is acceptable, but this will be monitored to ensure there is no regular occurrence that needs further exploration)
- When previous doses have been given/taken
- That the medication has been given/taken previously without causing adverse effect
- Any medication allergies

6.4. In a non-exceptional circumstance where it is deemed that medicine will be need to be taken in the school day, written record shall be kept of parent/carer consent by completing a School Medication Consent – Administration of Non-Prescribed Medication Form (see appendix 1).

6.5. If a pupil suffers from pain regularly the parent/carer should be encouraged to seek medical advice.

6.6 Parents/Carers should administer antihistamines to their child prior to the start of the school day.

7. Passes

7.1 Toilet passes will be issued by the child's Head of Year on an individual basis.

7.2 If a pupil presents with a medical condition and needs a toilet pass, a GP letter to confirm this will be requested

7.3 Lift passes will be issued to pupils who have mobility issues and cannot navigate the stairs safely. This is on an individual basis and with conjunction with the SEND (if appropriate) and Head of Year staff.

7.4 If it is felt the toilet pass/lift pass are being abused then the pupil and parent/carer will be informed. This will be monitored. If it continues the pass maybe revoked and the child's Head of Year will further assess. The ultimate decision is with the Head teacher

8. First Aid

8.1 Introduction

Queensbridge School is committed to providing adequate and appropriate first aid provision for pupils, staff, and visitors. This policy outlines the school's responsibilities in relation to first aid.

8.2. Aims

- To ensure the health and safety of all staff, pupils, and visitors.
- To provide a framework for responding to accidents and emergencies.
- To ensure that first aid provision is available at all times.

8.3. Legal Requirements

This policy complies with the requirements of the Health and Safety (First Aid) Regulations 1981, the Education (Independent School Standards) Regulations 2014, and the Department for Education's guidance on first aid in schools.

8.4. First Aid Needs Assessment

An annual first aid needs assessment will be conducted to determine the level of provision required. This assessment considers:

- The size and layout of the school.
- The specific needs of pupils and staff.
- Potential risks and hazards.

8.5. First Aid Personnel

- **Appointed Person:** H Singh is responsible for overseeing the first aid provision.
- **Designated First Aiders:** A list of qualified first aiders is maintained and displayed in key locations.

8.6. First Aid Kits

First aid kits are available in the following locations:

- Main Office
- Science Labs
- PE Department
- School Trips (Portable Kits)
- Each classroom (Basic kits)

Each kit will contain items recommended by the Health and Safety Executive (HSE), including:

- A leaflet giving general advice on first aid
- Individually wrapped sterile adhesive dressings
- Sterile eye pads
- Triangular bandages
- Safety pins
- Disposable gloves

8.7. Defibrillators

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- Defibrillators are held at Reception. Head of Year office and the PE office.

8.8. First Aid Training

- First aiders will receive training from a competent provider, tailored to the school's specific needs.
- Refresher courses will be undertaken every three years.

8.9. Record Keeping and Reporting

- All first aid incidents must be recorded in line with the school system.
- Records will be retained in compliance with UK GDPR and relevant legislation. [More on retaining records.](#)

8.10. Communication

- The location of first aid kits and personnel will be communicated to all staff and pupils.
- First aid procedures will be included in staff induction programs.

8.11. Monitoring and Review

- The headteacher will review this policy annually, considering any changes in legislation or school needs.
- Feedback from staff and incidents will be used to improve first aid provision.

8.12. Contents of first aid kit

Based on DfE and HSE guidance, and good practise from St John and Red Cross, the contents of each box should be:

Easily identifiable box or bag

Assorted adhesive dressings - 24

Medium sterile wound dressings - 3

Large sterile wound dressings - 3

Medical tape - 1

Sterile eye pads - 2

Triangular bandages - 2

Roll bandages - 2

Safety pins - 2

Disposable gloves, surgical face mask, disposable plastic apron and hand sanitiser

Blunt end scissors

Plastic face shield or pocket mask

Single use ice packs - 2

Sanitary products

Vomit bags

Additionally, the central supplies held in reception should include spares of the above items plus:

Tweezers

Tough cut scissors

Unopened roll of clingfilm

Blanket

Emergency medications including autoinjector pens (Epipen/Jetex), asthma inhalers and spacers, paracetamol, antihistamine liquid and specifically prescribed medications - to be used or added to First Aid kits for offsite activities in the context of individual risk assessments and care plans

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APPENDIX 1

Parental/carer consent to administer an 'over-the-counter' (OTC) medicine

- All over the counter (OTC) medicines must be in the original container.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

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Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the Headteacher/staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

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APPENDIX 1a

Parental/carer consent to administer a prescribed medicine

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

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I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].	Yes	
	No	
	Not applicable	
I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the headteacher or his/her nominee to administer the prescribed medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I also agree that I am responsible for collecting any unused or out-of-date medicines and returning them to the pharmacy for disposal and supplying new stock to the school, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
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Parent/carer signature	
Date	