

# ALP Sittingbourne

## First Aid and Administration Policy

April 2026





Statement:	
This statement was approved:	
This statement will be reviewed:	



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## 1. Statement of Intent

The Executive Board believes that ensuring the health, safety, and welfare of staff, students, and visitors is essential to the success of ALP Sittingbourne.

We are committed to:

- Conducting first aid needs risk assessments for all significant activities
- Providing appropriate first aid provision for students, staff, and visitors
- Supporting students and staff with medical needs through clear procedures and records
- Ensuring suitable first aid equipment and facilities are available
- Maintaining clear procedures for administering medicines and first aid

All staff (including supply staff) will:

- Be aware of this policy
- Be trained appropriately
- Be able to respond to individual healthcare needs and emergencies

The school ensures:

- Appropriate insurance is in place
- Staff are covered when administering first aid or medication

Students will not be prevented from:

- Eating, drinking, or taking breaks necessary to manage medical conditions

This policy prioritises safety for:

- Students receiving care
- Staff administering care

This policy complies with UK health and safety legislation and is supported by the school's Control of Infection Policy.

## 2. Distribution of Policy

This policy is distributed to:

- Headteacher
- Health and Safety Representatives
- All Staff
- Executive Board
- School Administration

### 3. Roles and Responsibilities

#### 3.1 Executive Board

The Executive Board is responsible for:

- Overall health and safety, including first aid
- Reviewing first aid provision annually
- Ensuring adequate resources and equipment

#### 3.2 Headteacher

The Headteacher will:

- Assess first aid needs and review regularly
- Ensure sufficient trained first aiders are available
- Maintain staff awareness of procedures
- Ensure training is up to date
- Provide appropriate facilities
- Report incidents to the Health and Safety Executive (HSE) where required

#### 3.3 Lead First Aider(s) / Healthcare Professional

Responsible for:

- Supporting students with medical conditions
- Advising staff on healthcare plans
- Administering first aid and medication
- Maintaining first aid supplies
- Supporting accident reporting
- Ensuring cover during absence
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### 3.4 Appointed Persons and First Aiders

They will:

- Respond to incidents
- Provide immediate care
- Call emergency services if needed
- Maintain first aid kits
- Complete accident reports

### 3.5 Staff Trained to Administer Medicines

They must:

- Administer only prescribed medication with parental consent
- Supervise self-administration where possible
- Record all medication given
- Respect a student's right to refuse medication and inform parents

### 3.6 All Staff

All staff must:

- Follow first aid procedures
- Know who first aiders are
- Report incidents
- Inform leadership of health concerns

## 4. Arrangements

### 4.1 First Aid Boxes

Located in:

- First aid room
- Kitchen
- Hall
- Life Skills area
- Primary area

- School vehicles

## 4.2 Medication Storage

- Stored in a locked cabinet in the first aid room
- Accessible when required for student safety

## 4.3 First Aid Procedures

In case of injury:

- A first aider is called
- Treatment is administered
- Incident recorded in the accident book
- Parents informed (including head injuries)

Serious incidents:

- Reported to leadership
- Reported under RIDDOR 2013 where applicable

## 4.4 Insurance Arrangements

- Details available at reception
- Further information via Finance Officer or Managing Director

## 4.5 Educational Visits

- Residential: First aid managed by designated staff
- Day visits: First aider carries a travel kit

## 4.6 Administering Medicines

- Only prescribed medicines administered
- Written parental consent required
- Self-administration encouraged where appropriate
- Refusal of medication respected and recorded

Non-prescribed medicines are not administered.

## 4.7 Storage and Disposal of Medicines

- Medicines accessible to students where appropriate
- Emergency medication (e.g. inhalers) readily available
- Unused medicines returned to parents

## 4.8 Accidents Requiring Hospital Treatment

- Ambulance called when necessary
- Staff accompany student if required
- Parents informed immediately

## 4.9 Defibrillator

- Located in the first aid room
- Staff trained in its use
- Awareness training provided to all staff

## 4.10 Students with Medical Needs (Healthcare Plans)

Students may include those with:

- Asthma
- Diabetes
- Epilepsy
- Severe allergies

The school will:

- Create Individual Healthcare Plans (IHPs)
- Work with parents and medical professionals
- Conduct risk assessments
- Ensure inclusion in all activities

Plans will be in place:

- Before admission or
- Within two weeks of diagnosis

## 4.11 Accident Recording and Reporting

- All incidents recorded on the same day
- Parents informed
- Records retained for minimum 3 years

Serious incidents reported to:

- HSE (RIDDOR)
- Ofsted (within 14 days where applicable)
- Local Authority

## 5. Conclusions

ALP Sittingbourne is committed to:

- Effective first aid provision
- Safe administration of medicines
- Clear accountability and procedures

Regular reviews ensure:

- Compliance with legislation
- Continuous improvement
- High standards of care

# Appendices

The following appendices form part of this policy:

- Appendix 1: Contacting Emergency Services
- Appendix 2: Individual Healthcare Plan Template
- Appendix 3: Parental Consent Form for Medication
- Appendix 4: Medication Record Log
- Appendix 5: Seizure Medication Procedures
- Appendix 6: Seizure Monitoring Chart
- Appendix 7: EpiPen Emergency Instructions
- Appendix 8: Anapen Emergency Instructions
- Appendix 9: Parent Notification of Medication
- Appendix 10: Staff Training Record

## Appendix 1 - Contacting Emergency Services

### Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:
2. Give your location as follows (*insert school/academy address*)
3. State that the postcode is:
4. Give exact location in the *school/academy* (insert brief description)
5. Give your name:
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

**Speak clearly and slowly and be ready to repeat information if asked**

Put a completed copy of this form by the telephone.

## Appendix 2 - Health Care Plan

<b>School</b>	
<b>Student Name &amp; Address</b>	
<b>Date of Birth</b>	
<b>Class</b>	
<b>Medical Diagnosis</b>	
<b>Triggers</b>	
<b>Who needs to know about the student condition and what constitutes an emergency?</b>	
<b>Action to be taken in emergency and by whom</b>	
<b>Follow Up Care</b>	
<b>Family Contacts</b> <b>Names</b> <b>Telephone Numbers</b>	
<b>Clinic/Hospital Contacts</b> <b>Name</b> <b>Number</b>	
<b>GP</b> <b>Name</b> <b>Number</b>	
<b>Description of medical needs and signs and symptoms</b>	



<b>Daily Care Requirements</b>	
<b>Who is Responsible for Daily Care</b>	
<b>Transport Arrangements</b> <i>If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
<b>School Trip Support/Activities outside school Hours</b> <b>(e.g. risk assessments, who is responsible in an emergency)</b>	
<b>Form Distributed To</b>	

Date \_\_\_\_\_

Review date \_\_\_\_\_

This will be reviewed at least annually or earlier if the child's needs change

**Arrangements that will be made in relation to the child travelling to and from the school. *If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles***

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## Appendix 3 - Parental agreement for school/academy to administer medicine

### One form to be completed for each medicine.

The school will not give your child medicine unless this form is fully completed and signed.

Name of child \_\_\_\_\_

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

Medical condition or illness \_\_\_\_\_

### Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine \_\_\_\_\_  
(as described on the container)

Date commenced \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dosage and method \_\_\_\_\_

Time to be given \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the school should know about? \_\_\_\_\_

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency \_\_\_\_\_

### Parent/Carer Contact Details:

Name \_\_\_\_\_

Daytime telephone no. \_\_\_\_\_

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

Address \_\_\_\_\_

I understand that I must deliver the medicine safely to the school office.



The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. 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.

Parent/Carer's signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





**Appendix 4 - Record of regular medicine administered to an individual child  
(Parts A and B)**

**Part A - Parent/Carer Authorisation**

Name of child \_\_\_\_\_

Date of medicine provided by parent \_\_\_\_/\_\_\_\_/\_\_\_\_

Group/class/form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Quantity returned home and date \_\_\_\_\_

Dose and time medicine to be given \_\_\_\_\_

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_



## Part B - Records

Name of child \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Dose and time medicine to be given \* \_\_\_\_\_

### Check the medication given coincides with the information stated on Part A.

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			



Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			
Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			





Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			



**Appendix 5 - Administration of medication during seizures**

**INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Initial medication prescribed: \_\_\_\_\_

Route to be given: \_\_\_\_\_

**Usual presentation of seizures:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**When to give medication:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Usual recovery from seizure:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Action to be taken if initial dose not effective:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**This criterion is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school/academy**

**will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.**

This information will not be locked away to ensure quick and easy access should it be required.

