



Medical and First Aid Policy

June 2025

CONTENTS

Contents.....	2
Mission.....	4
Aims.....	4
INTRODUCTION.....	4
AIMS OF THE POLICY.....	4
ROLES AND RESPONSIBILITIES.....	4
Role of the Headmaster	4
Role of Staff and Employees.....	5
Role of the School Nurse.....	5
Role of the Pupils	6
Role of Parents/Guardians	6
INCLUSION AND ADAPTATION	6
Social Interactions	6
Exercise and Physical Activity.....	7
Education and Learning.....	7
Residential Visits.....	7
Access to school lunches	7
School treats.....	7
Sporting events	8
COMMUNICATION	8
Employees	8
Parents/Guardians.....	8
FIRST AID	8
Trained medical staff.....	8
Break Time/ Curriculum Time Accidents	8
Recording of Accidents.....	9
EMERGENCY PROCEDURES	10
Medical Room	11
Pupils Feeling Sick.....	11
More Serious Incidents/Illness.....	11
Pupils with severe medical conditions.....	12
Auto Adrenaline Injectors (AAIs)	12
ADMINISTERING MEDICATION.....	12
Upper School	13
EYFS and Pre-Prep	13
Medication Held On the Premises.....	13
Medical Correspondence	13
Over the counter medicines	13
STORAGE OF MEDICATION	13
Safe storage.....	13
Return of medication.....	14
Safe disposal.....	14
RECORD KEEPING	14
Medical information from Parents/Guardians.....	14
Medication administration record keeping	15
Accidents (recording).....	15
Near misses	15
Reporting of serious injuries, diseases and dangerous occurrences.....	15
EDUCATIONAL TRIPS AND VISITS	15
SUN PROTECTION	16
Equal Opportunities.....	16
MONITORING AND REVIEW.....	16



APPENDIX A) Guidelines relating to Medical Conditions of pupils/staff currently in the School.....	17
Asthma.....	17
Emergency Inhalers.....	17
Allergies.....	18
Severe allergic reaction ANAPHYLAXIS.....	18
Guidelines for administering an Auto Adrenaline Injector (always check each device).....	19
Emergency Adrenaline Auto-injector (AAI).....	19
Diabetes.....	20
Low blood levels (hypoglycaemia or hypo).....	20
High blood sugars (hyperglycaemia).....	20
Epilepsy or seizures.....	20
APPENDIX B First Aiders & Appointed Persons.....	22
APPENDIX C CONCUSSION.....	23



MISSION

Eversfield offers an outstanding, broad education within a safe, caring, happy, family atmosphere where the talents of every child are valued and nurtured. We achieve excellent results in a school where the Christian principles of mutual care, respect and encouragement underpin everything that we do.

AIMS

- To promote high moral standards through clear and relevant Christian teaching.
- To provide a wide breadth of experiences and opportunities for all our pupils to discover and develop their individual talents.
- To support our pupils in becoming valued members of society so that they may develop self-confidence, ask questions, seek new experiences, not be afraid to make mistakes, express themselves confidently and modestly and develop team and leadership skills.
- To provide a safe, supportive, healthy educational environment, with buildings, facilities and staff that enable our pupils to learn and develop.
- To ensure that our pupils receive excellent pastoral care.

INTRODUCTION

This Policy has been drawn up after consultation with the Headmaster, Senior Leadership Team, School Nurse and Governors. It should be read in conjunction with a number of other School policies including: Health and Safety, Educational Visits and Activities, Equal Opportunities, ISEND and Learning Support, Accessibility and Admissions. It has also taken into account Department for Education: Supporting pupils at school with medical conditions (December 2015), Guidance on First Aid in Schools and The Administration of Medicines in Schools and Settings Jan 2015.

For the purposes of this Policy, Eversfield Preparatory School will be known as “the School”.

AIMS OF THE POLICY

At Eversfield Preparatory School, the prime responsibility for the medical care of a child lies with a parent/guardian. However, we aim:

- To ensure all pupils within our care are healthy and stay safe.
- To do everything possible to ensure that any pupils with medical problems are given access to the curriculum and receive as full an education as possible, in line with the School’s Admissions and Equal Opportunities Policies.
- To ensure that First Aid will be delivered in a timely and competent manner.
- Ensure the school nurse and teaching staff are regularly trained in first aid and kept informed of specific pupil’s medical conditions and carry out emergency action if needed, both in and out of the school setting
- To maintain appropriate records, including;
 - recording medicines administered within school appropriately.
 - collecting and collating information from parent/guardians about medical conditions.
 - complying with Health and Safety requirements by recording accidents within the School.

ROLES AND RESPONSIBILITIES

Role of the Headmaster

The Headmaster has a responsibility to:

- Ensure the school is inclusive and welcoming and that the Medical Policy is in line with local and national guidance.
- Ensure the Medical Policy is put into action, with good communication to all employees.
- Ensure that information held by the School is accurate and up to date.
- Ensure all new staff are aware of the Medical Policy.

- Ensure pupil confidentiality.
- Assess the training and development needs of the School and arrange for these to be met.
- Delegate a staff member to oversee First Aid and Medical arrangements within the School.
- Implement the monitoring and review of the Medical Policy.
- Update the Policy as required.

Role of Staff and Employees

The staff and employees of the School have a responsibility to:

- Be aware of potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Read and act in accordance with the School's Medical Policy.
- Know which pupils in their care have a medical condition and know how to access support in case of emergency.
- Maintain effective communication with parents/guardians including if their child has been unwell at school.
- Ensure pupils who carry their own medication have it with them when they require it.
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.

In addition, teaching staff have a specific responsibility to:

- Ensure all pupils with medical conditions are not unnecessarily excluded from activities within the school curriculum and extra-curricular programme.
- Ensure pupils have appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Ensure pupils who have been unwell catch up on missed school work.
- Send work home for pupils who have long term illness, as requested by parents/guardians.
- Be aware that medical conditions can affect a pupil's learning and provide extra help where pupils need it.
- Use opportunities such as PSHE to raise pupils' awareness about medical conditions.
- Take great care in assessing all minor injuries and refer them to the School Nurse if a child shows excessive distress or minor distress beyond the time of initial treatment.
- Record all injuries and report them to the School Nurse and parents.
- Record all near misses to the Estate Manager using the Near Misses logging application on the school network.
- That any staff taking medication which could affect their ability to care for pupils should inform the School Nurse and the Headmaster immediately. They must also store their medication with the school nurse or in a safe, locked location, away from pupils. This could lead to enforced sick leave if it is deemed that the member of staff could endanger any child's welfare.

Role of the School Nurse

The School Nurse has a responsibility to:

- Ensure all information received from parents/guardians is appropriately distributed recorded and filed.
- Complete appropriate asthma/allergy forms and individual care plans with parental consent.
- Ensure all medication on site is in date/appropriately named, administered and recorded correctly. Send home all medication at the end of each academic year.
- Ensure all staff are informed of pupil specific medical conditions by acting as a resource to staff and keeping up to date information on medical boards throughout the school.
- Attend medical emergencies on site and administer first aid as required.
- Prepare and maintain medical kits for the school, sports fixtures and school trips.
- Liaise with school office over any individual or whole school first aid letters to be sent out.
- Liaise with parents/guardians regarding first aid or medical issues.

- Maintain all accident records and near misses and follow up incidents.
- Assess all injuries that are referred by other members of staff.
- Inform and liaise with parents of pupils who sustain any substantial injuries.
- Liaise with any local medical authorities as appropriate.
- Liaise with kitchen staff over special diets and food intolerances
- Maintain the medical room and replenish stocks as necessary
- Advise pupils regarding healthy lifestyle choices.

Role of the Pupils

All pupils within the school have a responsibility to:

- Treat other pupils with and without a medical condition equally.
- Tell their parents/guardian or teacher if they do not feel well.
- Let a member of staff know if another pupil feels unwell, or has been unwell in school.
- Treat all medication with respect.
- If mature enough, know how to take their own medication and take it when required.
- Ensure they call a member of staff to an emergency situation.
- Ensure all edible treats brought into school are taken home to be eaten.

Role of Parents/Guardians

The parents/guardians of a child in the School have a responsibility to:

- Inform the school if their child has a medical condition or dietary requirement and complete all appropriate forms.
- Provide written agreement for any medication, prescribed or not, to be given to their child during the School day.
- Inform the school of any medication their child requires while taking part in visits or residential trips.
- Inform the school of any changes to their child's medical condition or medication needs.
- Ensure their child's medication is labelled in accordance with school guidelines and is within the expiry date.
- Ensure that if their child is not well enough to attend school, he/she will be kept at home.
- To be aware that the school is a nut free environment so morning snacks should not contain nuts and any birthday treats to be brought into school to share with the class, should be wrapped and nut free.

INCLUSION AND ADAPTATION

The School is committed to providing a physical environment that is accessible to pupils with medical conditions, as outlined in the ISEND and Learning Support Policy and Accessibility Plan.

Social Interactions

The School aims to ensure all pupils with medical conditions are treated fairly. This includes:

- Ensuring the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- Staff actively working to prevent and deal with problems in accordance with the School's Anti-bullying and Behaviour Policies.
- Staff using opportunities such as PSHE to raise awareness of medical conditions amongst pupils and how to help create a positive social environment.

Exercise and Physical Activity

The School aims to ensure all pupils with medical conditions have access to the games/PE curriculum by:

- Ensuring teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- Ensure teachers and sports coaches are aware of potential triggers for pupils' medical conditions.
- Making appropriate adjustments to the curriculum to cater for pupils with specific medical needs.
- Considering each case individually.
- Providing an alternative activity for those pupils who are not able to participate in Games/PE lessons.
- Ensuring pupils have the appropriate medication or food with them during physical activity.
- Ensuring pupils with medical conditions are actively encouraged to take part in sports teams.

Education and Learning

The School aims:

- To ensure that all pupils with medical conditions can participate fully in all aspects of the curriculum but make adjustments where required.
- To support pupils who are absent from school for medical reasons, by providing work to support their education at home.
- To ensure that pupils with fractured limbs are encouraged to come into school but make provision to allow movement around the school to be as easy as possible by carrying out a risk assessment.

Residential Visits

The School will:

- Encourage all pupils with medical conditions to take a full and active part in school life, including attending Educational trips away from home.
- Carry out risk assessments in line with procedures outlined in the School's Educational Visits and Activities Policy.
- Make provision for all medication to be stored appropriately on the residential visit.
- Ensure there is a member of staff on the trip who is happy to administer medication and where necessary, has been trained to do so.
- Notify the educational establishment where the trip is to take place, of any specific medical or dietary needs of pupils.
- Ensure all necessary records relating to a child's specific condition have been clarified and confirmed with parents/guardians prior to the trip.

Access to school lunches

The School is able to cater for pupils with special/medical dietary requirements. All catering and teaching staff are aware of pupils who have special dietary requirements.

School treats

Pupils are discouraged from bringing sweets into school unless special permission has been given, for example, to celebrate a special occasion such as a birthday. Any sweets brought into school must be wrapped, as a number of pupils in the school suffer from allergies. Sweets brought into school are distributed at the end of the school day and should not be eaten until pupils have left the premises. In this way, all pupils are included, but parents/guardians have ultimate responsibility to decide whether or not they wish their child to consume the treat.



Sporting events

Medical conditions which impinge on a child's ability to participate in sporting activities will be dealt with on an individual basis. Parents/guardians who do not wish their child to participate in sporting events/Games/PE curriculum (for medical reasons) are expected to notify PE/Games staff/Form Teacher, in writing, stating the reasons why.

Alternative arrangements will be made for pupils with broken limbs and are discussed with parents/guardians on an individual basis.

COMMUNICATION

Employees

All employees of the School are issued with a copy of the Medical Policy and Staff Guidebook which includes information on First Aid Procedures. School staff are informed regularly and reminded about pupils with medical conditions. Medical information that is discussed in staff meetings, minutes recorded and distributed to relevant staff.

The school uses a number of different forms to collate information about pupils and their medical conditions. These are used to create a master list which outlines to staff, any medical conditions/medication that pupils have/regularly take. This information is updated regularly and issued to all staff.

Information on pupils with serious medical conditions is displayed in each staff area, together with a photograph of the child. This information is updated regularly, in line with new information that is passed on to the School from parents/guardians.

All medical information is held centrally in the School's Medical room and on the School network.

Parents/Guardians

At the beginning of each academic year, or when a pupil starts at the School, a Pupil Information Form (which includes a medical section) is completed by parents/guardians. If necessary, this is followed up by the completion of a Medical Care Plan. Parents/guardians of pupils with specific medical conditions are asked to provide further information (e.g.: asthma information, allergy advice information etc.) and are fully involved in discussions in relation to the care that their child receives at the School.

Parents/guardians of pupils who are involved in an accident are notified at the earliest possible stage.

FIRST AID

Trained medical staff

The school has a full-time nurse, 1 qualified First Aiders at Work and a team of Appointed Persons; of which at least one shall always be on the school site when pupils are present. There is a list of Appointed Persons (Appendix B) in each staff area and by each first aid box.

Training for First Aiders at Work and Appointed Persons is carried out every three years. Auto Adrenaline Injector training is also provided regularly.

In addition, there are several members of the EYFS team who have been trained in paediatric first aid.

Break Time/ Curriculum Time Accidents

Small grazes etc. will be dealt with by staff member on duty – First Aid Boxes are positioned in places listed below.

The School Nurse should be called if a serious injury occurs, if in assessing a minor injury a child shows excessive distress or minor distress beyond the time of initial treatment or if the staff member is in any doubt. If the School Nurse is unavailable an Appointed Person should be called.

Recording of Accidents

An **Accident Report form** shall be completed by the person attending the accident, which will include the date and time of the accident, nature of injury and treatment given. A copy will be given to parents.

The medical room contains all the main stocks of first aid equipment. The school nurse is responsible for maintaining stock levels.

There is no mandatory list of items that should be included in a first aid box and the decision on what to include in the first aid box is obtained from information gathered during the assessment of first aid needs during the risk assessment process.

As a guide, we recognise that a minimum stock of first aid items would normally be:

FIRST AID BOXES		TRAVELLING FIRST AID KITS	
Guidance card	1	Guidance card	1
Individually wrapped sterile adhesive dressings (assorted sizes) and appropriate to work e.g. detectable for food handlers	20	Individually wrapped sterile adhesive dressings	6
Sterile eye pads	2		
Individually wrapped triangular bandages (preferably sterile)	2	Triangular bandages	2
Safety pins	6	Safety pins	2
Medium size individually wrapped sterile unmedicated wound dressing (approx 12cm x 12cm)	3	Individually wrapped moist cleaning wipes	6
Large sterile individually wrapped unmedicated wound dressing (approx. 18x18cm)	2	Large sterile unmedicated dressing (approx. 18x18cm)	1
Disposable gloves	1	Disposable gloves	1

First aid boxes, green with a white cross, are sited in the following departments and are for emergency use:

- Nursery and reception: first aid box situated by reception classrooms and in the nursery foyer.
- Pre-Prep and Gymnasium: first aid box situated on the wall outside the gym in the foyer area.
- Denney: first aid box situated on top of the library shelves
- Upper School: first aid box situated in the upper school staffroom.
- Changing room: first aid box situated in the entrance area.
- Upper School: first aid box situated on the wall by the door leading to the ground floor classrooms.
- Pool and JSB areas: first aid box in the kitchen area and inside the pool on the bench.
- Kitchen: first aid box situated on the wall to the right of the entrance.
- Science lab: first aid box situated on top of the bench just left of the door.
- Sports bags x4 situated in the changing rooms for matches
- Nature area: in the supplies shed
- Each school mini bus



There is an Automated External Defibrillator (AED) situated in the JSB on the wall with free access for staff to collect when requested. This is checked monthly

Generally, pupils are treated for minor accidents in their own departments and the school nurse called as necessary (see necessary reasons above). All staff/lunchtime supervisors need to be responsible and make an initial assessment as to whether or not to send a pupil to the nurse with a headache or sickness etc. Pupils who are not well enough to be in school and need to be sent home should be sent to the medical room/office for arrangements to contact parents/guardians for collection.

Injuries such as head bangs, large blood loss, heavy nose bleeds not responding to normal pressure etc., falls, anything from a height, should be referred to the nurse for further assessment.

PLEASE BE OVER CAUTIOUS WHEN ASSESSING A MINOR INJURY AND REFER TO THE NURSE FOR ADVICE

EMERGENCY PROCEDURES

Staff at the School understand their duty of care to pupils and in an emergency, situation are required to act like any reasonably prudent parent.

In the event of a serious emergency, staff may need to administer medication (e.g. adrenaline for an allergic reaction). Staff have clear instructions that if they are in doubt as to how to help a child, 999 should be called immediately following the procedure below:

- If a pupil needs to be taken to hospital, a member of staff will always accompany him/her and will stay with him/her until a parent/guardian/emergency contact family member arrives. Staff will not use their own vehicle/school vehicle to transfer a pupil to hospital.
- The needs of the child will always be put first. As soon as an ambulance has been called and the immediate needs of the child been assessed, parents/guardians will be notified of the situation.
- The School will endeavour to ensure that the School's Medical Care Plan for any child with a known medical condition, will accompany him/her if he/she is admitted to hospital as an emergency case.

An ambulance should be called at any time an injury is thought to be too serious for the school nurse to treat, e.g. assessment by the school nurse, suspected fracture, head injury leading to loss of consciousness, unresponsive child, major laceration or trauma etc.

Concussion

If a pupil has a suspected concussion the school follows the UK Government guidelines April 2023
IF IN DOUBT SIT THEM OUT, please refer to appendix C.

EMERGENCY PROCEDURES

1. In the event of requiring the Emergency Services dial 9 for an outside line and then dial 999 or 112
2. When the exchange operator answers, ask for the appropriate service: police, fire or ambulance.
3. When connected to the required service, state slowly and distinctly:

**THIS IS: EVERSFIELD PREPARATORY SCHOOL
647 WARWICK ROAD
SOLIHULL
WEST MIDLANDS, B91 1AT
Give the telephone number: 0121 705 0354**

4. Give details of the incident.
5. Do not replace the receiver until this information has been correctly acknowledged.

If an ambulance has been called, contact the office to inform them so someone can meet the ambulance and take them to the child.

Staff should always use medical gloves when handling any body fluids and ensure that any spillages are cleaned up with appropriate sanitary solution. Contact Mr Tony Phillips, Estates Manager.

Medical Room

The Medical Room houses medical equipment as well as Auto Adrenaline injectors (AAIs) for Upper School pupils and some of Upper School Pupil Reliever Inhalers. All AAIs/Inhalers are stored on a named shelf inside the Medical Room office area. AAIs for pupils in Pre-Prep are kept in the Pre-Prep classrooms. Emergency Asthma inhalers and emergency Adrenaline auto- injectors are also stored in the medical room. These are checked monthly.

Pupils Feeling Sick

All staff need to be responsible and make an initial assessment as to whether or not to send a child to the Medical Room with a headache or sickness etc. Only pupils who are not well enough to be in school and need to be sent home should be sent to the Medical Room. Arrangements for parents to be contacted should be made by the School Nurse via the School Office.

More Serious Incidents/Illness

The School Nurse is responsible for dealing with more serious situations and will contact parents accordingly.

Either First Aider at Work should be called if any of the following injuries are sustained:

- Head bangs
- Large blood loss through injury
- Heavy nose bleed that will not respond to normal pressure etc
- Falls – anything from a height to be referred
- Asthmatic child who does not respond to use of their reliever inhaler
- A child with a severe medical condition, who appears to be unwell in relation to his/her condition.

Pupils in Upper School who feel 'unwell' may report to the School Nurse during any break time.

Pupils with severe medical conditions

All staff are aware of pupils within the School who have serious medical conditions. In the event of serious emergency, staff may have to administer medication (eg: AAI in the case of an allergic reaction). Staff have clear instructions that if they are in doubt as to how to help or treat a child, 999 should be called immediately. The school's full postal address should also be given, and is clearly displayed by each telephone within the School.

Essential information and photographs of pupils who have a severe medical condition are posted on notice boards in key areas of the school. Staff are expected to be aware of these pupils and know how to act in an emergency.

Auto Adrenaline Injectors (AAIs)

Training is given to all Appointed Persons regarding the administration of AAIs as part of their First Aid qualification. If an AAI is administered the parent/guardian must be informed immediately and emergency services called. The child, pen and first aider will then travel with the emergency crew to the hospital.

The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on trips and visits. In order to reduce or eliminate these triggers, the school will:

- Give staff specific training on medical conditions relevant to pupils in the school at any one time,
- Avoid using nut products/nuts within the school kitchen
- Have a list of all pupils with dietary conditions for catering staff and use of dietary cards for Rec-Year 2
- Notify all staff of pupils with serious conditions identifying the pupil by name, and written information about the condition and triggers associated with the condition.
- Ask parents/guardians to supply medical information relating to their child, thus identifying individual pupils who are sensitive to particular triggers.
- Carry out full risk assessment prior to each Educational visit, as outlined in the Educational Visits and Activities Policy.
- Distribute guidelines (see Appendix A) about common medical conditions pupils within the school have had diagnosed.
- Review medical emergencies and incidents to see how they could have been avoided and make necessary and appropriate changes to the medical policy after each review.

ADMINISTERING MEDICATION

Most pupils with long-term medical conditions have a supply of medication in school. The medication should be clearly labelled with the child's name and an appropriate consent form completed by parents at start of the school year. This also includes permission for the older child to carry his/her own medicine around and take as needed (usually inhalers).

For those pupils who are well enough to be in school but need to complete a prescribed course of say antibiotics, or a short course of prescribed medication it is important that:

- A parent/guardian hands over the medicine to the school nurse or teacher
- Completes a medication consent form
- All administered medicines are recorded in the school's medicines book.



Upper School

If medication is passed to the School Office, a member of the office staff will notify the School Nurse. The School Nurse is responsible for administering all medicines.

EYFS and Pre-Prep

Medication should be passed to the Form Teacher/Teaching Assistant/School Nurse. The School Nurse or a designated member of staff will be responsible for administering medicines as appropriate.

Medication Held On the Premises

All medication held on the premises (e.g. AAI, Inhalers etc.) will be checked for expiry by the School Nurse half termly.

All Medication will be sent home at the end of each Academic Year. It will be returned, as appropriate, by parents each September.

Medical Correspondence

The School Nurse will deal with any issues requiring letters to parents, e.g. Head Lice and Hearing tests, Asthma update letters.

Special Diet List, asthma and AAI list are maintained by the School Nurse.

Over the counter medicines

Any over the counter (OTC) medicines must be delivered to the school nurse in original packaging with clear information relating to recommended dose and visible expiry date. Parents are asked to verify that their child has previously been administered a dose of this type of medication before and no adverse reaction has taken place.

Paracetamol will be administered for no more than 2 consecutive days and will not be administered after a head injury.

We prefer to keep the administration of OTC medication to a minimum, but occasionally parents/guardians will make a request for these to be administered during school hours. The guidelines listed above should be adhered to.

Any staff organising school trips should liaise with the school nurse to ensure any medication needed is taken on the trip and a list of those pupils with medical conditions will be placed in the first aid rucksack. The trip leader is responsible for keeping the medical bag and its contents safe and secure, returning it to the school nurse immediately, or as soon as is practicable, after the trip. A full risk assessment is carried out before each school trip as outlined in the School's Educational Visits and Activities policy.

The school may refuse to administer medication which is not in its original container, has passed its expiry date or does not include enough information about the dosage.

In the unlikely event of a pupil refusing to take his/her medication at school, this will be recorded in an appropriate manner and parents/guardians will be informed as soon as possible.

STORAGE OF MEDICATION

Safe storage

All medication brought into school is clearly labelled with the child's name, name of medication, dosage and frequency of dose. The expiry date of medication kept in school is checked termly by the School Nurse.

Non-emergency medication is stored in accordance with instructions (notably temperature) and most drugs (except those that require refrigeration) are kept in a locked medical cabinet in the Medical Room, inaccessible to unsupervised pupils. Items which are kept in the refrigerator are stored in a locked box and are clearly labelled.

A pupil's adrenaline auto-injector (AAi) or salbutamol inhaler is readily accessible (in open shelving) but stored safely either in the Medical Room (Upper School) or in classrooms (Middle and Lower School). These items are not kept under lock and key as quick accessibility could be crucial to the outcome of a child's condition. AAIs and reliever inhalers are clearly labelled with each child's name, dosage and expiry date.

The school's emergency supply of AAIs and inhalers are also kept on clearly accessible shelving in the medical room.

A small number of pupils in Upper School carry their own medication (inhalers for asthma), with parental consent. Pupils are expected to keep their own medication safely and are reminded to take their inhalers to sport lessons.

Return of medication

Medication will be returned to a parent/guardian if:

- The course of treatment is complete.
- The label on the medication has become detached or illegible.
- Instructions are changed.
- The expiry date is about to be reached.
- It is the end of the academic year.
- In the case of antibiotics, these must return home daily with the child.

It is the parent/guardian's responsibility to ensure new and in date medication is sent back to school on the first day of each academic year.

Safe disposal

Parents/guardians are asked to collect any unused/out of date medication.

RECORD KEEPING

All information given to the School is subject to the School's confidentiality policies. However, known medical information will be passed on to emergency services should a child be taken to hospital.

Medical information from Parents/Guardians

At the start of each new academic year, parents/guardians are asked to complete their child's medical form. Any parent who notifies us that their child has a mild medical condition will be sent the relevant asthma/allergy form to complete. Any parent who notifies us that their child has a life threatening condition that requires an AAi, will be involved in completing a Medical Care Plan. This will record important information about the medical condition and triggers, symptoms, medication and treatment. All this information is collected and collated by the school nurse/office.

A central register of pupils with medical needs is kept and issued to all Form Teachers and is available in each staff area. All forms are kept in a central location in the Medical Room. The information is also available electronically via the School Management Information System.

Medication administration record keeping

The school keeps an accurate record of each occasion a pupil is given medication. It is entered into the medical book with date, time, dose and signature and in lower school, in the pupil's planner/contact book. If a pupil refuses to take the medicine this is also recorded and a parent/guardian notified as soon as possible.

Accidents (recording)

All accidents and any treatment given to any child for whatever reason is properly recorded using an Accident Report Slip giving the name of the child, date, time, diagnosis / brief clear description of accident or ill health, treatment given or action taken, signature of staff member. These are situated by each First Aid Box. A copy will be kept in the School file and a copy sent home to parents.

Any accidents involving staff or visitors must be recorded in the Accident Book which is kept in the Medical Room.

Any serious pupil accident, that takes place on the School premises during supervised sessions (e.g. lessons), will be reported to RIDDOR as needed by the School Nurse, in conjunction with the School's Health and Safety Policy.

Near misses

Occurrences of potential injury due to a circumstance should be reported to the Estate Manager using the Near Misses logging application on the school network. The near misses need to be investigated by the Estate Manager and, if necessary, a risk assessment drawn up.

Reporting of serious injuries, diseases and dangerous occurrences

Under RIDDOR (Reporting of Injuries, Diseases and dangerous Occurrences Regulations) the school is required to report to the Health and Safety Executive (via their web-site) any occurrences listed in their guidance or that may cause concern to the health and safety of the pupils or staff at school.

EDUCATIONAL TRIPS AND VISITS

For school trips taking place during the school day, the school nurse provides staff with details of any pupils with medical conditions and dietary needs.

Prior to a school trip taking place outside of the school day, all parents/guardians are issued with a consent form. This requests information about a child's medical condition and dietary needs. Emergency contact details are taken on the school trip by the member of staff who has overall responsibility together with any medical/dietary needs

Staff organising school trips should liaise with the school nurse to ensure any medication needed is taken on the trip and a list of those pupils with medical conditions will be placed in the first aid rucksack, which is always taken on each trip. The trip leader is responsible for keeping the medical bag and its contents safe and secure, returning it to the school nurse immediately, or as soon as is practicable, after the trip. All staff on the trip are issued with information about the pupils with a medical condition and are made aware of the procedure to follow in the event of needing to access either the medical equipment or emergency medication during the trip. All EYFS trips off-site must be accompanied by at least one member of staff who has been trained in paediatric first aid and has a valid certificate. A full risk assessment is carried out before each school trip, as outlined in the School's Educational Visits and Activities Policy.

Before a residential trip, the member of staff who has overall responsibility for the trip, should arrange to meet with the parents/guardians of any child who has a serious medical condition, to discuss his/her requirements. This should be viewed as part of the risk assessment for the trip.



All parents/guardians of pupils with a medical condition, no matter how mild, are asked to provide written consent, giving staff permission to administer medication at night, or in the morning/during the day as required. Written information relating to more serious medical conditions will be shared with the educational establishment where the trip is to take place.

SUN PROTECTION

The School recognises that pupils have delicate skin which can be easily damaged by the sun's UV rays and will take steps to ensure pupils are protected from the harmful effects of the sun as much as possible. As a school we will aim to raise awareness of the damage the sun can cause, as well as take active measures to reduce the risk to pupils in our care.

The following measures are in place to help protect pupils from the sun:

- During hot, sunny weather it is recommended that before pupils come to school, parents/guardians apply a high factor sun cream which will last all day.
- During major outdoor events, pupils will, as far as possible, be sheltered from the sun by using large canopies/gazebos.
- Pupils up to the end of Pre-Prep are required to wear a sun hat during outside playtime/games lessons in the Summer (legionnaire's hat with protects the head and the back of the neck).
- Pupils in Upper School will be encouraged to wear a sun hat during outside playtime/games lessons in the Summer.

EQUAL OPPORTUNITIES

We are committed to the principle of equal opportunity for all pupils irrespective of race, religion, gender, language, disability or family background, and to the active support of initiatives designed to further this principle.

We believe that equal opportunity is at the heart of good educational practice. All pupils are of equal value and deserve equal access to every aspect of school life. They have an equal opportunity to learn and work towards their highest possible levels of achievement. The 'Vision and Values' which we uphold as a school help to emphasize equal opportunities for all staff and pupils at all times. All personnel are responsible for ensuring that we implement this policy.

MONITORING AND REVIEW

This Policy is monitored by the Governing Body and will be reviewed every two years or earlier, if deemed appropriate.

*R A Yates, Headmaster, D Mian, School Nurse
Revised 06/2025*

APPENDIX A) GUIDELINES RELATING TO MEDICAL CONDITIONS OF PUPILS/STAFF CURRENTLY IN THE SCHOOL

ASTHMA

Asthma is a potentially life threatening condition, it affects the air passages which carry air into and away from the lungs. People with asthma have airways which narrow as a reaction to various triggers which causes coughing, wheezing and an increased respiratory rate. Common triggers include pollen, animal fur, feathers, exercise, chemicals and glue.

Treatment for asthma is medication given through an inhaler of which there are two types:

Preventer inhalers (usually brown or with a brown cap) which are used daily, usually am and pm, to prevent asthma attacks and not used in an emergency, so not usually needed in school

Reliever inhalers (usually blue or blue capped) which are used immediately to relieve symptoms of breathlessness and are needed in school.

Parents/guardians of pupils who are asthmatic are required to complete an asthma form giving details of their child's triggers and treatment.

Asthmatic pupils may require use of their reliever during PE and games, so this must be available. The early years and lower school are within easy reach of the gym, pool and games field so the reliever should stay in the relevant class room. For form 3-6 those pupils should carry their inhalers to the gym, pool or games field.

School procedure for treatment of asthmatics

- Keep calm and reassure the pupil
- Encourage the pupil to sit up and slightly forward (on a chair sitting the wrong way round helps)
- Use the prescribed reliever (ask someone to collect the pupil's own inhaler if not readily available) by giving 2 puffs via a spacer.
- Record any medication given
- If there is no immediate improvement contact the school nurse and keep giving 2 puffs at a time, every 2 minutes to a total of 10 puffs.
- Stay with the pupil and give lots of reassurance. They can return to class activities when they feel their breathing has improved.
- If the situation appears serious and the pupil becomes blue/ appears exhausted/has collapsed, do not hesitate and call 999 for an ambulance and state "asthmatic pupil with severe breathing difficulties requiring immediate assistance"
- A member of staff should accompany the pupil to hospital with relevant asthma details (kept with the medicine and also in the silver folder in the medical room)
- Ensure parents/guardians are informed of any action taken.

Emergency Inhalers

- The emergency salbutamol inhaler should only be used by children who have been diagnosed with asthma or have been prescribed an inhaler.
- It should only be used for pupils for whom written parental consent has been given.
- The school recognises that in some circumstances a pupil may be without their inhaler, in such circumstances the school will offer an emergency salbutamol inhaler to be used in the event of an asthma attack.
- The school holds emergency asthma kits in the medical room which contain:
 - 1 salbutamol metered dose inhaler
 - 1 disposable spacer compatible with the inhaler
 - A list of children permitted to use the inhaler

- A record of administration
- A letter to parents to notify use of emergency inhaler
- Asthma kits are also taken on any off site visits where a child who has been prescribed an inhaler and has parental consent is attending.
- If a pupil is having difficulty breathing or presents with signs of having an asthma attack, they will initially be prompted to use their own inhaler. If this is not available, they will use the emergency asthma kit.
- If a child has required the Emergency Asthma inhaler during the school day but has recovered sufficiently to return to lessons, parents will be notified.
- Inhalers are cleaned and checked that they are in working order on a monthly basis. Replacement inhalers are obtained by the School Nurse when expiry dates approach.
- The School Asthma register is located on the network Z:\Staff\All Staff\Medical\Asthma\ASTHMA REGISTER

ALLERGIES

Pupils with specific food allergies will have completed allergy forms indicating what the allergy is, what are the triggers and the specific treatment required. This information is disseminated throughout the school including the kitchens.

Nut allergy is a very common allergy among all pupils and so this school has opted to be nut free and no nuts are used in any of the food preparation in the kitchens for lunches or teas, and no nuts allowed at break time.

The school menus also indicate what allergens are present in the food, such as eggs, gluten, milk, soya etc. These are displayed on entering the dining hall and also on the school's website.

Any pupil with a severe allergy may require medication such as piriton or an AAI. These pupils will have an individual medical care plan agreed by parents/guardians and the school. These medications are individually named and stored in the medical room in the open shelved area for easy access for forms 3-6, and in the pupil's own classroom in the lower school.

Severe allergic reaction ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction that can occur within seconds of contact with a trigger. Possible triggers include skin or airborne contact, insect sting, ingestion of food, such as peanuts or milk products.

Signs and symptoms of a severe reaction include anxiety/panicking, red blotchy skin eruptions, swelling of the tongue and throat, impaired breathing such as wheezing.

Treatment will be to administer adrenaline in the form of an AAI as soon as possible.

An AAI is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An AAI is safe, and even if given inadvertently, will do no harm. It is not possible to fire too large a dose from one dose used correctly in accordance with the Medical Care Plan.

An AAI can only be administered by school staff who have volunteered and have been designated as appropriate by the Headmaster and who have been assessed as competent and received the appropriate training.

- There will be an individual Medical Care Plan in place for each pupil who has an AAI in school. These are kept on each pupil's records and with the pupil's AAI. This information is available and accessible to all necessary staff.
- Ensure that the Injector is in date. The AAI should be stored at room temperature and protected from heat and light. It should be kept in the original named box.

- The AAI should be readily accessible for use in an emergency. For UPPER SCHOOL pupils this is in the open shelving in the Medical Room. All staff need to be aware of this.
- Expiry dates and discolouration of contents should be checked by the First Aider and if necessary replaced by the parents/guardians at the request of the First Aider.

Guidelines for administering an Auto Adrenaline Injector (always check each device)

- Pull off the safety cap
- Place the tip of the AAI onto the side of the thigh, at right angles to the leg.
- Press hard into the thigh until you hear the pen click
- Hold in place for 10 seconds
- Rub the area to dispense the medication

Once the AAI is administered, a 999 call must be made immediately stating “anaphylaxis”.

The use of the AAI must be recorded on the pupil’s care plan, with time, date and full signature of the person who administered the AAI.

If the pupil is able, get them to lie down and discourage moving around, but if the pupil is breathless sit them up. Give lots of encouragement until the ambulance arrives.

If the pupil becomes unconscious, check their breathing and put them in the recovery position and if the pupil is not breathing then commence basic life support (CPR) until an ambulance arrives.

The used Injector must be given to the ambulance personnel. It is the parent’s/guardians’ responsibility to replace the pen prior to the pupil’s return to school. The parents/guardians should be informed as quickly as possible and given all relevant details including the destination of the ambulance. The First Aider should accompany the pupil to hospital. If the First Aider is unavailable, another member of staff should go to hospital with the pupil.

If the pupil leaves the school site e.g. school trips, away match, visits, the device must be taken and be readily available for use.

Emergency Adrenaline Auto-injector (AAI)

From 1st October the Human Medicines (Amendment) regulations 2017 allows all schools to buy adrenaline auto-injectors (AAIs) devices without a prescription, for emergency use in children who are risk of anaphylaxis but their own device is not available or not working.

The school expects that any child diagnosed with an allergy that could result in anaphylaxis to have a working, in date AAI in school.

The school recognises that in some circumstances a child may be without their AAI or it may not be working. If this occurs the school will offer an emergency AAI to be administered in the event of a severe allergic reaction.

The school holds two emergency AAI kits in the medical room, one kit contains 0.3mg dose of adrenaline and one contains 0.15mg dose of adrenaline.

IX Adrenaline auto injector (AAI)
Instructions on how to use the device
List of who this can be administered to
A record of administration

The schools 'spare' AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorization and parental consent for use of the spare AAI has been provided.

The schools spare AAI can be administered to a pupil who's own prescribed AAI cannot be administered correctly or without delay.

If a child has severe allergic reaction staff will initially use the child's own device. If for any reason this is not available, the emergency (AAI) will be administered.

DIABETES

Diabetes affects up to one in ten of the population, and people from all age groups. It is caused by a deficiency of, or resistance to, insulin. This impairs the body's ability to store and use glucose so blood levels become dangerously low or high.

Low blood levels (hypoglycaemia or hypo)

This occurs when the levels of glucose in the blood falls too low (below 4). It can occur quickly and if not treated can be life threatening. Signs of a hypo can vary from person to person but can include hunger, trembling, sweating, anxiety or irritability, rapid heartbeat, paleness, vagueness, mood change, drowsiness.

Low levels can occur if the diabetic has taken too much medication, delayed or missed a meal, taken part in strenuous exercise, or under a lot of stress.

Treatment is to give the diabetic something sugary such as a glass of non-diet coke or Lucozade, 2 or more glucose tablets, a glass of fruit juice or 5 sugary sweets such as jelly babies or glucogel.

If after 15 minutes the symptoms don't improve repeat the process.

If the diabetic is unconscious do not give them anything but put them in the recovery position and call 999.

High blood sugars (hyperglycaemia)

This is caused by having too much sugar in the blood (above 13). Its causes are slower but still can be life threatening. Symptoms include:

Increased thirst and urination, tiredness, nausea, blurred vision, drowsiness, deep and sighing breathing, sweet smell on the breath.

High levels occur if the diabetic has taken too little insulin, too much food, stress, less exercise than normal or has an infection.

Treatment can be to give extra insulin and fluids and monitor the blood glucose levels, but if these don't help to bring down the levels then the diabetic will need to go to hospital.

Any diabetic pupil will have an individual care plan with their own treatment planned out between their parents and the school nurse. Teachers and kitchen staff will all be made aware of the pupil's needs and requirements. The school nurse will deal with the day to day testing and monitoring of blood glucose levels as agreed in the care plan.

EPILEPSY OR SEIZURES

Around one in 130 children in the UK has epilepsy and about 80 % of them attend mainstream schools. The great majority of these children are well controlled by daily medication.

Seizures happen when some of the body's muscles contract involuntary, they are caused by a disturbance in the brain's activity and some seizures can be violent. The child may not be aware of what is happening or unconscious.

There are 2 main type of seizures:

- An absence seizure - when the child loses general awareness for a few seconds, and people around them may not notice. Treatment will be to keep the child safe until they are fully recovered.
- A major seizure - when the child has a sudden loss of consciousness and may become rigid with an arching back. Their breathing may become noisy and difficult and convulsions begin. Saliva from the mouth may be blood stained if they have bitten their tongue or lip and they may suffer with loss of bladder or bowel control. Treatment is to keep the child safe, clear an area around the child and protect them by padding areas with coats cushions or whatever there is to hand. Loosen tight clothing around the neck or waist. Do not put anything in the child's mouth. When the seizure stops check their breathing and stay with them and protect their modesty if they have soiled themselves. Seek medical attention if it is their first seizure or if they fail to recover consciousness. Inform parents/guardians if this is a pupil with known epilepsy as they will be monitoring their frequency.

Any pupil, who is epileptic, will have an individual care plan agreed with parents/guardians. It will include triggers and the type of epilepsy the pupil has, including any medication required. This information will be displayed on the medical noticeboards and on the school's management information system. The school nurse will need to be called if any pupil has a seizure to monitor their frequency and liaise with parents/guardians.

FIRST AID



NAMES/LOCATIONS OF FIRST AIDERS

Mrs D Mian RSCN Medical Room	Mr A Phillips Estates Manager
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NAMES OF APPOINTED PERSONS

Teachers	TLSAs	Lunchtime Supervisors
Mrs R Burnett *	Mrs C Bennett	Mrs J Clements *
Mrs J Buxton *	Mrs K Draper *	Mrs A Jabeen *
Miss R Chohan	Mrs N Fleming *	Mrs G Walsh *
Mrs M Eades *	Mrs K Kaur *	Office/Facilities/Kitchen
Mrs S McGrory *	Ms G Lightbody *	Mrs H Gibbs *
Mr J Poultney *	Mrs A Pemberton *	Mr M McIvor
Miss K Shipley *	Mrs A Price *	Miss J Kentish *
Mrs S Sliney *	Mrs S Twaddell *	Mr K Melville *
	Mrs J Way *	Mrs L McGoldrick *
<i>(* indicates qualified in paediatric first aid)</i>		
First Aid with Rescue		
Miss K Blundell	Mr M Leonard	Mr M Sliney

ALLERGYWISE TRAINED STAFF

Mrs D Mian	Mr A Phillips	Mr P Robbins
Mr M Leonard	Mrs C Hastings	Mrs N Lutz
Miss L Wigmore	Mrs N Parekh	Miss J Kentish
Ms G Lightbody		

LOCATION OF FIRST AID POINTS

All departments, Medical room, Defibrillator in JSB

APPENDIX C CONCUSSION

Anyone with a suspected concussion should:

- Be removed from play immediately.
- Get assessed by an appropriate Healthcare Professional onsite or access the NHS by calling 111 within 24 hours of the incident.
- Rest and sleep as needed for the first 24-48 hours – this is good for recovery. Easy activities of daily living and walking are also acceptable.
- Minimise smartphone, screen and computer use for at least the first 48 hours. Limiting screentime has been shown to improve recovery.

Anyone with a suspected concussion should not:

- Be left alone in the first 24 hours.
- Consume alcohol in the first 24 hours and/or if symptoms persist.
- Drive a motor vehicle within the first 24 hours. Commercial drivers (HGV etc.) should seek review by an appropriate Healthcare Professional before driving.

Following a suspected concussion, what's your role?

Coaches, teachers, volunteers

- Safely remove the individual from the field of play and ensure that they do not return to play in that game even if they say that their symptoms have resolved.
- Observe the player or assign a responsible adult to monitor the individual once the player is removed.
- If player is under 18 years old, contact parent/guardian to inform them of the possible concussion.
- Arrange for the player to get home safely.
- Arrange for a responsible adult to supervise the player over the next 24-48 hours.
- Ensure any relevant injury report form is completed and stored by the club/school/organisation.
- Follow a graduated return to activity (education/work) and sport programme with an emphasis on initial relative rest and returning to education/work before returning to training for sport.