# FIRST AID AND COMBINED MEDICAL POLICIES

The ‘School’ refers to all staff and pupils in Abbot’s Hill School, which includes The Nursery, the Early Years/Foundation Stage (EYFS), the Pre-Prep, Prep and Senior School.

The term ‘parent’ refers to those who have a parental responsibility for a child

MONITORING AND REVIEW

| | |
|---|---|
| Person Responsible | School Nurse |
| Reviewed by | Deputy Head (Pastoral) |
| Approved by | Head |
| Frequency of Review | Annually |
| Date of Last Review | September 2023 |
| Date of Next Review | September 2024 |

# Contents

# First Aid and Combined Medical Policy

This policy applies to all pupils and staff of Abbot's Hill, including EYFS.
It includes within it, specific details on First Aid, Supporting Pupils with Medical Conditions and Infection Control.

## 1. Introduction

Unforeseen incidents are likely to occur from time to time in a school that may require first aid to be given to pupils, staff and/or visitors. These incidents may involve illness, exacerbation of a known medical condition, or accidents causing injury.

The arrangements for first aid provision will be adequate to cope with all foreseeable minor and major incidents.

Where pupils have short and long term medical conditions, an Individual Healthcare Plan will be developed in collaboration with the pupil, parents/carers and relevant internal and external professionals.

Emergency Medications are available at school and should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Prescribed Medications should be timed to enable them to be taken outside school hours.

While it is recognised that the presence of infectious illnesses within any community cannot be entirely eliminated, this policy sets out the infection prevention and control procedures to be followed in school to reduce the effects and minimise the spread of any outbreak of illness.

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through immunisation, good hand washing, and making sure the environment is kept clean.

## 2. Responsibilities

2.1. **Deputy Head, Pastoral**

The Deputy Head, Pastoral has management accountability for the implementation of this policy:

- Ensuring that this policy is reviewed regularly and updated if necessary.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that any relevant training needed is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy
- Ensuring records of any and all medicines administered to individual pupils and across the school population are kept.

- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver Individual Healthcare Plans (IHCPs) in normal, contingency and emergency situations, and ensuring that only competent staff carry out administration of medicines in accordance with this policy.
- Ensuring that this Policy is compliant with the school's duties under the Equality Act.
- Ensuring the level of insurance in place reflects the level of risk.

2.2. **Lead School Nurse**

The Lead School Nurse has management responsibility for the day-to-day implementation of this policy in all parts of Abbot's Hill School apart from the nursery, as detailed below:

- Liaising with healthcare professionals where required regarding a pupil's health condition.
- Making staff who need to know aware of a child's medical condition.
- Ensuring appropriate training as required for staff.
- Developing IHCPs for pupils; and engaging with parents, the pupil concerned, the Deputy Head Pastoral, and/or the Head of Prep/ Nursery Manager as appropriate in this process.
- Working within and in adherence to The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, set out by the Nursing and Midwifery Council.
- Day to day management of the Health Centre and all activities which relate to the administration of medicines to pupils.
- Maintaining records, communication with staff and parents as appropriate and ensuring that working practice complies with the requirements of the school policies in order to satisfy the relevant statutory obligations.
- Ensuring that medical boards and first aid boxes are maintained.
- Storing and disposing of medication safely.
- Ensuring suitable arrangements are made with regard to pupils who wish to self-administer their emergency medication.
- Supervision and ongoing training of junior members of the Health Centre team to ensure consistent, safe and effective healthcare provision.
- Registered nurses who are employed on a temporary basis (i.e. agency staff) will be briefed and required to act in accordance with this policy.

2.3. **Nursery Manager**

The Duty Manager in the Nursery is responsible for the day-to-day implementation of this policy in the nursery as detailed below:

- Liaising with healthcare professionals regarding any child health condition.
- Making staff who need to know aware of a child's medical condition.
- Ensuring appropriate training as required for staff.
- Developing Individual Healthcare Plans (IHCPs) for children; and engaging with parents, the child concerned, the Head of Prep and School Nurse as appropriate in this process.
- Ensuring nursery staff are aware of and are correctly trained to work with Nursery children with particular medical conditions.
- Day to day management of all activities which relate to the administration of medicines to children within the Nursery.

- Maintaining records, communication with staff and parents as appropriate and ensuring that working practice complies with the requirements of the school policies in order to satisfy the relevant statutory obligations.
- Ensuring that the medical board and first aid boxes are maintained and stock of medication is recorded including medication that is given to children by parents and from school supplies.
- Storing and disposing of medication safely.
- Liaising and cooperating with the School Nurse in the fulfilment of this role.

2.4. **Appointed Persons**

The school employs Appointed Persons in addition to First Aiders. The Appointed Persons are those working in the Health Centre: the School Nurses and Health Care Assistant; and the Nursery Manager and Deputy Nursery Manager. Appointed persons will have received formal training and their duties include:

- Taking charge when someone becomes ill or is seriously injured;
- Maintaining first aid equipment and provisions, for example, restocking of supplies;
- Ensuring that an ambulance or other professional medical help has been called when appropriate; and
- Reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illness, or other medical conditions which may affect a pupil's functioning at the school to relevant staff on a need-to-know basis.

The Appointed Persons, primarily based in the Nursery and in the Health Centre, are responsible for overseeing health promotion and can provide first aid advice on a variety of different areas for pupils. When on duty, they can be contacted to deal with first aid emergencies and give advice over the telephone.

2.5. **First Aiders**

2.5.1. The number of certified first aiders will not, at any time, be fewer than the requirement identified in the AHS First Aid Provision Risk Assessments in accordance with the guidance provided by the Department for Education and Employment: guidance on first aid for schools.

2.5.2. At least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present, and must accompany children under the age of 5 on outings. Paediatric First Aiders will have the full Paediatric First Aid (2-day course) qualification which follows the syllabus set out by British Red Cross and St John's Ambulance, enabling them to provide first aid to those pupils who fall within the Early Years age category (children in Reception Class and younger). All staff who work directly with pupils in the Nursery hold a relevant and current paediatric First Aid qualification, with the exception of newly recruited staff until they can attend training. At least one person who has a full paediatric first aid qualification must be on the premises and readily available to respond if required.

2.5.3. Provision for first aid for trips is risk assessed separately by the trip leader.

2.5.4. A log of current qualified First Aiders is available on the School Intranet, and a full list in Appendix I.

2.5.5. First Aiders will be responsible for ensuring that an ambulance or other professional medical assistance (including the School Nurse, if appropriate) is contacted. First

Aiders must have completed a training course, and refresher training as required, approved by the Health and Safety Executive (HSE) and appropriate for their role. Their main duties will be to provide immediate care for common injuries or ailments.

2.5.6. First Aiders, including Paediatric First Aiders, and Appointed Person training, such as administration of medication awareness, will be renewed at least every 3 years according to the Independent Schools Inspectorate regulatory guidelines. First Aiders also complete relevant TES/Educare Modules.

2.5.7. Staff will not administer any medication until they have completed the induction and training required. Staff who are trained to administer medication on-site are marked on the Duty First Aiders telephone list in bold and have SchoolBase access to the medical module to check parental consent, allergies, and any medication already administered that day.

**2.6 First Aiders for Educational Visits, Trips and Out-of Hours School Events**

2.6.1 Adequate and appropriate first aid provision will form part of the arrangements for all out-of-school activities and in-school activities which occur outside of normal school day hours.

2.6.2 Each Educational visit will have a qualified first aider who will have also undertaken the following online training modules within the last 3 years:

- Administration of Medication
- Concussion Awareness
- Asthma Awareness
- Anaphylaxis Awareness.

2.6.3 If a child attending a trip has a condition which requires specific training, such as Type 1 Diabetes or Epilepsy, the First Aider will receive the appropriate training in order to meet the medical needs of that child. Residential educational trips will also have an allocated Deputy First Aider.

2.6.4 A full Paediatric First Aider is required to accompany children in Early Years on educational visits, trips and school events outside of normal working hours. If children are expected to be split off into separate groups on visits, a full Paediatric First Aider is required for each group.

2.6.5 First Aiders on school trips are responsible for accurately recording all medication administered throughout the trip (generic and prescribed medication), and procedures for this are set out in the section Supporting Pupils at School with Medical Conditions.

2.6.6 The nominated qualified first aider on a school trip should make arrangements to see the School Nurse at an early stage of the planning for the visit to be briefed on any medical conditions/medication that is necessary for pupils participating.

**2.7. All Staff**

All Staff are responsible for:

- Taking appropriate steps to support children with medical conditions in accordance with this policy.
- Understanding where to locate information on medical needs (paper and electronic) and be familiar with the school's GDPR policy. Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons and activities.
- Administering medication and injections in accordance with specified procedures if they have agreed to undertake that responsibility.

- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Staff organising educational trips need to take into account the individual medical needs of children as appropriate, as laid out in the Educational Visits Policy.
- Ensuring personal medication is stored securely in staff-only areas with lock or keypad access. Staff medication must not be accessible to children.

**2.8 Parents and Carers**

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a Medication Consent Form before bringing medication into school.
- Informing the school before sending their child into school with any mobility aids (crutches, orthopedic boot, plaster cast, etc) so that care can be planned and any risk assessments undertaken the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the prescribed course or academic year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the School Nurse, other staff members and healthcare professionals.
- Arranging prompt collection of their child from school if the School Nurse (or the covering first aider) decides the child is too unwell to stay in school or needs to be sent home for infection control purposes.
- Reviewing all medical information held by the school annually, confirming information is still accurate and/or providing any necessary changes.
- Ensuring medication is supplied in its original packaging, is within the expiry date, and clearly labelled with the child's name.
- Ensuring medication and Medication Consent documentation is brought in for school trips in advance as advised by the Trip Leader.
- As per Educational Trips and Visits Policy, informing the Trip Leader if their child informs them that they are not feeling well on a school trip.

2.9. **Pupils**

- Pupils are responsible for: Taking their medication as prescribed or advised, or carrying out any medical procedure – where refusal is made, parents will be informed so that alternative options can be explored.
- Ensuring that they do not carry or take any medication that is not approved by an IHCP.
- Seeing the School Nurse (or covering first aider) if they feel unwell during the school day, who will contact parents if they need to be sent home.
- Informing the First Aider if they are not feeling well on a school trip.
- Pupils requiring immediate access to life-preserving medication (such as reliever inhalers, AAI's, Insulin) be encouraged to carry their own medicines and medical devices if deemed competent to do so and as detailed in their IHCP. Where this is not possible, their medicines will be located in a safe yet easily accessible location as detailed in their IHCP.

# 3. Staff Training

3.1 **All Staff**

3.1.1 Information concerning first aid arrangements will be given to all staff and pupils during induction training and lists of Duty First Aiders and Appointed Persons will be available both electronically via the intranet and displayed in hard copy in various locations around the school. The information displayed will be updated by the Appointed Persons as required and at each half term, as a minimum.

3.1.2 The aim of training is to give staff sufficient understanding, confidence and expertise in first aid. Staff should not provide first aid treatment if they have not been trained to do so.

3.1.3 **Staff will not administer any medication on site until they have completed the induction and training required**. Staff who are trained to administer medication are marked on the Duty First Aiders telephone list in bold and have SchoolBase access to the medical module.

3.1.4 Staff who are not qualified in First Aid will be briefed in the administration of Auto-Adrenaline Injector Devices, Inhalers and defibrillation during inset. Basic first aid care for minor accidents, such as grazes, can be administered in Loco Parentis if the member of staff feels competent to do so.

3.1.5 Staff should not be responsible for administering prescribed or controlled medication until they have completed the induction and training required. Teaching and support staff will receive regular, appropriate and ongoing training as part of their development.

3.1.6 Where training needs are identified, appropriate training should be accessed at the earliest opportunity. Staff required to administer First Aid should be appropriately trained and, given the opportunity to participate in regular updates and refresher training. Teachers, Nursery staff and support staff who undertake responsibilities under this policy will receive the following training as appropriate to their responsibilities:

**Either:-**

Level 3 Emergency First Aid at Work (1 day)
Level 3 First Aid at Work (3 days)
Level 3 Emergency Paediatric First Aid (1 day)
Level 3 Paediatric First Aid Training (2 days)

**All PE Staff**

National Rescue Award (Life Saving)

**Other training**

Automated External Defibrillator (AED) Awareness
Administration of Medication in Schools (online) *
Common Chronic Conditions Awareness (online)

- Asthma *
- Anaphylaxis *
- Diabetes **
- Epilepsy **Concussion module (TES/Educare online) *
- Individual Face to Face First Aider training for school trips no later than two weeks before a trip

* Essential for school trip first aider and deputy first aider

** Essential for school trips if a child has this condition

3.1.7 All staff are required to have training on anaphylaxis on induction or inset and every three years either face-to-face or online, which includes:

- Awareness of allergic reactions and life-threatening anaphylaxis
- Signs and symptoms of anaphylaxis
- Emergency anaphylaxis treatment and procedures, including how to administer an AAI (Adrenaline Auto-Injector)
- How and where to find information on pupils with anaphylaxis
- Awareness of where Emergency AAIs can be located and who they can and cannot be administered to

3.1.8 No staff member may administer controlled drugs or undertake any healthcare procedures, including administering medication via injection, without undergoing training specific to the task (except emergency AAI's).

3.1.9 The HR Manager and School Nurse keep a record of training undertaken. Staff qualified to undertake responsibilities under this policy are clearly identifiable.

3.2 **Training of the School Nurse**

3.2.1 The School Nurse should have current registration status with the Nursing and Midwifery Council (NMC), and undertake regular training, development opportunities, and clinical/safeguarding supervision, as required to maintain registration and comply with the NMC 3-yearly Revalidation of Nursing Registration.

3.2.2 The Abbot's Hill School Nurse should be aware of the following procedures;

- Obtaining/receiving medication
- Storing/disposing medication
- Administering medication
- Record keeping

# 4. Risk Assessments

Each site within the school (Nursery, Pre-Prep, Prep and Senior), is risk assessed to ensure appropriate levels of first aid provision. These risk assessments are carried out by the Nursery =Manager for Nursery, and by the School Nurse and Health and Safety Co-ordinator for Prep-Prep, Prep and senior schools. These are reviewed annually and updated as necessary as a result of a statutory or other significant change.

A trip risk assessment should include provision for all pupils with medical conditions and medications both prescribed and generic medication.

# 5. Medical Facilities

5.1 **The Health Centre**

5.1.1 The school provides a Health Centre with appropriate facilities for care. The Health Centre is locked by a keypad lock at all times, unless occupied by a School Nurse

or an approved first aider. The School Nurse, Appointed Persons and approved first aiders have the door keypad code.

5.1.2 Locked medicine cupboards and locked medical fridges are located within the Nursery Office and Health Centre to ensure any medication is safely stored but appropriately available.

5.1.3 The key to access the medicine cabinets and fridge in the Health Centre is secured in a separate key safe for which only the School Nurse, Appointed Persons and first aiders who are approved to administer medication have the code.

5.1.4 Controlled drugs are stored in a separate locked cabinet within the medicine cabinets and keys are held by the School Nurse or Appointed Person during the school day.

5.2 **First Aid Supplies**

5.2.1. Supplies of first aid material will be held at various locations throughout the school. These locations will be determined by the School Nurse, with the Deputy Head, Pastoral, and all staff are advised by the School Nurse to become familiar with the nearest first aid kit to the location(s) within which they work. In addition, the list is also published on the School Intranet: Location of First Aid Boxes.docx.

5.2.2. The PE Department has additional first aid kits and Emergency Inhalers for taking outside to the field and courts and for taking to away sports fixtures. These supplies are maintained and monitored by the Director of Sport.

5.2.3. The supplies in the Nursery will be checked regularly by the Deputy Manager. First Aid supplies stored elsewhere in the school will be checked at least termly by the School Nurse. In all cases, any deficiencies will be made good without delay.

5.2.4. A first aid bag, accident book and emergency inhaler (if required), is given to the appointed first aider for the trip, with exported information from SchoolBase listing all those children with allergies and specific medical needs, along with any current medication which they take accompanied by a completed and signed Medication Consent Form.

5.3 **Emergency First Aid Equipment**

5.3.1 **Automated External Defibrillators**

Automated External Defibrillators (AEDs) are located outside the Premises Office, Main House, and under the canopy outside the south side of Dickinson building. The AEDs are tested by the relevant Appointed Person on a weekly basis during term-time in accordance with the Department for Education's "Automated external defibrillators (AEDs) - A Guide for Schools" and the results recorded.
All qualified First Aiders have also been trained in the use of AEDs.

5.3.2 **Emergency salbutamol inhalers**

The school has emergency salbutamol inhalers at the following sites:

- Main Reception
- Dining Hall
- PE Office
- Prep Kitchen
- Food Tech Room, Stable Block

5.3.3 **Emergency Adrenaline auto injectors**

The school has emergency adrenaline auto injectors (AAIs) at the following sites:

- Main Reception
- Dining Hall
- PE Office

- Prep Kitchen
- Food Tech Room, Stable Block

Please see the school's Emergency Adrenaline Auto Injectors Protocol in Annexe E and Emergency Asthma Inhaler Protocol in Annexe F for further information.

These protocols have been drafted by reference to the Department of Health 'Guidance on the use of emergency adrenaline auto-injectors in schools', September 2017 and 'Guidance on the use of emergency salbutamol inhalers in schools', March 2015. Guidance on when to call an ambulance or access urgent medical care services can be found at Annexe E and F to this Policy below.

5.4 **Out-of-Hours Medication**

Small supplies of paracetamol tablets, Calpol 6+ and Piriton tablets for out-of-hours are also kept in locked medical cabinets along with age-related dosage guidelines in the following locations: -

- Prep PA Office
- Main Reception
- PE Office
- Food Tech Office

Out-of-hours medication can only be administered by key holders who have been trained in medication administration and are qualified First Aiders as identified in bold on the Duty First Aiders telephone list: Duty First Aiders Telephone List.docx

Spare emergency AAIs provided by parents to keep in school for their child, are labelled with their name and easily accessible from the main school office.

# 6. Documentation and Record Keeping

6.1 Parents of prospective pupils complete a Confidential Health Questionnaire via MSP before joining the school and before attending any visits to the school without parental escort. The questionnaire provides details of registered GP, immunisation status, any allergies or existing medical conditions of which we should be aware, dietary requirements, along with other relevant medical information and emergency contact details of parents/carers. It also includes a section for the parent/guardian to provide signed consent for their child to receive while in the care of the school, emergency medical treatment, first aid treatment and non-prescription generic medications for minor ailments. Generic medication held by the school includes: infant liquid paracetamol, and anti-histamine in the Nursery, and liquid paracetamol, paracetamol, anti-histamine and throat lozenges for pupils in Reception to 11.

6.2 For children in Nursery, the data will be entered onto Kindersoft and SchoolBase and the questionnaire will then be filed in the child's file which is kept locked in the Nursery Office. For pupils from Reception to Year 11, the School Nurse will enter this data onto SchoolBase and the electronic questionnaires will be uploaded to the pupil's individual medical records on SchoolBase.

6.3 Each time a pupil visits the Health Centre or is seen by the School Nurse or Appointed Persons, the time and any treatment given is recorded on SchoolBase and a copy of the treatment summary is emailed to parents. Any first aid or medication given to Nursery

children by Nursery staff will be recorded on medication or accident forms and shared with the child's parents.

6.4 On return to school after a trip, the nominated first aider will meet with the school nurse to return the first aid kits, all paperwork and medications and medication log. This MUST be done in person to ensure any medication given that school day is logged to avoid over medicating.

6.5 All medication administered on a school trip MUST be logged on the appropriate forms. The Nurse reviews this paperwork at the earliest opportunity.

6.6 The School Nurse has overall responsibility for the Health Centre and is responsible for ensuring the appropriate maintenance of pupil medical records. Records should be correct and up to date, in accordance with safeguarding and data protection, available for inspection at any time, and should provide a complete audit trail of medication.

6.7 A record must be made on each occasion a member of staff, pupil or other person receives first aid treatment as a result of an accident or incident either on the school premises or as part of a school related activity.

6.8 Pupil accidents and injuries are reported on SchoolBase on the medical module by qualified First Aiders and the entry is emailed immediately to parents. Any pupil accident which in is reportable according to Health and Safety at Work regulation is additionally reported using the online Accident Form via the intranet.

6.9 Any pupil accident which occurs on an Educational Visit is recorded using the triplicate Accident Form which is located in the top zipped section of the trips First Aid Kit. The white copy should be give to the pupil to give to their parent on return from the trip and the yellow and pink copies should stay in the book for review by the School Nurse.

6.10 Nursery children accidents and injuries are reported using the triplicate Accident Form with the body map. The copies are distributed as follows:

| **Copy** | **Who, Where and when** |
|---|---|
| White copy | Given to parents on collection of the pupil that day |
| Yellow copy | Kept in Nursery accident books. Accident books are stored in a locked filing cupboard once full. |
| Pink Copy | Health and Safety Co-ordinator as soon as possible |

# 7. Pupil Accidents

The first member of staff to the scene of any accident should report details to the nearest available First Aider who will report the incident and any treatment given on SchoolBase and email a summary to parents and relevant staff as soon as is reasonably practicable. Any Health and Safety reportable incidents will also be reported using the online Accident Form available on the intranet. Head injuries and other serious injuries must also be reported to the School Nurse immediately, who will carry out any necessary assessment and treatment and inform all relevant members of staff, including Exec where appropriate. Any serious accidents should also be

alerted to the Health and Safety Coordinator immediately (or in her absence, the Bursar) to assess and control any Health and Safety risks, and report to RIDDOR if required.

7.1 **Notifying Parents of Accidents and Injuries**

All pupil injuries assessed and treated by the School Nurse and Appointed Persons are recorded on SchoolBase and a copy of the treatment summary is emailed directly to parents.

Where an injury is significant, uncommon, or may require continued close monitoring, parents are informed by phone as soon as feasibly possible. If a first aider is concerned about an injury they have assessed and treated, the first aider will call the Health Centre team to contact parents either by email or phone call depending on the circumstances.

7.2 **Injuries to the head**

7.2.1 Minor bumps to the head are common in children, particularly those of primary school age. If it was sustained by low impact and the child is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting and the child appears well, then the incident will be treated as a 'bump' rather than a 'head injury'.

7.2.2 If a child has a minor bump to the head during their day, the following procedure is followed:

- The situation is initially assessed by the member of staff in situ.
- Where there is no apparent injury, the site of the bump may be treated with a cool compress (such as wet paper towel) for comfort purposes only.
- If there is very minor swelling/bruising but the child is well and not showing any signs of concussion, the child must be assessed and treated by a First Aider. An ice pack may be applied under staff supervision and monitoring.
- The incident should be reported on SchoolBase by the First Aider and a summary should be emailed immediately to parents and relevant staff.
- Prep and Nursery pupils are given a pink wristband to alert staff and parents to the injury for on-going monitoring. An email or conversation should also take place to ensure that this is communicated to everyone concerned:
    - Prep School children – Inform the School Nurse, Head of Prep and the child's Class Teacher via notification sent from SchoolBase
    - Nursery Children – Inform the Nursery Manager, Deputy Manager and child's Key Person.
- If the mechanism of the injury (how it happened, level of force) and/or the child displays any symptoms which may indicate a more serious head injury, a member of staff will escort the pupil to the School Nurse for further assessment.
- If the School Nurse or Nursery Manager feels that it is necessary, they will telephone or email the parents to inform them of the head injury and advise them to be aware of the symptoms listed in the Head Injury Advice for Parents leaflet.

7.2.3 If a child sustains a head injury during sport, by impact from a fast moving or falling object, from a fall from height, or any unusual circumstances, **sit them out from activities immediately** and follow the Head Injury and Concussion Procedure – See Annexe C in conjunction with the UK Concussion Guidelines for Non-Elite (Grassroots) Sport (April 2023).

7.2.4 If a Senior School pupil has a minor head injury, the pupil may be treated by a qualified first aider if readily available or escorted to the Health Centre for treatment by the School Nurse. **The member of staff who has witnessed or has been first**

**alerted to the injury should immediately inform the nearest First Aider of all details pertaining to the injury, who will report details via SchoolBase.**

7.2.5 If the School Nurse or Nursery Manager feels that it is necessary, they will telephone or email the parents and inform them of the head injury and advise them to be aware of the symptoms listed in the 'Head Injury Advice for Parents' information sheet.

7.3 **Incidents Involving a Foot or Leg Injury**

7.3.1 Under NO circumstances should a pupil with a non-weight-bearing foot or leg injury be taken to the Health Centre. The School Nurse/School Staff must not attempt to carry a pupil; there is a wheelchair available in the PE office and Health Centre, , and a push chair in Nursery if required. If a foot or leg injury causes severe pain, appears deformed or there is significant bleeding, the pupil should not be moved and the School Nurse called to attend immediately.

7.3.2 Nursery and Prep - If the injury is to a foot or leg and the pupil feels unable to weight-bear they should be treated in situ.

7.3.3 Senior School - If the injury is to a foot or leg and the pupil feels comfortable to walk, the First Aider can provide initial assessment and treatment if necessary, and the pupil will be advised to see the School Nurse for further assessment, treatment and/or medication.

7.4 **Accidents on a School Trip**

7.4.1 Protocols for head and leg injuries must be followed on a school trip under appropriate circumstance.

7.4.2 In the event of a serious accident/incident during a school trip, the trip leader must inform the nominated SLT contact at the earliest opportunity and then follow normal procedures for dealing with an accident, in accordance with the Critical Incident Management Policy.

7.4.3 A decision regarding parent contact will be jointly made by the Trip Leader and the SLT Contact. A Critical Incident must be called for incidents affecting the ratios for the trip or a significant deviation from the planned itinerary.

7.4.4 Parents should be informed as soon as possible if the incident includes: head Injuries, a consultation/visit with a medical professional and serious injuries.

7.4.5 Parents will be informed as necessary where a pupil is unwell or has a minor accident.

7.4.6 For a visit made by Nursery children, the nominated First Aider for the visit will liaise very closely with the Deputy Nursery Manager to ensure that medical needs are clearly accounted for in planning, preparing and leading the visit. The advice and guidance of the School Nurse will be sought as appropriate. Parents will be informed as soon as possible.

# 8. Staff and Visitor Accidents

8.1 An accident form should be completed and taken to the Health and Safety Co-ordinator as soon as reasonably practicable but at least by the end of the day. Head injuries and other serious injuries must be reported to the Health & Safety Co-ordinator immediately, who will inform Exec by email.

# 9. Emergencies

9.1 In the case of an immediate life-threatening emergency, such as: cardiac or respiratory arrest, choking, severe difficulty in breathing, major haemorrhage, sustained unconsciousness, and signs of stroke or heart attack, the first member of staff on the scene is responsible for calling 999.

9.2 In the case of an emergency not deemed as immediately life threatening, the School Nurse will normally decide whether to call emergency services. In their absence, a Qualified First Aider in attendance will make the decision.

9.3 **RIDDOR** requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work. Injuries to pupils and visitors who are involved in an accident at school or an activity organised by the school are only reportable to RIDDOR if the accident results in:

- The death of the person arising out of or in connection with a work activity;
- An injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute as treatment)

If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is not reportable**.**

9.4 In addition, Ofsted and the local child protection agency must be notified within 14 working days of any serious accident, injury or death of a child in Nursery which occurs within the Nursery setting.

# 10. Review of Accidents

10.1 A summary of all Health and Safety accidents/injuries will be compiled by the Health and Safety Co-ordinator on the approved form and emailed to Exec each half term. The Bursar is responsible for reporting serious accidents to the school insurers and the Health and Safety Co-ordinator is responsible for reporting serious accidents to RIDDOR. Any serious accidents which take place in the Nursery setting outside term time, will be reported to RIDDOR by the Nursery Manager. The Nursery Manager is responsible for reporting serious accidents, injuries or death to Ofsted and the local child protection agency.

10.2 The Health and Safety Coordinator may be asked to investigate accidents and incidents if further information is required.

10.3 There will be a half termly review by Exec of all reported accidents which will enable the school to ensure there is appropriate First Aid provision across the site and to address any health & safety issues (Accident/Incident & Injury Reports).

10.4 Separate health and safety procedures raise awareness of hazards specific to the teaching of different subjects and to possible hazards in different working areas.

10.5 Permission for emergency treatment to be given to pupils in the event that a parent cannot be contacted is sought in writing when the child enters the nursery or school by the parents completing and signing the Abbot's Hill Confidential Health Questionnaire.

# 11. Confidentiality

11.1 All pupil medical records are stored on the medical module of SchoolBase and are only disclosed on a 'need to know' basis. However, the School Nurse will collate the

necessary information from these records and display this on the staff intranet Medical page (Intranet - … \Support\Medical) and Medical Noticeboards with parents' consent.

11.2 Medical information for children in Nursery will be uploaded to the medical module of SchoolBase by the School Nurse which will be accessible at all times to the Nursery Manager and Deputy Nursery Manager.

# 12. Notices & Communication

12.1 Medical Notice Boards are located in the following areas in addition to the Medical page on the staff intranet:

- The Nursery Staff Room
- The Prep School Staff Room
- Stable Block (Food Technology Office)
- Davidson Block (English Office)
- Dickinson Building (PE Office)
- Science Block (staff room)
- Senior School Staff Room Kitchen
- Catering
- Main Reception (rear office)

12.2 A list of duty qualified first aiders, their internal telephone numbers and usual location is displayed in appropriate locations around the site and is published on the school intranet: Duty First Aiders Telephone List.docx.

12.3 Medical notice boards, medical page on staff intranet, staff meetings and individual briefings for appropriate members of the Nursery team/ class teachers/Form tutors are the medium whereby members of staff are informed of significant illnesses/conditions of pupils for risk assessment purposes. CPOMS is used to convey and store important written messages about an individual pupil.

12.4 The School Nurse will display the names and photographs of pupils with medical conditions which may require emergency intervention or treatment on each of the medical notice boards which will also be available on the intranet. For children in Nursery, the Deputy Manager will be responsible for displaying such information.

12.5 Examples of such conditions include but are not limited to:

- Anaphylaxis
- Diabetes
- Cystic Fibrosis
- Epilepsy
- Asthma

12.6 In addition, Emergency Procedure guidelines are displayed on the Medical Noticeboards and intranet for such conditions the school is at that time currently supporting.

# 13. Supporting Pupils at School with Medical Conditions

**See section 3 and 4 regarding Roles and Responsibilities and Training**
**See section 6.5 for Documentation and Record Keeping.**

13.1 **Pupil Records**

Pupil medical records are stored electronically and securely on SchoolBase. Medical information provided to the school for each pupil is stored securely on SchoolBase,

including a copy of the Confidential Health Questionnaire completed by parents when a pupil joins the school. Any further medical information supplied in paper format is scanned and uploaded to SchoolBase. Parents are required to review their child's medical information via the Parent Portal (MSP) annually and provide any changes / updates. Parents are required to notify the School Nurse of any changes to medical information that happens throughout the year to ensure medical records are contemporaneous (see section 3.8).

13.2 **Individual Healthcare Plans (IHCP)**

13.2.1 An Individual Healthcare Plan (IHCP) will be developed in collaboration with the
13.2.2 pupil, parents/carers, and relevant internal and external professionals, for all pupils that have a specific health/welfare need.
13.2.3 For those pupils with asthma and/or anaphylaxis, health care plans are required to be provided by their GP or health care specialist and reviewed annually, as recommended by National Institute for Clinical Excellence and the British Society for Allergy and Clinical Immunology.
13.2.4 IHCPs will be easily accessible whilst preserving confidentiality and with the consent of parents and the pupil.
13.2.5 IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
13.2.6 Where a pupil has an Individual Education Plan or Pastoral Action Plan, the IHCP will be linked to it or become part of it. Pupil Passports bring pertinent SEND, Pastoral and Medical information together in one place.
13.2.7 Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with professionals to ensure that the IHCP identifies the support the child needs to reintegrate.
13.2.8 All Individual Healthcare Plans (IHCP) will be discussed with the Trip First Aider in the initial planning meeting to ensure needs can be met.
13.2.9 Individual Healthcare Plan (IHCP) will include:

- Name and date of birth
- Known allergies
- Medical conditions, triggers, signs, symptoms and treatment which may require emergency intervention
- Details of current medications used in an emergency situation
- Details of current medications which are self-administered
- Indication of any specific health management required for the pupil whilst in school, including reasonable adjustments and any restriction to activities
- Any other SEN

# 14. Medication

14.1 If parents have signed a consent form the school will administer 'home remedies' such as paracetamol and antihistamine for ad-hoc minor ailments during the school day and on school trips if it is within the best interests of the child. Prescribed medicines should be administered at home wherever possible and will only be administered in school if it will be detrimental to the child's health or school attendance not to do so, and only with signed parental consent.

14.2 The parents/carers of the child must complete and sign a Medication Consent Form for all medication to be taken at school. These can be found on MSP and are also available in hard copy from the Nursery Office and Main Reception.

14.3 No child will be given any medicines without written parental consent except in exceptional circumstances. Prescribed medicines must only be administered to the person for whom they have been prescribed, labelled and supplied.

14.4 Medicines must be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions.

14.5 Medicines which do not meet these criteria will not be administered.

14.6 Pupils and staff may only consume controlled drugs in the manner in which they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our **Alcohol, Smoking, Substances and Illegal Drugs Policy**.

14.7 All pupils know where their medication is stored so that they can access them easily. In the case of Nursery children, the child's Key Person knows where individual emergency medication is stored. This is readily accessible to adults, whilst being safe from children.

14.8 The pupils with medical needs such as Diabetes, Asthma and allergies, must carry their emergency medications safely themselves. For children in Nursery, such medication is kept readily accessible within the child's room and is taken by the adult with responsibility for them when moving around the Nursery, school grounds or an educational visit.

14.9 Emergency medications, for example, EpiPens/Jext adrenaline devices are stored in named boxes, in un-locked cupboards in the Main School Office or the child's room within the Nursery so that they are easily available and accessible at all times to the pupils and staff. Pupils will never be prevented from accessing their medication.

14.10 Medication will be securely stored in the Health Centre for pupils from Reception to Year 11.

14.11 Prescribed medicines and Health Centre stock medicines for minor ailments are kept separately to minimise the risk of drug errors.

14.12 Medication for minor ailments is kept in secure medical cabinets located in the following areas: -

- Prep PA's Office
- Main School Office
- PE office
- Food Technology Office

14.13 Medication within the Nursery is kept securely within the Nursery Office, either in a locked cupboard or in the medical fridge as is appropriate to the medication.

14.14 A supply of Paracetamol caplets/tablets, Paracetamol oral suspension (250mg/5ml), infant Paracetamol suspension (120mg/5ml), Anti-histamine tablets and liquid, Throat Lozenges, First Aid plasters have been purchased for the treatment of minor ailments.

14.15 Any pupil medications left over at the end of the prescribed course or the academic year will be returned to the child's parents via collection from Main Reception or disposed of accordingly.

14.16 Records will be kept of any medication received by the school, administered to children and medicine returned to parents or disposed of. (See Medication Procedures).

14.17 Responsibility cannot be taken by Abbot's Hill School for side effects that occur when medication is taken following the directions supplied. Any discrepancies between the administration instructions displayed on the medication packaging or prescription and parents' instructions for dosage will be resolved by the School Nurse.

14.18 Generic Inhalers and Epipens are now available for the school to purchase for use in emergency. Separate protocols are in place for these.

14.19 Medications for school trips will be clearly labelled including the dose and time for administering.

14.20 Medications will be returned to parents at the end of the school trip unless it needs to be returned to the Health Centre. Guidance will be marked on each medication bag for ease.

# 15. Mobility Aids

15.1 Due to the nature of the school facilities and expanse of the grounds, it is important that pupils use mobility aids (such as crutches, arm slings, etc.) only when directed by a clinical physician.

15.2 When a pupil is temporarily required to use mobility aids due to an injury or surgical procedure, the school needs to be informed by parents as soon as possible. Before the pupil can return to school safely, a risk assessment will be carried out by the School Nurse and reasonable adjustments put in place to minimise risk to the pupil, other pupils and staff.

15.3 If a pupil will be required to use mobility aids long term, a meeting will be arranged with parents to fully understand and assess the pupils' needs, discuss the adjustments which can reasonably be made, and assess whether the school can cater adequately for the pupil.

15.4 Pupils needing mobility aids are Risk Assessed by the School Nurse before the pupil is allowed to walk around the school site.

15.5 Pupils attending a School Trip must have the risks assessed and addressed on the Trip Risk Assessment.

# 16. Emergency Treatment

16.1 Medical emergencies will be dealt with under the School's Emergency Procedures. Pupils will be informed in general terms of what to do in an emergency such as telling a teacher. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

16.2 Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency?
- What to do in an emergency?

16.3 Specific training is provided to staff on how to assist with and/or provide emergency treatment in the cases of: an exacerbation of asthma, anaphylaxis, diabetic hypoglycaemia, epileptic seizures.

# 17. Infection Control

17.1 **Preventative measures**

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

Advice will be provided to staff, on a day-to-day basis, helping to minimise the spread of infection; summarising, for the main infections, any action required and when parents should be notified and contact details will be provided, should more advice be needed on communicable disease matters.

17.2 **How infections spread**

Infections are spread in many different ways but the most important of these are through:

- **Respiratory spread -** Contact with droplets or other secretions from an infected person, either from the atmosphere, or by touching an infected item or surface and then touching your nose or mouth, for example, influenza.
- **Direct contact spread -** Direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and in gyms, for example, impetigo.
- **Gastrointestinal spread -** Contact with contaminated food or water, for example, hepatitis A, contact with infected faeces or unwashed hands after using the toilet, for example, typhoid.
- **Blood borne virus spread -** Contact with infected blood or bodily fluids, e.g. (hepatitis B).

17.3 **Notifiable diseases and outbreaks**

17.3.1 Certain diseases are referred to as “notifiable diseases” for which there is a statutory duty for Registered Medical Practitioners to report confirmation or suspicion of to Public Health England (PHE). Schools are encouraged to notify their local Health Protection Team (HPT) if they have been made aware of a case of a notifiable disease in school and must report any suspected outbreak.

17.3.2 If an outbreak or incident is suspected, baseline infection prevention and control measures will be reviewed and reinforced. This will include:

- encouraging all staff and students who are unwell not to attend school/work
- ensuring all eligible groups are enabled and supported to take up the offer of national immunisation programmes including coronavirus (COVID-19) and flu
- ensuring occupied spaces are well ventilated, let fresh air in reinforcing good hygiene practices, such as regular hand washing and frequent cleaning
- communication to relevant parents and staff to raise awareness of the outbreak and to reinforce key messages, including signs and symptoms, exclusion periods, and hand and respiratory hygiene measures

17.3.3 An outbreak or incident may be defined as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

17.3.4 Most outbreaks of infectious diseases in school can be managed by reviewing and reinforcing infection prevention and control measures. However, specialist advice from the local Health Protection Team will be sought in the following circumstances:

- a higher than previously experienced and/or rapidly increasing number of staff or child absences due to acute respiratory infection or diarrhoea and vomiting
- evidence of severe disease due to an infection, for example if a child or staff member is admitted to hospital
- more than one infection circulating in the same group of children and staff, for example chicken pox and scarlet fever
- an outbreak or single incidence of serious or unusual illness, such as tuberculosis (TB), whooping cough, Coronavirus

17.3.5 The personal details of any individuals identified with an infectious disease are treated in strict confidence. Communication distributed during an outbreak will never name cases or give out personal details.

17.3.6 The full list of notifiable diseases can be found here:- Notifiable Diseases

17.3.7 If an outbreak takes place on a school trip, a Critical Incident Meeting must be called immediately.

17.4 **Pregnancy**

It should be noted that the greatest risk to pregnancy from such infections comes from the person's own household rather than the workplace. However, if a rash develops, or there has been direct contact with someone with a rash who is potentially infectious, the doctor or midwife managing the person's ante-natal care should be consulted.

17.5 **Isolation**

17.5.1 Prompt isolation is essential for preventing the spread of infection in school. Pupils identified as suffering from key symptoms of infectious diseases will be sent home to isolate by the School Nurse or First Aider. Symptomatic staff will be sent home by their Line Manager. Pupils and staff will be advised to seek appropriate medical assessment and diagnosis.

17.5.2 Prompt isolation is also essential on a school trip and the pupil collected as soon as possible.

17.5.3 Pupils and Staff sent home with a fever of unknown origin will be required to not return to school for a minimum of 24 hours after the fever has resolved.

17.5.4 Pupils and staff with vomiting and/or diarrhoea illness will be required to isolate and not return to school for a minimum of 48 hours after the last episode of vomiting or diarrhoea.

17.5.5 For all other infectious diseases, the minimum isolation period advised will be as recommended by Public Health England in the following exclusion table: Exclusion Table for Infectious Diseases

17.5 **Enhanced cleaning during an outbreak of infection**

In the event of an outbreak of infection, enhanced and more frequent cleaning will be carried out to help reduce transmission. Risk Assessments carried out will inform cleaning schedules and areas which may require particular attention, especially door handles, handrails, taps, toilet flush handles and communal areas. Dedicated cleaning equipment is colour coded according to area of use.

17.6 **Personal protective equipment (PPE)**

Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles or visor if there is a risk of splashing to the face.

17.7 **Handwashing**

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Staff and pupils are advised to wash their hands after using the toilet, before eating or handling food and after touching animals.

17.8 **Coughing and sneezing**

Coughs and sneezes spread diseases. Pupils and staff are encouraged to cover their mouth and nose with a disposable tissue or the crease of their elbow and wash hands after using or disposing of tissues. Any form of spitting, except in medical emergencies (such as a nose bleed), is not tolerated. Secretions of the mouth should be removed using a tissue and disposed of. Hands should be washed immediately afterwards.

17.9 **Human and animal bites**

If a bite does not break the skin:

- Clean with soap and water.
- No further action is needed.

If a bite breaks the skin:

- Clean immediately with soap and running water.
- Record incident in accident book.
- Seek medical advice as soon as possible (on the same day).

17.10 **Sharps**

17.10.1 Pupils and staff administering their own medication in school via hypodermic needle will carry their own small sharps disposal bins. Larger sharps disposal bins are also available in the Health Centre and the Nursery.

17.10.2 If a pupil or member of staff were to find a discarded hypodermic needle, a sharps disposal bin should be brought to the discarded needle and handled carefully with disposable gloves. This should be reported to the School Nurse and Health and Safety co-ordinator immediately for investigation and mitigation.

17.10.3 Any other sharps that have caused an injury which breaks the skin should either be sanitised in a dishwasher at minimum 60oC before being used again or disposed of carefully in a yellow sharps container to prevent cross contamination of blood born disease.

17.10.4 If someone pricks or scratches themselves with a used hypodermic needle:

17.10.5 wash the wound thoroughly with soap and water

17.10.6 cover it with a waterproof dressing

17.10.7 record it on an accident form and SchoolBase

17.10.8 seek immediate medical attention from your local Accident and Emergency department

17.10.9 Minor sharps injuries caused by clean cooking or creative utensils should be treated by a qualified First Aider wearing disposable gloves.

17.10.10 Severe sharps injuries or any sharps injury caused by dirty or broken items, such as tools, glass, rusty objects, should be treated first by a qualified First Aider wearing appropriate PPE, and then referred on for further medical attention either by GP, Minor Injuries Unit or A&E. Such injuries carry increased risk of infection and retained fragments of the Sharps material. Tetanus booster may also be required.

17.11 **Blood and body fluid spills**

17.12.1 When managing injuries or incidents involving bodily fluids, such as blood, vomit, urine or faeces, the appropriate personal protective equipment must be used. All cuts and abrasions should be covered with a waterproof or absorbent dressing until they are completely dry.

17.12.2 All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE and using disposable paper towels.

Cleaning materials should be disposed of using a yellow biohazard bag and then placed in one of the yellow clinical waste bins.

17.12.3 Domestic staff can be called upon to manage large spillages of bodily fluids safely using a product which combines detergent and disinfectant. Spillage kits are available in the Health Centre and from domestic staff.

17.12.4 All sanitary facilities in school have a hand wash basin with warm running water along with a hypoallergenic liquid soap, and disposable paper towels. Toilet paper is available in each cubicle and replenished regularly. Sanitary disposal bins are provided in all female staff toilets and in female toilets used by juniors and senior pupils.

17.12.5 Managing nappies and continence aids. In the Nursery there are designated nappy changing areas with hand washing facilities. Soiled nappies are disposed of in yellow clinical waste bins. Changing mats are sanitised after each use and are monitored for any tears or degradation of wipe-clean material. Potties are emptied into the toilet, sanitised after each use and stored upside down when not in use.

17.12.6 Staff are not permitted to assist parents in the collection of samples of bodily fluids or faecal matter. This poses an infection risk to staff and also a cross-contamination risk to the sample as staff work with several children.

17.12.7 Pupils who use continence aids (for example, continence pads, catheters) are encouraged to be as independent as possible. Where assistance is required, disposable apron and gloves will be worn by the assisting member of staff.

17.12 **Laundry and dealing with contaminated clothing/linen**

17.13.1 Laundry facilities are located in the Nursery, the Stable Block and in the Main House for laundering of catering linen, bed linen and cleaning materials, such as dust cloths and mop heads. All laundering is carried out at a minimum of 60$^{o}$C. Any laundry contaminated with bodily fluids is sealed in a red dissolvable strip laundry bag and is placed directly into the machine without unsealing to minimise handling and cross-contamination.

17.13.2 Should the clothing of either the child or the first-aider become contaminated with blood or body fluids, clothing should be removed as soon as possible and placed in a plastic bag. This will be taken home by the child or member of staff and they should be advised to launder the contaminated clothing at a minimum of 60$^{o}$C degrees Celsius.

17.13 **Vulnerable groups at particular risk from infection**

17.14.1 If a child known to have impaired immunity is thought to have been exposed to an infectious illness parents will be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.

17.14.2 All staff will be alerted via email by the School Nurse when it becomes known that there is a case of an infectious disease in the school community so any member of staff who is immunocompromised can take necessary action.

17.14 **Immunisations**

17.15.1 Parents are requested to inform the school of their child's immunisation status at school entry on the Confidential Health Questionnaire. Staff are encouraged to

17.15.2 ensure they are up-to-date with their own immunisations and to speak with their GP if they feel they are missing any.

17.15.3 The regional immunisation nursing team attend the school periodically throughout the year to deliver the national immunisation programme, including immunisation

for nasal flu, human papilloma virus (HPV), diphtheria, tetanus, polio boosters and meningitis strains AWCY.

17.15 **Cleaning**

17.16.1 Throughout the school there are daily, weekly and periodic cleaning schedules. Responsibility for cleaning lies with the Domestic Bursar who determines the cleaning requirements and manages any cleaning contracts.

17.16.2 The Domestic Bursar has overall responsibility for ensuring all cleaning and food handling staff have the necessary training required to comply with H&S regulations, COSHH and the correct use of PPE.

17.16.3 A colour coded system for all non-disposable cleaning materials and equipment is used as recommended by the Health and Safety Executive.

17.16.4 Cleaning solutions are stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly.

17.16.5 The Nursery Manager, phase leaders for areas with toys has overall responsibility for ensuring that appropriate schedules and procedures are in place for the regular cleaning of toys. Soft modelling clay and play dough is replaced frequently. Sandpits are securely covered when not in use to protect contamination by wildlife. Water playtroughs and receptacles are emptied, cleaned and dried after use daily. Children are prompted to wash their hands immediately after playing with play dough, sand or water.

17.16 **Food handling staff**

Food handling staff are strictly forbidden from attending work/school if they are suffering from any diarrhoea and / or vomiting illness, and not return until at least 48 hours post recovery (after no further diarrhoea or vomiting). The Domestic Bursar or Head Chef will contact the Environmental Health Department immediately if they are informed of a member of food handling staff who has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning.

17.17 **Animals**

17.18.1 If pets or animals will be in contact with pupils for the purposes of enhanced learning, a risk assessment must be completed and permission from the Head must be sought before any animals are allowed on site.

17.18.2 A member of staff will be designated to take overall responsibility for the supervision, health, care and wellbeing of any pets or animals in school or within the school grounds.

17.18.3 Animals will always be supervised when in contact with the children and those handling animals will be advised to wash their hands immediately afterwards.

17.18.4 Any pregnant persons should seek advice from their midwife or GP before handling any animals.

17.18 **Infection Control on Educational visits**

17.19.1 The Educational Visits Co-ordinator has overall responsibility for ensuring that risk assessments relating to infection control are carried out before each trip. Special consideration for infection control risks should be made for any trips involving contact with animals or the participation in water-based activities.

17.19.2 Anyone taking part in water-based activities who becomes ill within 3 to 4 weeks of the activity is advised to seek medical advice and ensure the treating doctor is made aware of the child's participation in these activities.

17.19.3 Children are advised not to swim in the school pool or public swimming pools for 2 weeks following any diarrhoea and/or vomiting illness.

17.19 **Contacts**

For medical related infection control queries, including infectious diseases, contact the School Nurse on x220 / 01442 839120.

For all infection control matters relating to general Health and Safety, contact the Health and Safety Co-ordinator on x227 / 01442 839127.

**Signed:**

**Mrs Kathryn Gorman**
**HEAD**

Issue Date: September 2023
Review Date: September 2024 or earlier if major change requires

# Annexe A: Qualified First Aiders/Life Saver Training Log

Qualified First Aiders Log.docx

# Annexe B: Location of First Aid Kits

| No | Location | Department |
|---|---|---|
| 1 | The Hollies | ASC |
| 2 | EYFS/Infants Block | Boot room |
| 3 | Junior Block | Junior Entrance Lobby |
| 4 | Prep | Kitchen |
| 5 | Stable Block | Outside History Office/Staff Room |
| 6 | Stable Block | Home Economics |
| 7 | Davidson | Corridor next to Fire Exit |
| 8 | Science Block | Biology Laboratory |
| 9 | Science Block | Chemistry Laboratory |
| 10 | Science Block | Physics Laboratory |
| 11 | Science Block | General Science Laboratory |
| 12 | Dickinson | First Floor by Lift |
| 13 | Dickinson | Outside Drama Studio |
| 14 | Dickinson | PE Office |
| 15 | Prep New Building | DT Room |
| 16 | Main House | Main Reception |
| 17 | Grounds | PE Shed |
| 18 | Grounds | Swimming Pool Shed |
| 19 | Car Park | Peugeot Minibus - AH51 BUS |
| 20 | Car Park | Ford Minibus – AH52 BUS |
| 21 | Car Park | Citroen Minibus – AH53 BUS |
| 22 | Grounds/Bothy | Grounds/Premises Staff Bothy |
| 23 | Catering Office | Catering Office |
| 24 | Pastoral Hub | Pastoral |
| 25 | Car Park | Minibus – New |
| 26 | Top Flat | Kitchen |

The First Aid Boxes/Kits are checked each term and replenished. Please inform the School Nurse if any supplies are becoming low.

Only official numbered first aid kits are maintained by the School Nurse. First aid kits not supplied and maintained by the School Nurse should not be used as supplies may be out of date or not of satisfactory quality.

There is a full Critical Incident First Aid Kit in Main Reception which is taken out to the assembly point for all evacuations.

# Annexe C: Head Injury Protocol

**Minor Head Injury – alert and fully responsive**
A minor head injury often just causes bumps or bruises on the exterior of the head.
Other symptoms may include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Reported mild dizziness, with no observed balance issues

Treatment in school:

- Pupil to be assessed by qualified First Aider or the School Nurse
- **Remove from play immediately if participating in physical activities and rest**
- Paracetamol if needed for pain relief
- Ice pack to swelling
- Observation
- Accident form to be completed by witnessing member of staff or staff member first to scene and white copy to be sent home with the pupil for parents.
- Prep school pupils to receive a pink wristband to inform staff they have had a head injury so staff continue to monitor throughout the day.
- If assessed by the School Nurse a Treatment Summary and Head Injury advice sheet will be emailed to parents.

**Concussion – diagnosed or suspected** "If in Doubt, Sit it Out"
A concussion is a type of minor traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth, causing temporary and most often short-lived, loss of mental function. It is the most common but least serious type of brain injury.

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of the pupil. The majority (80-90%) of concussion symptoms resolve in around 7-10 days, with around 1/3 of the symptoms resolving within 1 - 2 days. However, the cumulative effects of further head injury before being fully recovered from concussion can be permanently damaging. This protocol should be followed in conjunction with the UK Concussion Guidelines for Non-Elite (Grassroots) Sport (April 2023):
http://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf

Symptoms include:

- Headache – moderate to severe, or mild if accompanied with any of the below:
- Dizziness/unsteady on legs
- Drowsiness/feeling "in a fog".difficulty concentrating
- May or may not have lost consciousness
- Vacant expression/looking dazed
- Vomiting
- Slow reactions
- Inappropriate or abnormal emotions – irritability/nervous/anxious
- Confused/disorientated
- Loss of memory of events leading up to and after the concussion

If any of the above symptoms occur, the pupil must be seen by a medical professional in A&E, minor injuries or the GP surgery, whichever is most appropriate at the time.

Treatment in School:

- Remove the pupil from physical activities immediately and not to resume activities
- Ice pack
- If safe to do so, have the pupil escorted to the School Nurse. If not, call School Nurse (or First Aider) to attend
- Accident form to be completed and top copy given to child for parents
- Rest and sleep as needed for the first 24-48 hours
- Minimise electronic screen use for at least 48 hours (phones, tablets, PCs)
- Simple painkillers such as Paracetamol
- Close observation for 48 hours
- Parents to be informed as soon as is safe to do so, and pupil to be collected and taken for medical assessment or assessment by 111 within 24 hours
- Head Injury advice sent to parents via email

If concussion is diagnosed or continues to be suspected, Graduated Return to Play Programme to commence on pupil's return to school.

**Severe Head Injury – reduced consciousness**

A severe head injury will usually be indicated by one or more of the following symptoms:

- Loss of consciousness/confusion or drowsiness
- Loss of balance or difficulty in walking
- Loss of power in arms/legs
- Slurred speech
- Difficulty in understanding what people are saying
- Amnesia/memory loss
- Bruising around eyes/behind ears
- Clear fluid leaks from nose or ear
- Significant visual disturbance – blurred or double vision
- Severe headache not eased by pain relief
- Vomiting more than once
- Seizure

If any of the above symptoms are displayed do not move the child, call 999, and call the School Nurse (7007) or a First Aider to attend immediately.

Treatment in school:

- If neck injury is suspected or the pupil is unconscious do not move the child
- Call 999 for ambulance
- Ask another member of staff or pupil to call the School Nurse (x7007) to attend
- Notify parent by phone as soon as it is safe to do so
- Complete accident form as soon as possible and send white copy with the child

Graduated Return to Play Programme to be in place with phased return to school for first two weeks (longer if advised by doctor).

**Graduated Return to Play Programme:**

The routine return to play programme has been agreed across sports and reproduced as national guidelines for the Education Sector endorsed by the Department of Health and the Department for Education. Additional examples have been added to the following programme to ensure applicability for Abbot's Hill School.

| Stage | Aim | Activity | Goal | Time | If any symptoms occur while progressing through the stages, the pupil should rest for a minimum of 48 hours until symptom-free and return to the previous stage. |
|---|---|---|---|---|---|
| **1** | Initial rest – physical and cognitive | No exercise. Minimise screen time. Consider time off school for full rest. | Recovery | 24-48 hours | |
| **2a** | Relative rest – symptom limited activities | Initially daily activities that do not provoke symptoms. Consider additional time off school or phased return to school if required. Limit screen work at school and reduce homework load to allow for good rest at home. | Return to normal activities as symptoms permit | Min 2 weeks (inc stage1) | |
| **2b** | Light aerobic exercise | Resume full academic programme. Brisk walking or stationary cycling at a slow to medium pace. No resistance training. | Increase heart rate | Min 48 hours | |
| **3** | Sport specific exercise | Running drills, dance, swimming. No head impact activities including: ball sports, tumbling/gymnastics, and trampolining. | Add movement | Min 48 hours | |
| **4** | Non-contact training drills | Harder training drills, e.g. passing drills, HRF, athletics. May start progressive resistance training. | Exercise, coordination and cognitive load | Min 48 hours | |
| **5** | **Review by a doctor must be carried out before moving to stage 5.** | | | | |
| | Full contact sport | Following medical review, participate in normal training activities. | Restore confidence and assess functional skills by coaching staff | Min 48 hours | |
| **6** | Return to sport | Normal game play. | Exercise, coordination and cognitive load | | |

After a concussion the brain needs to rest, so initially the player should rest from all physical and brain activities such as; exercise, reading, television, computer, video games and smart phones. Sleep is good for recovery. However, too much complete rest is thought to delay recovery, so returning to light activities of daily living as soon as the symptoms have started to reduce is advised. No more than 24hrs complete rest is all that is needed in most cases.

**References:**

Concussion guidelines for the education sector June2015.pdf.
England Rugby Concussion Management Guidelines

UK Concussion Guidelines for Non-Elite (Grassroots) Sport (April 2023)
http://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf

# Annexe D: Procedure for Use of Automated External Defibrillator (AED)

**AED Locations – Main House Courtyard, outside Premises office**
**Dickinson Building, outside Sports Hall under the Canopy**

A defibrillator/AED can be used safely and effectively without previous training. All AEDs analyse the victim's ECG and are safe computerised devices that deliver electric shocks to victims of cardiac arrest when the ECG rhythm is one that is likely to respond to a shock. Simplicity of operation is a key feature, voice and visual prompts guide rescuers.

Any staff member who has been trained to use an AED (through the school or externally) may use the machine provided they feel confident and competent to do so. However, in an emergency situation where there is no trained person present, any untrained person may also use the AED and should follow the voice instructions.

**An AED should be applied to any casualty who is unresponsive and not breathing.**
**Sequence of actions when using an AED**

1. Make sure the casualty, any bystanders, and yourself are safe from hazards.

2. If the casualty is unresponsive and not breathing:
    - Send someone for the AED and to call 999 for an ambulance.
    - If you are on your own do this yourself; you may need to leave the casualty.

3. Start CPR according to the guidelines for Basic Life Support

4. As soon as the AED arrives: The AED can only be used on a person over the age of 1.
    - Select Adult/Child mode, Child mode age 1 – 8, Adult 8+
    - Place the AED near the casualty's head and switch on the AED.
    - Follow the voice / visual prompts.
    - In the AED accessory bag, you will find scissors, a razor and a towel to wipe the chest dry enabling good attachment of the pads
    - Remove all clothing from neck to waist.
    - The casualty's chest must be sufficiently exposed to enable correct pad placement. Chest hair will prevent the pads adhering to the skin and will interfere with electrical contact. Shave the chest only if the hair if excessive.
    - If the casualty is wet dry their chest so that the adhesive defibrillator pads will stick.
    - Attach the electrode pads. If more than one rescuer is present, continue CPR whilst this is done. It is important that the pads do not touch, if a child is very small place one pad over the heart and the second directly opposite on their back.
    - Ensure that nobody touches the casualty whilst the AED is analysing the rhythm.

5. If a shock is indicated:
    - Ensure that nobody touches the casualty.
    - Push the shock button as directed / some AEDs will deliver the shock automatically.
    - Continue as directed by the voice / visual prompts.

6. If no shock is indicated:

- Immediately resume CPR using a ratio of 30 compressions to 2 rescue breaths.
- Continue as directed by the voice / visual prompts.

7. Continue to follow the AED prompts until:
    - Qualified help arrives and takes over.
    - Casualty starts to breathe normally, OR
    - You become too exhausted to continue.

# Annexe E: Protocol for Emergency EpiPen

Since 2017, UK schools can purchase and administer “spare” adrenaline auto-injector (“AAI”), obtained without prescription, for use in emergencies, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. At Abbot’s Hill there are 5 Emergency EpiPen’s in the following locations:

- Main Reception
- Prep Kitchen (Junior EpiPen)
- PE Office
- Pastoral Hub
- Stable Block

Pupils who have been prescribed an AAI must carry a minimum of 2 AAI devices with them at all times. Alternatively, they may carry one and leave one spare in Main Reception where it can be accessed at any time. The spare Emergency EpiPens are for circumstances where a pupil’s device has malfunctioned/misfired, has been misplaced during the school day, or if the pupil’s own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

**The Emergency EpiPen kit includes:**

- EpiPen adrenaline auto-injector 0.3mg (0.15mg Junior in Prep Kitchen)
- Emergency protocol for recognising and treating anaphylaxis
- Record of Administration book
- List of pupils who are permitted and have consent to receive emergency EpiPen

**The School Nurse will ensure that:**

- Emergency EpiPens are checked on a half-termly basis to ensure they are present, unopened and within expiry date.
- Replacement EpiPens are ordered as soon as one is used or is due to expire within the following half-term.

The **staff using/assisting** a pupil to use the Emergency EpiPen will ensure:

- They strictly follow the Emergency Protocol for Anaphylaxis, **including calling 999 and saying “anaphylaxis” to the call handler.**
- They complete all documentation provided in the kit.
- They inform the School Nurse that the Emergency EpiPen has been used so a replacement can be ordered.

AAIs are single-use and operate using a “safe sharps” mechanism to prevent needlestick injuries, therefore the risk of cross-infection is very low. However, if a pupil or member of staff inadvertently misfires the device causing a break to the skin, they should be assessed in the nearest Urgent Care Centre or A&E.

**Emergency Protocol for Anaphylaxis**

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**ACTION:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

## Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

| | |
|---|---|
| AIRWAY: | Persistent cough<br>Hoarse voice<br>Difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing<br>Wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness<br>Becoming pale or floppy<br>Suddenly sleepy, collapse, unconscious |

**IF ANY ONE (or more) of these signs are present:**

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

**After giving Adrenaline:**

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

# Annexe F: Protocol for Emergency Inhalers

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two pupils with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions every year in the UK for asthma amongst pupils.
From 1 October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.
**The emergency salbutamol inhaler should only be used by pupils, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**
It is vital that all pupils carry their own inhaler at all times. This inhaler should always be in date. Spot checks will be carried out. Pupils **may** keep a spare inhaler in school and this should be left in either the Prep School Office or Main School Reception.
The emergency inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, finished or empty)

**Educational Visits**

The pupil must carry their own inhaler. The emergency inhaler will be taken as the spare for all children. This will be carried by the First Aider.

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers is in line with the school's policy on supporting pupils with medical conditions.
- A register of pupils in the school that have been diagnosed with asthma or prescribed a reliever inhaler is kept with the emergency inhaler.
- A written parental consent for use of the emergency inhaler is included as part of a pupil's individual healthcare plan.
- We ensure that the emergency inhaler is only used by pupils with asthma with written parental consent for its use.
- We offer appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- We keep a record of use of the emergency inhaler and inform parents or carers that their child has used the emergency inhaler.

**The emergency kit**

The emergency asthma inhaler kit includes:

- A salbutamol metered dose inhaler.
- Two disposable spacers compatible with the inhaler.
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information.
- A checklist of inhalers, identified by their batch number and expiry date, with half-termly checks recorded.
- A note of the arrangements for replacing the inhaler and spacers.
- A list of pupils permitted to use the emergency inhaler as detailed in their individual healthcare plans.
- A record of administration (i.e. when the inhaler has been used).

**Location of Emergency Inhaler Kits**

PE Office
Main Reception
Prep School Office
Stable Block – Staff Room

Pastoral Hub

**Storage and care of the inhaler**

The **School Nurse** will ensure that:

- On a half-termly basis, the inhaler and spacers are present and in working order.
- The inhaler has sufficient number of doses available.
- Replacement inhalers are obtained as expiry dates approach.
- Replacement spacers are available.

The **staff using/assisting** a pupil to use inhaler will ensure:

- They complete all documentation provided in the kit
- They hand the form to the pupil to take home.
- They clean dry and return the plastic inhaler housing to storage
- They inform the School Nurse if the Emergency Inhaler has been used and if replacement parts are needed.

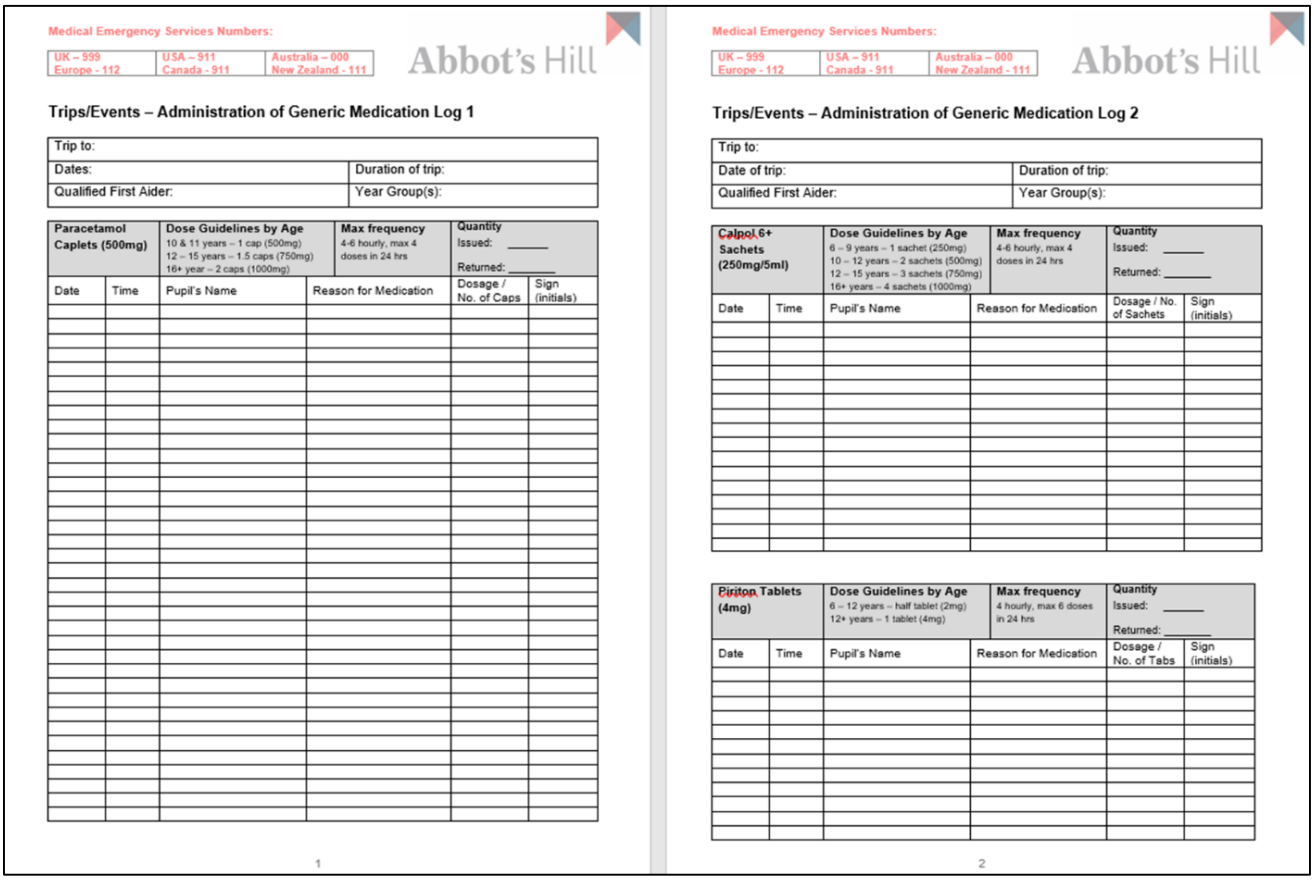
To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the pupil to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in a clean, safe place. The canister should be returned to the housing when it is dry, the cap is replaced and the inhaler is returned to the designated storage place.

If there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but should be passed to the nurse for disposal.

# Annexe G: Trips Generic Medication Log

[Trips Generic Medication Log.docx]



Medical Emergency Services Numbers:

| UK – 999<br>Europe - 112 | USA – 911<br>Canada - 911 | Australia – 000<br>New Zealand - 111 |
|---|---|---|

Abbot's Hill

**Trips/Events – Administration of Generic Medication Log 1**

| Trip to: | |
|---|---|
| Dates: | Duration of trip: |
| Qualified First Aider: | Year Group(s): |

| **Paracetamol Caplets (500mg)** | **Dose Guidelines by Age**<br>10 & 11 years – 1 cap (500mg)<br>12 – 15 years – 1.5 caps (750mg)<br>16+ year – 2 caps (1000mg) | **Max frequency**<br>4-6 hourly, max 4 doses in 24 hrs | **Quantity**<br>Issued: _____<br>Returned: _____ |
|---|---|---|---|

| Date | Time | Pupil's Name | Reason for Medication | Dosage / No. of Caps | Sign (initials) |
|---|---|---|---|---|---|
| | | | | | |

1

Medical Emergency Services Numbers:

| UK – 999<br>Europe - 112 | USA – 911<br>Canada - 911 | Australia – 000<br>New Zealand - 111 |
|---|---|---|

Abbot's Hill

**Trips/Events – Administration of Generic Medication Log 2**

| Trip to: | |
|---|---|
| Date of trip: | Duration of trip: |
| Qualified First Aider: | Year Group(s): |

| **Calpol 6+ Sachets (250mg/5ml)** | **Dose Guidelines by Age**<br>6 – 9 years – 1 sachet (250mg)<br>10 – 12 years – 2 sachets (500mg)<br>12 – 15 years – 3 sachets (750mg)<br>16+ years – 4 sachets (1000mg) | **Max frequency**<br>4-6 hourly, max 4 doses in 24 hrs | **Quantity**<br>Issued: _____<br>Returned: _____ |
|---|---|---|---|

| Date | Time | Pupil's Name | Reason for Medication | Dosage / No. of Sachets | Sign (initials) |
|---|---|---|---|---|---|
| | | | | | |

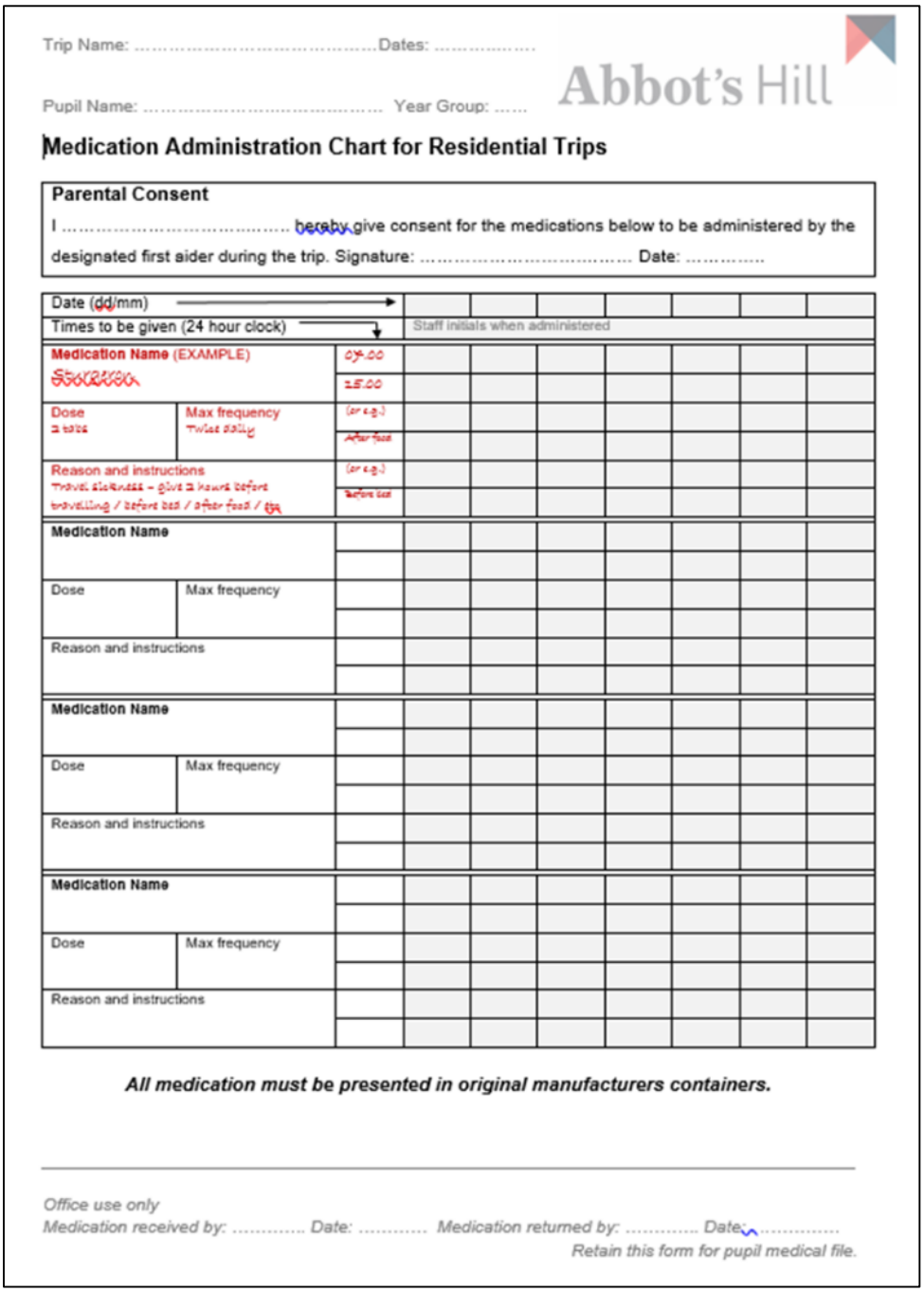
| **Piriton Tablets (4mg)** | **Dose Guidelines by Age**<br>6 – 12 years – half tablet (2mg)<br>12+ years – 1 tablet (4mg) | **Max frequency**<br>4 hourly, max 6 doses in 24 hrs | **Quantity**<br>Issued: _____<br>Returned: _____ |
|---|---|---|---|

| Date | Time | Pupil's Name | Reason for Medication | Dosage / No. of Tabs | Sign (initials) |
|---|---|---|---|---|---|
| | | | | | |

2

# Annexe H: Trips Medication Log and Consent Form

[Residential Trips Pupil Own Medication Consent Chart.docx]



Trip Name: ……Dates: ……

Abbot's Hill

Pupil Name: …… Year Group: ……

**Medication Administration Chart for Residential Trips**

**Parental Consent**

I …… hereby give consent for the medications below to be administered by the designated first aider during the trip. Signature: …… Date: ……

| Date (dd/mm) → | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Times to be given (24 hour clock) → | | Staff initials when administered | | | | | | |
| **Medication Name** (EXAMPLE) Sodium | 07.00 | | | | | | | |
| | 15.00 | | | | | | | |
| Dose: 1 tabs / Max frequency: Twice daily | (or e.g.) After food | | | | | | | |
| Reason and instructions: Travel sickness – give 1 hour before travelling / before bed / after food / tbc | (or e.g.) Before bed | | | | | | | |
| **Medication Name** | | | | | | | | |
| Dose / Max frequency | | | | | | | | |
| Reason and instructions | | | | | | | | |
| **Medication Name** | | | | | | | | |
| Dose / Max frequency | | | | | | | | |
| Reason and instructions | | | | | | | | |
| **Medication Name** | | | | | | | | |
| Dose / Max frequency | | | | | | | | |
| Reason and instructions | | | | | | | | |

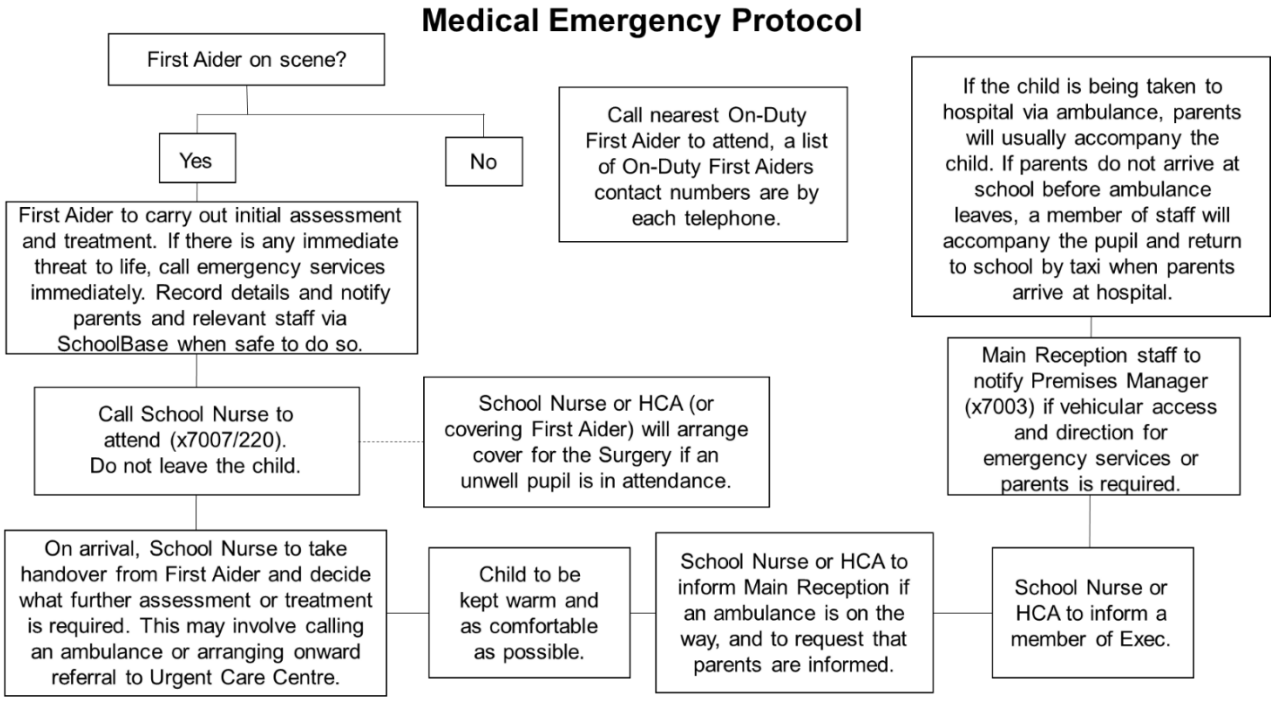
***All medication must be presented in original manufacturers containers.***

*Office use only*

*Medication received by: …… Date: …… Medication returned by: …… Date: ……*

*Retain this form for pupil medical file.*

# Appendix I: Medical Emergency Protocol



# Appendix J: Qualified First Aiders Log

| Name | | Qualification |
|---|---|---|
| Dione | Jewell | Paediatric First Aid |
| Julie | Picton | Paediatric First Aid |
| Clare | Turner | Paediatric First Aid |
| Molly | Fielding | Emergency First Aid at Work |
| Suzanna | Bennigsen | Emergency First Aid at Work |
| Lynne | Pateman | Emergency First Aid at Work |
| Sam | Scears | Emergency First Aid at Work |
| Peter | Braggins | Emergency First Aid at Work |
| Andrew | Hailey | Emergency First Aid at Work |
| Angela | Smith | Emergency First Aid at Work |
| Tim | Smith | Emergency First Aid at Work |
| Tamsin | Watts | Emergency First Aid at Work |
| Jackie | Dunsdon | Emergency First Aid at Work |
| Brian | Finn | Emergency First Aid at Work |
| Nigel | Kidd | Emergency First Aid at Work |
| John | Wesley | Emergency First Aid at Work |
| Katie | Stephenson | Emergency First Aid at Work |
| Caroline | Amoss | First Aid at Work |
| Jamie | Slater | First Aid at Work |
| Alison | Duffin | Emergency First Aid at Work |
| Caroline | Rochester | Emergency First Aid at Work |
| Carolyn | Jenks | Emergency First Aid at Work |
| Layla | Hewitt | Emergency First Aid at Work |
| Katy | Rowe | Emergency First Aid at Work |
| Mercedes | Varela | Emergency First Aid at Work |
| Helen | Ramsden | Paediatric First Aid |
| Lorraine | Rolfe | Paediatric First Aid |
| Gill | Rance | First Aid at Work |
| Nicola | Paddick | Emergency First Aid at Work |
| Deborah | Clark | Emergency First Aid at Work |
| Kim | Rovira | Emergency First Aid at Work |
| Suzanna | Wagle | Emergency First Aid at Work |
| Ashlea | Walters | Emergency First Aid at Work |
| Sarah | Daly | Paediatric First Aid |
| Katie | Biggs | Paediatric First Aid |
| Amy | Bowden | Paediatric First Aid |
| Nicole | Connolly | Paediatric First Aid |
| Paula | Game | Paediatric First Aid |
| Simone | Grace | Paediatric First Aid |

| | | |
|---|---|---|
| Jordan | Gray | Paediatric First Aid |
| Samantha | Johnson | Paediatric First Aid |
| Rebecca | Jordan | Paediatric First Aid |
| Mary | Keegan | Paediatric First Aid |
| Yuliia | Kosiei | Paediatric First Aid |
| Sarah | Lanchbery | Paediatric First Aid |
| Charlotte | Murray | Paediatric First Aid |
| Katie | Page | Paediatric First Aid |
| Matthew | Scears | Paediatric First Aid |
| Charis | Stacey-Wingrove | Paediatric First Aid |
| Fern | Thornberry | Paediatric First Aid |
| Georgia | Ward | Paediatric First Aid |
| Ashlea | Webb | Paediatric First Aid |
| Kelsey | Willoughby | Paediatric First Aid |
| Ellis | Wingrove | Paediatric First Aid |
| Bethany | Yiallouros | Paediatric First Aid |
| Caroline | Denn | Paediatric First Aid |
| Linda | Harman | Paediatric First Aid |
| Kirstin | Worrell | Paediatric First Aid |
| Rebecca | Garlick | Emergency First Aid at Work |
| Huma | Qadeer | Emergency First Aid at Work |
| Shelley | Snaylam | Emergency First Aid at Work |
| Hannah | Welch | Emergency First Aid at Work |
| Emily | Wheeler-Smith | Emergency First Aid at Work |
| Jake | Williams | Emergency First Aid at Work |
| Georgina | Bowler | Emergency First Aid at Work |
| Carole | Element | Emergency First Aid at Work |
| Leanne | Fuller | Emergency First Aid at Work |
| Jennifer | Gostick | Emergency First Aid at Work |
| Sally | Kneller | Emergency First Aid at Work |
| Parul | Suthar | Emergency First Aid at Work |
| Katherine | Woodley | Emergency First Aid at Work |
| Claire | Worrell | Emergency First Aid at Work |
| Keith | Harrison | Emergency First Aid at Work |
| Katie | Miles-Kemp | Emergency First Aid at Work |
| Louise | Sofair | Emergency First Aid at Work |
| Melissa | Hunter | Emergency First Aid at Work |
| Allana | Berry | Emergency First Aid at Work |
| Emma | Johnson | Emergency First Aid at Work |
| Jake | Oglivie | Emergency First Aid at Work |
| Melanie | Hobbs | Emergency First Aid at Work |
| Jacqueline | Taylor | Emergency First Aid at Work |
| Isobel | Cowland | Emergency First Aid at Work |
| Susan | Platts | Emergency First Aid at Work |

| | | |
|---|---|---|
| Vicky | Mackay | Emergency First Aid at Work |
| Isobel | Cowland | Paediatric First Aid |
| Katherine | Bluck | Paediatric First Aid |
| Dave | Jaynes | First Aid at Work |
| James | Dodd | First Aid at Work |
| Amberley | Cooper | First Aid at Work |
| Chris | Cutler | First Aid at Work |
| Samuel | Deluca | First Aid at Work |