

## FIRST AID AND MEDICAL TREATMENT POLICY

**(Please refer also to Administering Medicines Policy)**

This policy applies to the whole school including the Early Years Foundation Stage.

### Introduction

The Granville School aims to provide all pupils and staff with a safe and healthy learning and working environment through delivering high quality pastoral care which supports their individual needs and provides equal opportunities for all. The school welcomes pupils with medical conditions and encourages them to achieve their potential in all aspects of school life. The school has a risk assessment for our first aid and medical provision and capability which ensures compliance with current legislation or guidance. All members of staff, regardless of their level, must fully comply with this policy.

### Objectives

- Administer first aid in a timely and competent manner.
- Give high quality medical support to all pupils and staff with medical needs in the school and keep parents informed when necessary.
- Provide First Aid for any casualties during school hours and to provide guidance for all staff and pupils in the school regarding the procedure for First Aid.
- Be involved, where appropriate, in Health Promotion and Health Education in school and seek to prevent staff and pupils from placing themselves at risk.
- Ensure that all protocols and procedures are adhered to on a day-to-day basis, as well as in an emergency.
- Ensure that all records are kept up to date and conform to national guidelines.

### These aims are achieved by:

- Informing all staff of the policies and procedures that they should follow to ensure safe and good practice.
- By ensuring that an appropriate number of fully trained qualified First Aiders are always available.
- Always having at least one qualified First Aider on our school site or on trips when children are present.
- Always having at least one qualified Paediatric First Aider on our school site or on trips when EYFS children are present.
- Providing a list of first aiders which is available from the School Office.
- Ensuring that members of staff know where First Aid boxes are located and that all First Aid boxes are checked regularly by the staff and missing or used items are replaced.
- Removing and correctly disposing of any out-of-date medical supplies.
- Providing first aid bags to be used by duty staff in play areas for very minor cuts and grazes and ensuring bags are regularly replenished. **(see Administering Medicines Policy)**
- Ensuring that a confidential record on each child is available through the school office, detailing any special medical needs.

- Ensuring that a confidential list of children with allergies and severe medical conditions is sent to all teachers, is displayed in the staff room, the office and the kitchen. Ensure also that copies are kept inside the medicine cabinet and in the After School Care File.
- All staff supervising swimming having current life-saving qualifications.
- Recording all medical visits to the school Medical Assistant or school office by pupils and staff.

### **Legislative Overview**

This policy takes account of the following legislation and advice:

Health and Safety at Work etc. Act 1974 (HSWA)

Health and Safety (First Aid) Regulations 1981 Revised 2013

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

First Aid in Schools guidance (DfE) (updated Feb 2014)

### **Roles and Responsibilities**

#### **The Governing Body**

Ultimate responsibility rests with the Board of Governors of The Granville School who will ensure a suitable risk assessment guides the provision of an adequate First Aid capability, which is always present in the school. The Governors delegate to the Head the day-to-day management of Health and Safety of the school, including First Aid. The House Committee will monitor and respond to all matters relating to the Health and Safety of all persons on school premises. They will report termly to a full Governors' Meeting who in turn will review all Health and Safety Procedures at their Spring Term meeting.

#### **Role of Parents**

- Parents must inform the school on entry if their child suffers from an ongoing medical condition, confirmed in writing by their GP, to ensure that the school understands the condition and the treatment required. Parents must provide the necessary medication in the prescribed packaging which has the correct dose and expiry date.
- Children with the potential to have anaphylaxis should have two auto-injectors in school with one kept in their classroom and the other in the main school office.
- Each year parents are asked to update their child's SchoolBase records. If there are any changes to their child's condition it is the parents' responsibility to inform the school immediately.
- Children should remain at home for 48 hours following the last episode of vomiting or diarrhoea. The school should be informed of all communicable diseases.
- Parents should provide an alternate emergency contact in the event that the two parent/guardians are not contactable in the event of their child's illness.

#### **Role of the Head**

- The Head is responsible for putting this policy into practice and will ensure all new staff are made aware of First Aid procedures in school as part of the induction process. The Head will also make available this policy on First Aid to any interested parent via the school's website.
- At the start of each academic year, provide the First Aid team with a list of pupils and staff who are known to be suffering from asthma, anaphylaxis, diabetes and epilepsy or have any other serious illness.

### **Role of Staff**

Teachers' conditions of employment do not include giving First Aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. Staff are:

- Made aware of their roles, accountability, and responsibilities in respect of Health and Safety and are kept updated on First Aid procedures.
- Made aware of all children in their care who suffer from allergies.
- Kept informed by the school office of any changes in children's conditions.
- Expected to attend the First Aid training which is provided every three years.
- Expected to attend training in the use of an "Epipen" and are authorised to use one in an emergency. Refresher training is to be undertaken as required.

### **Role of School Medical Assistant**

The School's Medical Assistant is an on-call resource as this member of staff is a Teaching Assistant. For this reason, the School has a large number of staff trained at First Aiders and Paediatric First Aiders. The Medical Assistant

- When called upon to deal with all medical needs throughout the school, staff and pupils, sickness, illness and injuries.
- Keep records of all injuries/ illnesses/accidents in appropriate books.
- Support the Bursar when requested in the maintenance of the school medical policies and update as required.
- Be responsible for stocking up and refilling or renewing all medical first aid boxes around the school.
- Provide staff with first aid boxes and sickness equipment needed for outings and trips.
- Maintain stocks of first aid supplies.
- Accompany children to hospital, when parents not available, when requested by the Headmistress.
- Assist with PSHCE lessons as needed.

### **Role of School Trip Leaders**

- Being responsible for planning the provision of first aid on their school trip.
- Signing out and taking a first aid kit with them on the trip.
- Allocating specific responsibilities to the accompanying staff.
- Ensuring trips involving EYFS pupils are accompanied by a paediatric trained member of staff.
- Providing first aid as required.
- Calling the Emergency Services.
- Accompanying children to hospital when parents not available and/or as requested by the Headmistress.
- Familiarising themselves with the location of the nearest hospital to the trip venue.
- Be able to use an "Epipen" and are authorised to use one in an emergency.

### **Sports Staff**

- Being responsible for planning the provision of first aid for their fixture.
- Signing out and taking a first aid kit with them on school fixtures.
- Allocating specific responsibilities to the accompanying staff.
- Providing first aid as required.
- Calling the Emergency Services.
- Accompanying children to hospital when parents not available and/or as requested by the Headmistress.
- Familiarising themselves with the location of the nearest hospital to the fixture venue.
- Be able to use an “Epipen” and are authorised to use one in an emergency.

### **Training First Aiders**

**We aim for all staff to be trained in basic First Aid every three years. Further staff either hold a Paediatric First Aid certificate or First Aid at Work certificate.** The First Aid training staff list is maintained by Staff of the school office. The school ensures that a Paediatric First Aider is always available throughout the school day and that their qualifications are current.

### **First Aiders**

A list of qualified first aiders is displayed in the school office is updated regularly. See Appendix A for a list of first aiders including details of when their qualification expires and denoting those who have the paediatric first aid qualification.

They will:

- Attend to a casualty when requested and treat that person to the best of their ability within the training they have received.
- Have access to medical information and medical consent information on SchoolBase for every pupil and ensure that these are readily available for staff responsible for school trips and outings.
- Call for an ambulance if necessary.
- Take the decision, in consultation with the Headmistress or most senior member of staff present (if available), to contact relatives in an emergency.
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school, on a trip or at a sports fixture.

### **First Aid room**

First aid is as far as possible administered at the location of the child or adult until emergency assistance arrives or when it is appropriate to move the casualty. The school’s First Aid room is used for dealing with sickness or other First Aid issues where removal from the classroom or location is required. It is located on the ground floor of the Main Building and is accessed either along the Cloisters corridor or via the doorway opposite the senior library. The First Aid Room is a multi-functions space and is also used as a meeting room or for the provision of RWI. First Aid use has priority over any other function.

### **Replenishing First Aid Boxes**

Any member of staff finding that a First Aid kit is missing prescribed items is responsible and obligated to notify the school’s Medical Assistant, who will arrange for it to be replenished. The Medical Assistant will undertake

periodic checks and will restock the Emergency First Aid boxes termly. Routinely it is the responsibility and obligation of staff who are based in the rooms where the boxes are kept informing the Medical Assistant when new supplies are required.

### **Administering First Aid**

A child or adult requiring First Aid should, depending on the initial assessment of the severity, be administered First Aid in the classroom or location by the teacher, teaching assistant or First Aid trained member of staff. Where necessary another first aider can be called to support the member of staff. The Medical Assistant need only be called where a situation is assessed as needing experienced nursing skills or has the potential to be a serious injury and where possible the child or adult be transferred to the school medical room.

Only a First Aider will administer medicines or undertake any treatments other than cleaning and dressing a wound. Wounds will be cleansed with fresh tap water and covered with a plaster or dressing. Whenever possible a member of staff should administer First Aid or medicine in the presence of another adult.

First Aiders will keep a record of each pupil or person attended to, the nature of the injury and any treatment given. Logs are kept in a spreadsheet in the staff area of the school network and maintained by the school secretary.

First Aiders will ensure that they do not compromise their own safety and health. This includes wearing gloves where any loss of blood or body fluid is evident and calling for help from other First Aiders or Emergency Services.

### **Defibrillator (Automated External Defibrillator – AED)**

An AED delivers a high energy automatic electric shock to a victim in sudden cardiac arrest to restore the heart's normal rhythm.

The school's AED is a LifePak CR Plus defibrillator and a training video can be found here: <https://www.youtube.com/watch?v=hLtrzzK-DcQ>

The school's AED is located in the School Office in the Main Building, on the wall on the right-hand side of the door as you enter the room.

Follow the voice instructions given by the LifePak defibrillator, until the paramedics arrive or the patient recovers normal breathing.

The AED is maintained and batteries changed in accordance with manufacturer's recommendations. Staff have had training in the use of the AED.

### **Actions in case of an accident or injury**

Accidents can happen at any time and in any place so prompt and appropriate action is essential. If you witness an accident you should contact a first aider or deal with it yourself if you are a first aider. Do not leave the child or adult on their own.

In the event of a **medical emergency**, the first aider must call or give instructions to someone to call an ambulance.

An ambulance should be called when someone is seriously ill or injured and their life is at risk. Staff on site and on the playing fields may carry a mobile phone for this purpose.

### **Medical emergencies**

Examples of medical emergencies can include:

- loss of consciousness
- an acute confused state
- fits that are not stopping
- persistent, severe chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions
- severe burns or scalds

### **When to call an ambulance**

Call an ambulance by dialling 999 as soon as possible if:

- you cannot stop the bleeding, it is heavy bleeding or it continues. Always seek help for bleeding unless it is minor
- the casualty is bleeding heavily from an artery
- the casualty experiences persisting or significant loss of sensation and is having trouble moving any limbs or any body parts
- the casualty has swallowed a lot of blood that makes them vomit
- the casualty has received a severe cut to the face
- the casualty has fractured a bone or joint
- the casualty is experiencing a severe allergic reaction from an insect sting or food
- the casualty is unconscious and having difficulty breathing or not breathing
- the casualty has received a cut to the palm of their hand and it looks infected
- the wound is very large or the injury has caused a lot of tissue damage
- the casualty has suffered a chemical or electrical burn
- the casualty has suffered a large or deep burn – any burn bigger than your hand
- the casualty has suffered a burn that cause white or charred skin – any size
- the casualty has suffered a burn on the face, hands, arms, feet, legs or genitals
- the casualty has a suspected stroke
- the casualty is experiencing a fit or shaking uncontrollably
- the casualty is frothing from the mouth or vomiting after an accident or injury
- the casualty cannot not remember their name, what day it is or where they are
- the casualty's speech is slurred

- you have concerns for the casualty's immediate wellbeing, when in doubt CALL 999 for an ambulance

### **Hospitalisation**

In the event of a serious accident, injury or medical emergency the following steps should be taken to ensure correct help is given as quickly as possible:

- An ambulance should be called immediately.
- The injured person should not be moved if there is any suspicion that doing so could exacerbate his or her injuries.

The First Aider, in consultation with the Headmistress or senior member of staff, having taken the decision to send a child to hospital, will ensure:

- The pupil sent to hospital by ambulance is either accompanied in the ambulance or followed to hospital by a member of staff to act in loco parentis if a relative cannot be contacted. The member of staff accompanying the pupil should wait at the hospital until the pupil's parent or guardian arrives.
- Essential information regarding the injured person and any details of the event/accident must be taken to the hospital with the person.
- The parents are contacted as quickly as possible and asked to join their child at school or hospital as appropriate. Members of staff should not wait for parents to arrive to take pupils to hospital unless they are certain that treatment is not urgently required.
- The incident is logged in the school's Accident Book, as soon as practicable.

The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.

If a member of staff uses his/her own car to take an injured person to hospital, consideration should be given to the need for another responsible adult to accompany the driver.

### **Spillages**

The Site Manager should be contacted so that they can arrange for a member of the cleaning team to clean the area.

**Clean up procedure for body fluids:** blood, faeces, nasal and eye discharges, saliva and vomit may contain viruses or bacteria capable of causing disease and must be cleaned up immediately. It is vital to protect both yourself and others from the risk of cross infection. The person(s) who is at the scene of the accident should carry up an initial clean up following the procedure below and if necessary call the school's site manager:

- Wear disposable gloves. These are contained within the nearest First Aid kit. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Place absorbent paper over the affected area and allow the spill to be absorbed. Wipe up using these and place in a bin which has a bin liner or plastic bag.
- Put more absorbent paper over the affected area.
- Discard fluid-contaminated material in plastic bags along with the disposable gloves. The bag must be securely sealed and disposed of. If the products contain blood, they should be double bagged and tied securely then placed in the school sanitary bins. If other bodily fluids, they should be double bagged and tied securely before being placed in the large bin outside the kitchen.

- Any articles of children's clothing that has been contaminated from the spillage should be put in a plastic bag and tied up for the parents to take home.
- Don't use mops to clean up blood and body fluid spillages. Use paper towels instead.
- Ensure contaminated clothing is laundered at the hottest wash the fabric will tolerate.
- The area then needs to be cordoned off until cleaned.
- If the spillage has been extensive, the area may need to be closed until it can be cleaned thoroughly.

### **Children taken ill during the school day**

- When a child complains of feeling ill, they should be sent to the school Medical Assistant or, in her absence, to the school office where they will be assessed.
- If there is a cause for concern, the parents should be informed and asked to pick them up as soon as possible. Otherwise, they will be sent back to class.
- Should it prove difficult to contact the parents, the child will be looked after in the medical room until such time as a parent or guardian is contactable.
- The class teacher will be informed of any child who is sent home.

### **Confidentiality**

The Head and staff will always treat medical information confidentially. The Head will agree with the parent who else should have access to medical records and other information about a child. If medical information is withheld from staff due to confidentiality, they will not be held responsible if they act in good faith using the information they have about a child and training they have been given.

### **Reporting of Significant Injuries and Accidents**

- All **significant injuries and accidents** to staff or pupils must be recorded in the Accident Book B1 510. according to the regulations for Reporting of Injuries, Diseases and Dangerous Occurrence (RIDDOR) as laid down by the Health and Safety Executive. The Accident Book is kept in the Office and it is the responsibility of the member of staff attending the incident either on site or at away matches or trips, to fill in the Accident Book.
- All incidents involving a blow to the head or an injury of some significance that does not require hospital treatment should be reported to the parents and logged. This should be done by a phone call and a letter (or email).

### **Reporting of Injuries under RIDDOR (see Appendix G for further guidance)**

**For persons at work**, the following work-related accidents, including those caused by physical violence, must be reported under RIDDOR:

1. Accidents which result in death or a specified injury (See Appendix G for specified injuries)
2. Accidents which prevent the injured person from continuing their normal work for more than seven days, excluding the day of the accident, must be reported with 15 days of the accident
3. Work-related stress and stress-related illnesses are not reportable under RIDDOR



**For incidents to pupils and other persons NOT at work**, who are involved in an accident at school or an activity organised by the school are only reportable under RIDDOR if the accident results in:

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

The list of specified injuries and diseases described in Appendix G, ONLY applies to employees. 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 under RIDDOR.

There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.

### **Reporting of Minor Injuries**

The school also keeps a record of any first aid treatment given by First Aiders and includes:

1. The date, time and place of the accident.
2. The name of the injured or sick person.
3. Details of the injury/illness and what first aid was given.
4. What happened to the person immediately afterwards (eg. went home, back to class, went to hospital).
5. Name and signature of the First Aider or person dealing with the incident.

The school also maintains an online log each time medicines are given.

### **School Trips**

- Parents provide details via the SchoolBase Parent Portal of any medical conditions that may affect their child, emergency contact details and the name and phone number of the child's doctor. Details of any medication to be administered while on the trip are provided on the Parental Agreement for School to Administer Medicine form (see Appendix A)
- The school is prepared, where possible, to allow a parent to accompany a sick child on a trip if that child would otherwise be prevented from going on the trip due to their condition.
- The designated organiser of the trip will be able to access up-to-date medical consent information for every pupil that they take out on a school trip and ensure that they are informed of any specific conditions or medications of which they should be aware.
- Trip organisers must ensure that their portable first aid kits are adequately stocked and always to hand.

### **Administration of Medicines to Pupils**

See Administration of Medicines Policy

### **Allergies and Anaphylaxis**

- Parents are asked to complete information on Schoolbase regarding any medical or dietary allergies and whether an auto-injector has been prescribed.

- Parents are asked to provide two auto-injectors (when possible). The first will be held in the school office and the second (if available) in the child's classroom.

### **The Signs and Symptoms of Anaphylaxis**

- 1 Generalised flushing of skin anywhere on the body.
- 2 Nettle rash (hives) anywhere on the body.
- 3 Difficulty in swallowing and speaking.
- 4 Swelling of the throat, lips, mouth and eyes.
- 5 Increased heartbeat.
- 6 Asthma type symptoms shortness of breath, wheezing, tightness in chest, difficulty speaking in a full sentence.
- 7 Abdominal pain, nausea and vomiting.
- 8 Sudden feeling of weakness and 'sense of doom'.
- 9 Collapse and unconscious.

***It is important to remember that anyone with an allergy may develop Anaphylaxis with repeated exposure to the allergen.***

### **Asthma**

The School recognises that asthma is a widespread, serious but controllable condition affecting many pupils. All staff that come into contact with pupils with asthma will be trained to recognise the signs and symptoms of asthma and what to do in an emergency. When a dose has been administered, the details are entered into an electronic log.

### **Asthma Medicines**

- Parents are asked to complete information in SchoolBase about their child's asthma, including what allergens may trigger an attack.
- Parents are asked to give their consent to the use of the school's spare inhaler in an emergency.
- Parents are asked to provide an inhaler, and Volumatics when appropriate, which are clearly named. These will be kept in the school office.
- It is the responsibility of the parents to inform the school office of any changes in medication and to provide such medication. The spare inhaler is kept in an emergency medical bag in the medicine cupboard in the school office.
- In the event of an attack the nearest designated First Aider should be called. While waiting, the child suffering should be kept calm and tight clothing loosened. Once the first aider arrives, they will make an assessment and give medical aid as they see appropriate.

### **Administration of Medicines to Staff**

School staff may need to bring their own medication into school. This should be securely stored but does not need to be stored with pupils' medicines.

## Head Injuries

We take all head injuries very seriously because of their potential danger. The injury is logged, and the child is given a red wristband to alert staff. Any casualty who has sustained a significant head injury must be seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital. Parents are to be advised of all significant head injuries promptly.

If a child has sustained a minor head injury parents will be informed by telephone or email and take a letter home with them at the end of the day. [Please see fact sheet:](#)

[https://www.cdc.gov/headsup/pdfs/custom/headsupconcussion\\_fact\\_sheet\\_for\\_schools.pdf](https://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_schools.pdf)

## Out of School Hours

In the event of an accident or medical emergency occurring outside school hours on the premises the same procedure should be put into action. It is the member of staff responsible for the activity or the nearest First Aider who should ensure the correct procedure is adhered to.

### Statutory requirements

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE (Health and Safety Executive). The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

The following accidents must be reported to HSE if they injure either the school's employees during an activity connected with work, or self-employed people while working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence).
- accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).
- For definitions of major injuries, dangerous occurrences and reportable diseases see HSC/E guidance on RIDDOR 1995.

### Linked Policies and References:

- Administration of Medicines Policy
- Privacy Policy
- Health & Safety Policy
- Safeguarding Policy
- HSE Incident reporting in schools (accidents, diseases and dangerous occurrences) Guidance for employers Revision 3

## List of Appendices

Appendix A – List of trained First Aiders

Appendix B - Location of First Aid Supplies

Appendix C -Parental agreement for school to administer medicine

Appendix D - Dealing with Anaphylaxis

Appendix E - From DfE: Responding to signs of an asthma attack

Appendix F Medical Form for Educational Visits

Appendix G – Specified injuries and further RIDDOR guidance

## Appendix A      Names of qualified First Aiders

<b>QUALIFIED PAEDIATRIC AND EMERGENCY FIRST AIDERS</b>			
<b>Name</b>	<b>Expiry</b>	<b>Name</b>	<b>Expiry</b>
Wendy Allaway (PFA)	18.04.2025	Angela Leonard (PFA)	18.04.2025
Rhiannon Allen (PFA)	18.04.2025	Georgia Malcolm (EFA)	18.04.2025
Tarryn Allen (PFA)	18.10.2026	Fiona Mackenzie (PFA)	18.04.2025
Leighanne Alexander (EFA)	18.04.2025	Karl Newman (EFA)	18.04.2025
Karen Archibald (PFA)	01.09.2024	Julie Nowers (PFA)	01.09.2024
Mandy Barrow (EFA)	18.04.2025	Rhian Palmer (PFA)	18.04.2025
Sue Bates (BFA)	01.09.2024	Natalie Rendle (PFA)	18.04.2025
Holly Brazier (EFA)	30.11.2024	Lyanne Rye (EFA)	18.04.2025
Nicola Bridge (EFA)	18.04.2025	Jane Sladdin (PFA)	05.06.2025
Claire Brown (PFA)	01.09.2024	Claire Walton-Wallace (PFA)	06.11.2026
Annabelle Chittenden (PFA)	18.04.2025	Elise West (BFA)	04.10.2025
Sarah Condren (PFA)	18.04.2025	Patricia Whiting (EFA)	18.04.2025
Gill Copping (PFA)	18.04.2025	Rajere Williams (EFA)	18.04.2025
Gess Garcia (EFA)	04.10.2026	Victoria Wyatt (PFA)	18.04.2025
Myles Granger (EFA)	18.04.2025		
Amy Guy (PFA)	18.04.2025		
Beverley Guy (EFA)	18.04.2025		
Leah Harrington (PFA)	18.04.2025		
Katy Henderson (PFA)	13.03.2026		
Andrea Hipgrave (PFA)	01.09.2024		
Ilona Hunt (EFA)	18.04.2025		



## The Granville School

### Appendix B Location of First Aid Supplies

Room/Areas Serviced		Building	First Aid Box Room Location	Where in Room
Offices	Yes	Main Building	School Office	Locked Medicine Cabinet on right hand wall, large bag under first desk, excess stock in cupboard, large bag for Residential trips, bum bag for day trips
Pre-school Red	Yes	Ena Makin	PSR	Box in the cupboard above wash basin. <b>2 Playground break bags on windowsill.</b>
Pre-school Yellow	Yes	Ena Makin	PSY	Box in the cupboard above wash basin.
Reception	Yes	Ena Makin	Reception Classroom	Box behind the Teacher's desk in TA workspace
Year 1 Class (Junior Library space)	Yes	Ena Makin	Reception Classroom	Sharing Reception's box
Year 2M & 2N (shared)	Yes	Ena Makin	Year 2M Classroom	Bag on shelf right side of Playground exit doors
Year 3A & 3CH (shared)	Yes	Maureen Froggatt	Year 3CH Classroom	Box on last window ledge on left side
Classes 4P & 4S (shared)	Yes	Terrace Annexe	Class 4P	<b>Bag on window ledge as you enter the room</b>
Classes 5A & 5GM (shared)	Yes	Main House – Ground Floor	Class 5GM	Box on the shelving unit behind the Teacher's desk
Classes 6C& 6HM (shared)	Yes	Main House - 1 <sup>st</sup> Floor	Class 6HM on window Ledge	Box on 2 <sup>nd</sup> left side window ledge
Science Lab	Yes	Main House – 1 <sup>st</sup> Floor	Science Lab	Box on left side Window ledge
Music Studio	Yes	Main House – Rear Left Annexe	Music Studio	Box on Storage units next to left side exit



Room/Areas Serviced		Building	First Aid Box Room Location	Where in Room
<b>Drama Studio</b>	<b>Yes</b>	<b>Ena Makin</b>		
PE office	Yes	Main House - Mezzanine Floor	PE Office	2 Large sports bags for fixtures
SEN room	Yes	Main House – Top Floor	Small	Small bag on Window ledge
Staff Room	Yes	Main House – Rear Annexe	Staff Room on window ledge	Small bag on Window ledge
Music Rooms	Yes	Gate House	First Room on Left	Red Bag on window list
Great Hall (Entrance door corridor)	Yes	Main House	Corridor outside PE Office	Box outside PE office on window Ledge
Swimming pool	Yes	Main House – Ground Floor	Pool	Box on Window ledge
Art & DT	Yes	Evans Lodge – 1 <sup>st</sup> Floor	In Art room	Box on left side of kitchen countertop
Commercial Kitchen	Yes	Main House – Extension / Dining Hall	At Kitchen serving area	On window ledge, behind and left of servery counter. Lockable white cabinet
IT Suite	Yes	Ena Makin	ICT suite	Box on shelf behind Teacher’s desk
Minibuses	Yes	Minibus	Each Minibus	Box at Side of seat
Residential Trips	Yes	Main House	School office, Cupboard	Large Bag for residential trips
Day outings/trips	Yes	Main House	School office, Cupboard	2 Compact Portable Bag
Junior Playground – Break times	Yes	Ena Makin	Class 1 break-box with whistle	Compact Portable Bag
Terrace Playground – Break times	Yes	Main House	Hanging up outside PE cupboard with whistle	Compact Portable Bag

**First Aid Blankets:** School Office, After School Room/First Aid Room, Minibus

**Appendix C**

**Parental agreement for school to administer medicine**

The school has a policy that staff can administer medicine, although will not give your child medicine unless you complete and sign this form (except those for which you may have given consent in the Schoolbase Parent Portal: specifically, Anthisan, Calpol, Ibuprofen, Piriton, emergency auto injector or emergency inhaler). The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instructions for administration printed clearly on the label.

The following information must be provided:

**Name of child** .....

**Class** .....

**Medical condition or illness** .....

<b>Medicine required (name)</b>	<b>Dates to be given (e.g. every day)</b>	<b>Dosage required</b>	<b>Times per day</b>

**Name of medicine** (as described on the container) .....

**Name of Dr who prescribed medicine** .....

**Phone no of Dr** .....

**Date Dispensed** .....

**When to be administered** .....

**Any other information?**

I understand that I must deliver/collect the medicine personally to/from the School Office.

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

**Signature** .....

**Date** .....

**Name**..... **Contact No.** .....



## Appendix D

### Dealing with Anaphylaxis

Someone experiencing anaphylaxis should be placed in a comfortable position.

Most people should lie flat.

Pregnant women should lie on their left side to avoid putting too much pressure on the large vein that leads to the heart.

People having trouble breathing should sit up to help make breathing easier.

People who are unconscious should be placed in the recovery position to ensure the airway remains open and clear – place them on their side, making sure they're supported by one leg and one arm, and open their airway by lifting their chin.

Avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure.

There is no need to remove clothing to use your EpiPen® or other brand adrenaline auto-injector, but make sure the orange end will not hit buckles, zips, buttons or thick seams on your clothes.

To remove EpiPen® from the carry case. Flip open the lid on the carry case. Tip the carry case and slide the EpiPen® out of the carry case.

Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.

**Inject first then call 999 and ask for an ambulance and state anaphylaxis or get a colleague to call while you inject.**



Each EpiPen® can only be used once. If symptoms don't improve, you can administer a second EpiPen® after 5 minutes.

## Appendix E

### From DfE: Responding to signs of an asthma attack:

- *Keep calm and reassure the child*
- *Encourage the child to sit up and slightly forward.*
- *Use the child's own inhaler – if not available, use the emergency inhaler*
- *Remain with child while inhaler and spacer are brought to them*
- *Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately*
- *If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.*
- *Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better*
- *If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE*
- *If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way*
- *The child's parents or carers should be contacted*



## Appendix G

### Specified injuries and further RIDDOR guidance

Injuries and ill health to people at work

#### Reportable specified injuries:

- a. Fractures, other than to fingers, thumbs and toes;
- b. Amputations
- c. Any injury likely to lead to permanent loss of sight or reduction in sight
- d. Any crush injury to the head or torso causing damage to the brain or internal organs
- e. Serious burns including scalding, which:
  - i. Cover more than 10% of the body; or
  - ii. Cause significant damage to the eyes, respiratory system or other vital organs
- f. Any scalping requiring hospital treatment
- g. Any loss of consciousness caused by a head injury or asphyxia

#### Reportable occupational diseases:

- a. Carpal tunnel syndrome
- b. Severe cramp of the hand or forearm
- c. Occupational dermatitis
- d. Hand-arm vibration syndrome
- e. Occupational asthma
- f. Tendonitis
- g. Any occupational cancer
- h. Any disease associated to an occupational exposure to a biological agent

#### How do I decide whether an accident to a pupil 'arises out of or is in connections with work'

The school should consider whether the incident was caused by:

- A failure in the way a work activity was organised, e.g. inadequate supervision on a trip
- The way equipment or substances were used e.g. experiments
- The condition of the premises e.g. poorly maintained or slippery floors

So, if a pupil is taken to hospital after breaking an arm during an ICT class following a fall over a trailing cable, the incident is reportable. If a pupil is taken to hospital because of a medical condition e.g. seizure, this would not be reportable, as it did not result from a work activity.

#### What about accidents to pupils during sports activities?

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If it was then it is reportable under RIDDOR.

### **What about accidents to pupils in a playground**

Most playground accidents due to collisions, slips, trips and falls are NOT normally reportable. Incidents are ONLY reportable where the injury results in a pupil either being killed or taken directly to hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- The condition of the premises or equipment was poor, e.g. badly maintained play equipment; or
- The school had not provided adequate supervision, e.g. where particular risks were identified, but no action was taken to provide suitable supervision.