# 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- Removing and correctly disposing of any out-of-date medical supplies.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.
- All swimming coaches having current life-saving qualifications.
- Recording all medical visits to the 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 2022)

## 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 Building 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 to be kept with them at all times.
- 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.

## 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. We have a retired Nurse on our staff who we may call on from time to time. 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 "Auto injector" and are authorised to use one in an emergency. Refresher training is to be undertaken as required.

## Role of School Trip Leaders

- Being responsible for planning the provision of first aid on their school trip.
- Administer any prescribed medication and keep of a log of all medication administered on the trip (see Appendix F).
- Signing out and taking a first aid kit with them on the trip including a spare autoinjector.
- Ensuring that any pupil prescribed an adrenaline autoinjector and or inhaler, brings both their own medication and their spare medication held in the school office.
- 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 autoinjector and are authorised to use one in an emergency.

## Sports Staff

- Being responsible for planning the provision of first aid for their fixture or offsite training.
- Taking a first aid kit with them on the trip including a spare autoinjector.

- Ensuring that any pupil prescribed an adrenaline autoinjector and or inhaler, brings both their own medication and their spare medication held in the school office.
- 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 "Auto Injector" 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 hold a Paediatric First Aid 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 and 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 (School Office)

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 office is used for dealing with minor injuries or illness or other minor First Aid issues where removal from the classroom or location is required.

## 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 office, who will arrange for it to be replenished. The school office 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 school office 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.

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 outside the dining hall, on the wall on the right-hand side of the window to the swimming pool. The AED is maintained and batteries changed in accordance with manufacturer's recommendations. Staff have had training in the use of the AED.

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

## Actions in case of a minor 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. As far as possible First Aid is administered at the location of the child or adult unless it is more appropriate to move them to the school office or medical room. All minor treatment of injuries should be:

- Reported using our system OneDrive.
- If the child is in the Early Years (Pre-School and Reception), a paper early years first aid form with body map must be completed by the member of staff who administered the first aid. This form must go home with the child.
- If the child is in Years 1 – 6 and the injury is more than very minor, parents should be contacted

Children taken ill during the school day

- When a child complains of feeling ill, they should be sent 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.

## Reporting and recording 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 (e.g. went home, back to class, went to hospital).
5. Name and signature of the First Aider or person dealing with the incident.
6. Whether the parents were contacted

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

## 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. 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 click here to view the fact sheet

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.

## Actions in case of a major accident or medical emergency.

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 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

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 in an ambulance 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.

## 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/or an 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.

## 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) will be kept with the child at all times as they move around the school site.

## The Signs and Symptoms of Anaphylaxis

- Generalised flushing of skin anywhere on the body.
- Nettle rash (hives) anywhere on the body.
- Difficulty in swallowing and speaking.
- Swelling of the throat, lips, mouth and eyes.
- Increased heartbeat.
- Asthma type symptoms shortness of breath, wheezing, tightness in chest, difficulty speaking in a full sentence.
- Abdominal pain, nausea and vomiting.
- Sudden feeling of weakness and 'sense of doom'.
- 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 and kept by the child at all times. For younger children they will be kept by their class teacher and for older pupils they will carry them themselves. The spare inhaler is kept in the medical cupboard 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. We hold a confidential list of staff members who require specific medication or medical treatment. These lists are sealed and stored securely by the medical cabinet in the school office.

## 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

| QUALIFIED PAEDIATRIC AND EMERGENCY FIRST AIDERS | | | |
|---|---|---|---|
| **Name** | **Expiry** | **Name** | **Expiry** |
| Laura McAdam (PFA) | 30/04/2028 | Angela Leonard (PFA) | 24/03/2028 |
| Emily Temple (PFA) | 30/10/2028 | Georgia Malcolm (PFA) | 24/03/2028 |
| Leighanne Alexander (PFA) | 24/03/2028 | Heather Newman (PFA) | 18/01/2027 |
| Keeley Standing | TBC | Amanda Redgate | TBC |
| Sue Bates (PFA) | 30/09/2027 | Natalie Rendle (PFA) | 24/03/2028 |
| Natalie McGowan (PFA) | 30/04/2028 | Tanja Garbini (PFA) | 30/09/2027 |
| Nicola Bridge (PFA) | 30/04/2028 | Jane Sladdin (PFA) | 05/06/2025 |
| Nikki ODonnell (PFA) | 30/04/2028 | Kate Smith (PFA) | 11/03/2027 |
| Sophie Preston | TBC | Claire Walton-Wallace (PFA) | 06/11/2026 |
| Sarah Condren (PFA) | 30/04/2028 | Elise West (PFA) | 30/04/2028 |
| Suzanne Hartley (PFA) | 30/04/2028 | Patricia Whiting (PFA) | 30/04/2028 |
| Gess Garcia (EFA) | 04/10/2026 | Rajere Williams (EFA) | 30/04/2028 |
| Myles Granger (PFA) | 30/04/2028 | Victoria Wyatt (PFA) | 30/09/2027 |
| Amy Guy (PFA) | 24/03/2028 | Mandy Barrow | 24/03/2028 |
| Beverley Guy (PFA) | 24/03/2028 | Tarryn Allen | 17/10/2026 |
| Emma Harding (PFA) | 31/01/2027 | Catherine Carter (FOG) PFA | 30/09/2027 |
| Leah Harrington (PFA) | 30/04/2028 | Emily James (PFA) | 30/09/2027 |
| Katy Henderson (PFA) | 13/03/2026 | Nicole Lelas (PFA) | 30/09/2027 |
| Andrea Hipgrave (PFA) | 30/09/2027 | Sarah Harrison (PFA) | 30/09/2027 |
| Alex DaCosta (PFA) | 24/03/2028 | Fiona Taylor (PFA) | 30/04/2028 |
| Vernon Barker | TBC | Holli Clarke | TBC |
| Mr Shah (FOG) | TBC | | |

| 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 | Lockable Medicine Cabinet is located between the meeting room and school office (in the back cupboard), Excess stock in cupboard, large bag for Residential trips, bum bag for day trips |
| Pre-school Squirrels | Yes | Ena Makin | PS1 | Box in the cupboard above wash basin. 2 Playground break bags on windowsill. |
| Pre-school Foxes/Hedgehogs | Yes | Ena Makin | PS2 | Box in the cupboard above each wash basin. |
| Reception | Yes | Ena Makin | Reception Classroom | Box behind the Teacher's desk in TA workspace |
| Junior Library | Yes | Ena Makin | Reception Classroom | Sharing Reception's box |
| Year 2N | Yes | Ena Makin | Year 2N Classroom | Left of Classroom door next to Light Switch |
| LAMDA | Yes | Ena Makin | Ground floor classroom towards the rear of the building. | Cupboard next to teacher's desk |
| Year 4A & 4HW (shared) | Yes | Maureen Froggatt | On Window ledge outside girls' toilets | Box on last window ledge on left side |
| Classes 3A & 3M (shared) | Yes | Terrace Annexe | Window Ledge | Box on window ledge in each classroom |
| Class 5O | Yes | Main Building – Ground Floor | Class 5O | Box by Teacher's Desk |
| Classes 5S & 5H (shared) | Yes | Main Building – Ground Floor | Class 5S | Box on the shelf by the sink |

| | | | | |
|---|---|---|---|---|
| Classes 6AH& 6C (shared) | Yes | Main Building - 1st Floor | Class 6 on window Ledge | Box on 2nd left side window ledge |
| Science Lab | Yes | Main Building – 1st Floor | Science Lab | Box on left side Window ledge |
| Music Studio | Yes | Main Building– Rear Left Annexe | Music Studio | Box on Storage units next to left side exit |

**Appendix B Location of First Aid Supplies**

| Room/Areas Serviced | | Building | First Aid Box Room Location | Where in Room |
|---|---|---|---|---|
| PE office | Yes | Main Building - Mezzanine Floor | PE Office | 2 Large sports bags for fixtures |
| SEN room | Yes | Main Building– Top Floor | Small | Small bag on Window ledge |
| Staff Room | Yes | Main Building– 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 Building– Ground Floor | Pool | Box on Window ledge |
| Art & DT | Yes | Evans Lodge – 1st Floor | In Art room | Box on left side of kitchen countertop |
| Commercial Kitchen | Yes | Main Building– 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 Building | School office, Cupboard | Large Bag for residential trips |
| Day outings/trips | Yes | Main Building | School office, Cupboard | 2 Compact Portable Bag |

| | | | | |
|---|---|---|---|---|
| Junior Playground – Break times | Yes | Ena Makin | Reception | Compact Portable bag by window next to external door |
| 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, Small kitchen and Minibus | | | | |

## 1. 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** .....

| Medicine required (name) | Dates to be given (e.g. every day) | Dosage required | Times per day |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**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.

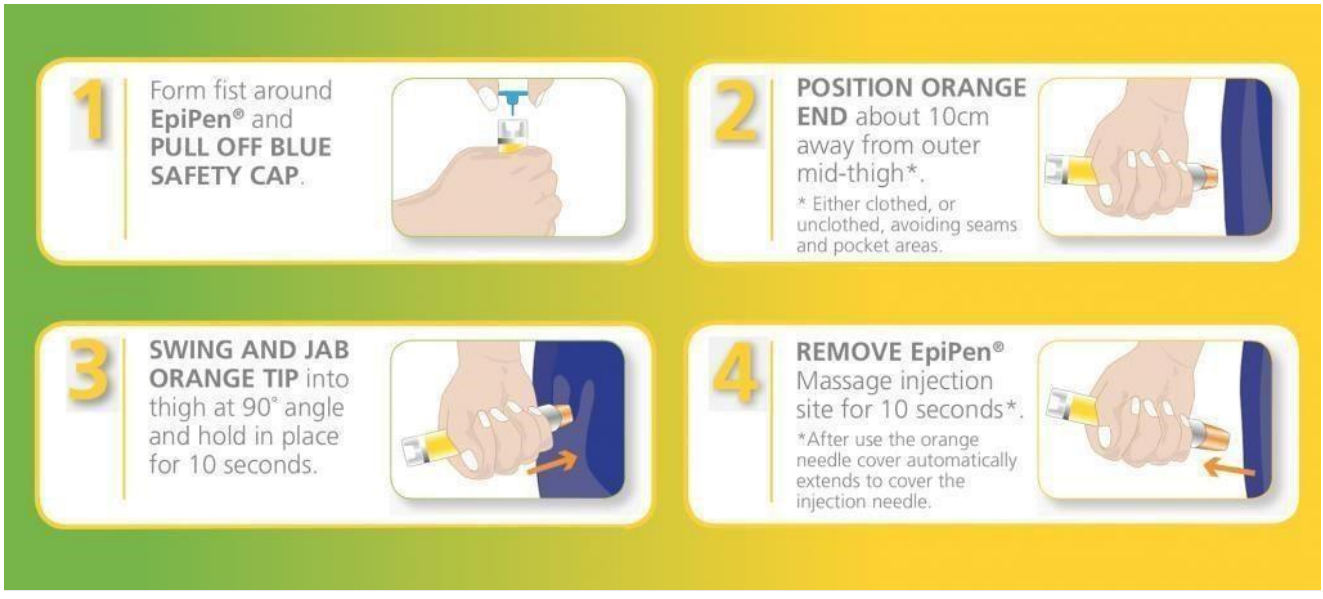
Avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure.

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 F

### Medical Form for Educational Visits

Date…… Class…… First Aider……

| NAME | CONDITION | MEDICATION | WHEN | AM | PM |
|---|---|---|---|---|---|
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## 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.