

WEST HILL PARK SCHOOL
MEDICAL POLICY
(Including First Aid Policy)

1. Aim

This policy aims to promote the health and wellbeing of all pupils (including boarding, day and EYFS pupils) in order that they are best able to reach their potential and participate fully in school life, and care for pupils and visitors through the provision of first-aid facilities, equipment and trained personnel. This is achieved by:

- Monitoring the wellbeing of each child;
- Being available to give them advice and support;
- Recognising and respecting that each child is an individual with his or her own needs and aspirations;
- Providing links between child, parents/guardians, members of staff and other health professionals.

2. Medical Provision, Accommodation and Facilities

Under the leadership of the Head of Healthcare, with support from the Senior Matron and House Staff, the school maintains a Medical Room and two Sick Bays, adjacent to the Boarders Kitchen, to provide medical care for pupils.

The Medical Room and Sick Bay's are positioned on the first floor of the main building. Anyone wishing to visit the Medical Room should report to Reception first, to enable them to make contact with the duty member of staff.

During the school day, all pupils reporting to Reception as unwell should be assessed in the Medical Room by the duty member of staff. Boarders, outside of the school day, wherever possible, should also be assessed in the Medical Room by the duty member of staff.

Whilst parents are requested to provide written consent for the administration of First Aid, medical treatment and administration of medicines, best practice is to gain consent from the pupil you wish to assess. This does not need to be overly formal, something akin to "are you happy to talk to me about how you're feeling" or "is it okay for me to take your temperature?" would be appropriate.

Having assessed the pupil, all information from the assessment - such as (but not exclusively) presenting complaint/signs/symptoms/temperature/other - as well as a record of the plan for the pupil, a record of any medicines administered and any details regarding contacts made with home, must be recorded on the pupil's 'Medical Notes' page on ISAMs. A very brief note must also be made in the Surgery Handover Book, along with the pupils full name, time of attendance, presenting complaint, treatment, medication and initials of the attending First Aider.

If any medicines have been administered, then this needs to be logged on ISAMs or if it is a regular medication this needs to be on a Medicine Administration Form (Annex M).

Following assessment, if a pupil is not returning to the school day due to illness, and is not deemed to require immediate further medical assessment, the Front Office should be informed immediately, so that they may inform appropriate staff and update the registers. Then;

Day pupils;

- Parents/guardians should be contacted by phone and informed of their child's illness, any treatments and the need for them to be collected at the earliest opportunity.

- When handing a pupil over to a parent/guardian, full details of any medicines - including dose and time of administration - must be passed on.
- When handing a pupil over to a parent/guardian, advice must be given regarding acceptable time for return to school if they have presented with specific symptoms. Regarding this all guidance from the NHS will be followed.
- Day pupils can be admitted to Sick Bay, if appropriate, whilst waiting to be collected - employing the same admission procedure as a boarder. This can be viewed below.
- If a pupil has been unwell at home, he/she should remain at home for 24hours after their temperature has returned to normal and not been treated with any medication. In case of an outbreak this may be increased to 48hours and will act as a circuit break to slow/ stop the spread of infection.
- If a pupil has experienced vomiting or diarrhoea they must remain at home for 48hours post their last episode, this will help stop the spread of infection to others within school.

Boarding pupils;

- Given the close proximity of many of our boarding pupil's families to school, the duty member of staff, in consultation with the Head of Boarding, may wish to contact the parent's/guardians of boarding pupils to afford them the same opportunity to be cared for at home as a day pupil. Should this be possible, having arranged collection, boarding pupils should follow the same procedure as indicated above for day pupils as viewed above.
- Should a boarder have to remain at school, they will be admitted to one of the in-patient beds in Sick Bay. Their parents/guardians will be informed of the admission. As will the Head of Boarding.
- In addition to all other information recorded on ISAMs, on admission to Sick Bay an 'Admission to Sick Bay' Form must be completed. This form can be viewed in **Annex N** contained within this policy.
- In dialogue with the Head of Healthcare and the Head of Boarding, the duty staff will complete the ongoing observations on the 'Admission to Sick Bay' Form at agreed intervals.

Whether a day or boarding pupil, whilst being cared for as an in-patient in Sick Bay, the Head of Healthcare, all duty staff and the Head of Boarding should work closely together to care for and monitor the pupil.

Should there **be any concern whatsoever** regarding;

- any of the signs and/or symptoms presenting
- the presentation of the pupil, **in any way whatsoever**
- The **lack of expected improvement** in the pupils presentation
- **or ANY other reason whatsoever - even if just a 'gut' feeling**
-

Then 111 - or even 999 - should be immediately called for guidance. **No one has to make a decision on their own or in isolation.**

If a boarder is registered with the school GP then the duty staff can contact the GP to discuss the pupil and/or book appointments for assessment. For those parents who have opted to remain with their family GP, the parent will be contacted to make arrangements as required.

Boarders who have been unwell are subject to the same guidance regarding the acceptable time for return to school following illness as day pupils. Until they are able to return to school, they remain under the care of the medical team.

Provision

The school has a team of professionals who work together to deliver an integrated pastoral, health and welfare support system for all pupils. This includes:-

- The Medical Team (Lead First Aid, Senior Matron and Matron) who provide a medical / nursing care service to pupils, first aid care to all members of the school community, and promote the health, wellbeing and protection of the pupils in the school.
- First aiders with an appropriate range of qualifications, e.g. First Aid at Work, Advanced Paediatric First Aid, Emergency First Aid at Work, Forest School/Outdoor Education with Paediatric First Aid, and Emergency First Aid in Schools.
- Access to a local doctor (boarding pupils)
- School Counsellor
- Designated Safeguarding Lead SENCO
- Pastoral staff

See **Annex A** for a list of the Lead First Aid's key responsibilities.

All information provided to the Medical Team by the child or the parents, is confidential and will only be passed on to staff members or other healthcare professionals on a 'need to know basis'. NB Safeguarding 'trumps' patient confidentiality. All medical and nursing notes are stored securely with restricted access.

It is the intention of the team to make every child feel welcome in the medical centre, however big or small the problem, and to see them back into school life, feeling confident that whether they have needed medical treatment or not, they have been listened to and understood.

There will always be at least one qualified first aider on the school site when children are present, who has access to appropriate resources and the pupils' medical records.

There will be occasions when the Lead First Aider will be absent from school, either short or longer term. The school will put arrangements in place to support and care for pupils, particularly any with long term health conditions, during their absence.

Staff

The school has designated an appropriate number of trained first aiders to ensure a prompt and effective response to illness or injury among pupils, staff, and visitors. The presence of designated first aiders helps to clarify clear responsibility, enables faster response and improves coordination during emergencies to reduce confusion, and ensure more effective care. All designated first aiders are responsible for recording any first aid treatment is administered, ensure any equipment and facilities are maintained and ensure first aid cover is always available.

Our Designated First Aiders are:-

Lead First Aid: Becky Nestor

Senior Matron: Mel Dyer

Matron: Hazel Rouse

EYFS First Aiders:-

Harriet Povey

Nicola Cole

Zoe Allen (Wild Griffins)

Sue Marrott (Reception)

Contact

Front Desk: 01329 842356

Medical Mobile: 07308 477692

Email: medical@westhillpark.org.uk

Accommodation

The school provides a suitably located and equipped medical centre in order to cater for the medical and therapy needs of pupils, including:

- medical examination and treatment,
- short-term care of sick and injured pupils.

The Medical Centre is the main base for the medical staff and is the place where first aid/nursing/medical treatment is usually prescribed and administered. It is also a port of call for children feeling unsure, homesick or needing to chat.

It will be:

- Large enough to hold an examination / medical couch with enough space at the side for people to work, and other necessary furniture and equipment.
- As the medical centre is located on the first floor, the medical team will treat those unable to access the medical centre via stairs in person in situ,
- Have adequate heating, lighting, and ventilation and a non-slip washable floor,
- Have appropriate telecoms and internet equipment and connectivity to facilitate easy communication and access to electronic information / records,
- Have a wash hand basin supplied with hot and cold running water and be near to a toilet,
- Be provided with:
 - A medical couch/bed (with a waterproof surface) with pillow, sheets and blankets which are frequently washed.
 - Chairs (with waterproof / easily cleanable surfaces)
 - Smooth topped washable working surfaces
 - Cupboards for storing equipment and materials
 - A secure, lockable cupboard for storing medicines and a lockable fridge for storing temperature sensitive medicines.
 - Drinking water (if not available on tap) and a supply of disposable cups
 - Foot operated refuse container
 - Suitable container for 'sharps'

If the school has pupils with disabilities, SEN or complex needs, appropriate additional medical accommodation may need to be provided to meet these needs.

EYFS has a designated first aid area within the kitchen; however, this is a clearly identified and segregated space that is not used for food preparation at the time of first aid treatment. This arrangement ensures that first aid can be delivered in a clean, hygienic, and suitable environment while maintaining safeguarding standards and reducing the risk of cross-contamination. The area is used only when appropriate and is kept separate from any active food handling or preparation activities.

Boarders

All boarders have 24 hour access to our first aid trained matrons, who are able to treat many minor injuries and illnesses in house. Should boarders require further medical treatment we will arrange appointments and accompany them as necessary.

Full and Weekly boarders have the option to register with Dr Janet Naylor, our school doctor based at the Jubilee Surgery in Titchfield. We do however recognise that, as many of our boarders live locally, parents may wish for their child to remain with their current GP practice. In this instance we require parents to maintain responsibility for arranging and accompanying their child to routine appointments. For urgent, non routine matters the school will use the NHS 111 service and will facilitate appointments as advised which may include registering them as a temporary patient at the Jubilee Surgery, utilising the Pharmacy First scheme or visiting an Urgent Treatment Centre.

For Minor injuries requiring further medical assessment and treatment, boarders will be taken to the Minor Injuries Unit at Gosport War Memorial Hospital or to the Emergency Department at the Queen Alexandra Hospital in Portsmouth.

Parents will be informed of any treatment outside of school as soon as safely possible.

If a boarder is unwell and unable to attend school they will be cared for in one of our Sick Bays within the boarding house. These are small, single sex rooms located close to the medical room, allowing children to be closely monitored by staff away from other children. Sick Bays have ensuite facilities, a television and a night bell for use if they require assistance overnight. Parents will be informed if their child is off school due to illness and should they wish to collect their child to care for them at home, they are welcome to do so. We follow NHS guidelines and our school policy on exclusion periods for diarrhoea and vomiting and following a fever (**see Annex B**).

For more serious illness it may be considered necessary for a child to return home for a period of rest and recovery.

Upon entry to the school parents complete a medical questionnaire on behalf of their child, this includes consents for a range of over the counter medications. Should a child require any other medication, either prescribed or over the counter (including vitamins and supplements) this should be handed in along with a completed Medicine Administration Form. All medicines must be in date, in their original packaging and if prescribed, the dispensing label must match the child's name.

Emergency dental treatment for Boarders will be obtained through the NHS 111 service. Parents are asked to arrange routine dental checks in school holiday periods where possible.

Should a Boarder require an appointment with an optician and parents are unable to facilitate it, WHP have a relationship with Specsavers in Fareham to meet the potential needs of the child.

For boarders who need to be cared for away from their usual accommodation, e.g. due to infectious illness, good quality quarantine accommodation is provided including toilet and washing facilities, in a location where they can easily be monitored and supervised by staff.

Facilities

In addition to the first aid and medical equipment available in the Medical Centre, additional facilities and equipment are located in other parts of the school, eg:

- First aid kits
- Defibrillators
- Emergency Adrenaline Injectors
- Eye-wash kits

See **Annex C** for a list of the Locations of First Aid Kits, Defibrillators, Emergency Medication and Other Emergency First Aid Equipment

3. Gillick Competency / Fraser Guidelines

In line with Lord Scarman's comments in his judgement of the Gillick case "parental right yields to the child's right to make his/her own decisions when he/she reaches a sufficient understanding and intelligence to be capable of making up his/her own mind on the matter requiring decision." The following websites provide more information:

- www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/
- www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines
- www.nhs.uk/Conditions/Consent-to-treatment/Pages/Children-under-16.aspx

It is unlikely that any West Hill Park School pupil will be considered Gillick Competent, but if there is any question on the matter, it will be discussed in detail by the Head, DSL, Lead First Aider and any other relevant seniors members of staff.

4. First Aid Policy

First Aid is the initial treatment given to a casualty for any injury or sudden illness for the purpose of preserving life and minimising the consequences of injury and illness before the arrival of an ambulance, doctor or other qualified health professional. It is also the treatment of minor injuries which do not need treatment by a medical practitioner.

The aim of this policy is to:

- Provide effective first aid cover for pupils, staff and visitors,
- Provide first aid promptly and efficiently,
- Ensure that all staff and pupils are aware of the systems in place.

This will be achieved by:

- The completion of a *First Aid Needs Risk Assessment* to ascertain how many first aiders and what types of first aid equipment / facilities are required. It takes into account factors such as:
 - The number of staff / pupils on the site,
 - The age of the pupils
 - Whether any staff or pupils have any special medical needs
 - The range of activities undertaken by staff and pupils during the normal school day, off-site activities, and activities outside normal school hours, e.g. before / after the school day, at weekends and during the school holidays.
 - The location of the school and how long it normally takes for the emergency services to arrive.
- Providing adequate first aid cover as outlined in the Health and Safety (First Aid) Regulations.
- Ensuring that all members of staff know what the first aid procedures are throughout the school including Emergency Medical Procedures (**see Annex D**) and reminders are regularly provided e.g. at the start of the academic year or during inset days.
- Ensuring that a sufficient number of staff receive appropriate first aid training which is updated every three years.
- Ensuring at least one qualified first aider is always on the school site when children are present, and they have access to appropriate first aid resources and the pupils' medical records. If EYFS children are present at least one person with a current full (2 day) Paediatric First Aid certificate will also be present.
- Ensuring that at least one appropriately qualified first aider always accompanies every school trip, off-site activity or away match attended by pupils. All school trips/outings undertaken by Early Years Foundation Stage pupils must be accompanied by at least one person with a current full (2 day) Paediatric First Aid certificate.

- Prominently displaying lists of First Aiders names, qualifications, locations and contact details around the school where staff and pupils can see them (Medical Information Poster).
- Ensuring that first aid kits are adequately stocked and readily available around the school, and portable first aid kits are provided for all off-site activities/school trips/away matches.
- Ensuring that other first aid equipment provided at the school, e.g. defibrillators and emergency Adrenaline Auto Injectors, are regularly checked and maintained in good working order.
- Making parents aware of the school's first aid arrangements and the procedures for informing them if their child has an accident and receives first aid treatment/medication at school or on an off-site school activity.
- Ensure that a record is kept of all accidents and injuries to staff and pupils occurring both on and off the school premises as a result of school activities. (More information in section 7);
- Ensure that a record is kept of all first aid treatment administered by the medical team/first aiders and all medication administered by school staff (More information in sections 7 & 9);
- The HSE is informed of injuries that are reportable under RIDDOR without delay. (More information in section 7 and **Annex F**);
- The schools first-aid and accident reporting arrangements are regularly reviewed.

Refer to **Annex F** for a list of staff who are first aiders and mental health first aiders and their qualifications.

West Hill Park School aims to:

- Provide first aid promptly and efficiently to secure the safety and welfare of our pupils.
- Ensure effective assessment of a child feeling unwell or who is injured;
- Ensure that a child with any minor injury is accompanied to the Medical Centre to be attended to by a member of the medical team.
- Ensure that a casualty with a serious injury will not be moved until assessed by a qualified first aider, unless the casualty is in immediate danger;
- Ensure that a first aider treats casualties safely and effectively. This includes wearing protective clothing, i.e. disposable gloves, and seeking assistance from other first aiders if required.
- Ensure staff who do not possess a valid first aid certificate refer an injured child to a first aider with an in-date first aid qualification. However, if emergency aid is required, it may be necessary for the staff member to initiate simple lifesaving measures.
- Ensure that any child who has sustained a bump to the head (above shoulders) is treated as outlined in **Annex G**.
- Ensure that any child who has sustained a significant head injury is taken to hospital and assessed professionally. (More information in section 5);
- Ensure that if a pupil goes to hospital by ambulance, they are accompanied by a relative or staff member. The staff member will act 'in loco parentis' if required. Key medical details for the child will be taken to the hospital as this information may be required by hospital staff;
- Ensure adequate infection control measures are adhered to by the cleaning and clearing of contaminated areas and equipment and the correct disposal of used items, e.g. gloves and dressings, to prevent contamination. (More information in section 10);
- Ensure that at the beginning of each term, a list of children with specific medical requirements is made available to all relevant staff e.g. asthma, allergies and special dietary needs.

5. First Aid Within the School

For pupils with minor injuries or generally feeling unwell, the pupil should always be escorted to or sent with another pupil (appropriate) to the Medical Room if feasible and safe to do so. Any assessment or treatment given will be documented in the Surgery Treatment Record Book and then input by the medical team on to ISAMs. For very minor injuries within EYFS or Wild Griffins, children may receive minor injury treatment by the designated first aid staff. Any treatment provided by EYFS staff must be recorded in the EYFS Accident Log (**See Annex H**) and filed within the individual pupil records.

For any pupils/staff attending the Medical Room, if unmanned, then the pupil/staff should go to Front Desk and ask for the medical mobile to be called. Any pupils should wait in reception until they are collected by the medical staff on duty.

In the event of an accident or first aid emergency:

- Keep calm
- Be aware of danger
- Assess the injured person and the situation
- If the injured person is well enough to walk, take them to the medical centre. If the medical team are not there, contact Reception and ask them to call the medical mobile (with the medical team at all times) or locate a first aider. Do not leave the person unattended.
- If the injured person is not able to move, do not try to move them; stay with them and summon help from a First Aider.
- If the situation requires urgent medical assistance, do not hesitate to call an ambulance by dialling 999 from any mobile or land-line telephone.

If you are the First Aider make your assessment: -

- Danger – check that there is no danger to yourself or others close by
- Response – does the casualty respond to your voice or tapping on the shoulders?
- Check:
 - A – Airway
 - B – Breathing
 - C - Circulation

Depending on your assessment you will then:

- Give emergency first aid as appropriate
- If a minor injury, accompany the casualty to the Medical Centre yourself or ask another child to accompany them if appropriate.

AND/OR

- If the casualty requires further emergency medical assistance call an ambulance. A member of staff will accompany the casualty to hospital.
- Parents will be notified immediately.
- Record details of the incident and first aid treatment given using the school's recording system.

Examples of injuries / medical emergencies which require urgent medical assistance:

- Severe allergic reactions and anaphylaxis
- Asthma attacks
- Difficulty in breathing / choking
- Seizures
- Fainting / collapse
- Diabetic emergency, eg hypoglycaemia
- Severe bleeding
- Severe burns
- Breaks or sprains
- Head injury and concussion
- Effects of severe self-harm
- Hypothermia / heat exhaustion
- Cardiac arrest / severe chest pain
- Stroke

Head Injury

This is to support all staff in managing a pupil who has received an impact to the head at any time whilst the pupil is in the care of West Hill Park School.

Head injury is defined by the National Institute for Health and Clinical Excellence (NICE) as any trauma to the head other than superficial injuries to the face. Within the school setting, this may vary from very minor to potentially life threatening.

When any pupil, or indeed member of staff or visitor to the school, suffers an impact to the head, it is **vital** that all members of duty Medical staff and the staff body manage the incident in a consistent way.

All staff should be familiar with the signs that a pupil has suffered a serious head injury or an injury that might result in concussion.

All staff will ensure:-

- Every head bump/injury regardless of severity, must be treated with caution. (**See Annex G**).
- With a minor head bump the child should be escorted to the Medical Centre by a member of staff or another pupil (if appropriate) for assessment and treatment. For EYFS and Wild Griffins, a member of the EYFS team with Advanced Paediatric First Aid training can do an initial assessment and treat accordingly, but if there are any concerns they should be referred straight to the medical team.
- All head bumps must be recorded and reported via a Head Bump Letter immediately to parents and all relevant staff.
- If it is considered a more serious head bump, the Medical Team should be contacted immediately via;
 - **Medical Mobile** dial **07308 447692**
 - **Reception** dial **Ext. 824** or dial **01329 842356**
 - or **immediately send an adult**,
 - or, if absolutely the only option available, then send **a pupil to Reception**.
- For the avoidance of **any** doubt, if there is **SUSPICION OF A SPINAL INJURY** or **LOSS OF CONSCIOUSNESS** or **CPR** is required, the pupil/individual **MUST NOT** be moved. In this instance, the **Medical Team** should be summoned. **999** or **112 MUST** be called immediately.

In all instances where individuals have clashed - resulting in a head injury - the all individuals involved **must** be assessed by First Aid qualified staff.

Regarding the **immediate management of a head injury that immediately raises concern due to possible severity**, please **immediately refer to** Guidance for Management of Head Injury (**See Annex G**). Which is informed by Head Injury and Concussion - NHS available to view at <https://www.nhs.uk/conditions/head-injury-and-concussion/> (last reviewed 29 May 2025).

Whilst employing Guidance for Management of Head Injury (**See Annex G**) - at the first appropriate opportunity, the following **must** always be recorded on ISAMs by one of the duty Medical staff and undertaken:-

- The time, date and location of where the head injury occurred.
- The mechanism/nature/mode of the injury with as detailed a description as possible.
- The pupil/individuals recollection of the events.
- Their orientation to time, date, place and recent events to inform decision making around possible concussion.
- Any loss of consciousness.
- Any symptoms, whatsoever.
- All treatments.
- Worsening advice to pupil/individual.

- A record that staff have been informed.
- A record of contact with home.
- A record of worsening advice/information letter communicated to parents/guardians - via email. **See Annex H for template with QR code to [NHS Head Injury and Concussion Information](#) - (29 May 2025).**
- A record in the boarding communication book, as part of handover, for any pupil that is boarding.
- [Depending on the mechanism/nature/mode of the injury] Whether the Head and Head of Health and Safety have been informed and the reason for it.

Whenever 999/112 is called when managing head injuries, alongside this, Emergency Medical Procedures - Including EYFS (**See Annex D**) must also be adhered to where appropriate.

In the case of Boarding pupils, in addition to parents/guardians being appropriately informed, in conjunction with the Medical Team and boarding staff, pupils should be monitored according to head injury advice as per the Head Injury Letter for parents.

During Sport (including fixtures), the member of staff in charge is responsible for the immediate management of head injuries and summoning help. Whilst at West Hill Park School, that will be the duty staff for the Medical Team. For away sporting fixtures, they should request the support of the host school's medical team. Staff must report any incidents and details of first aid given to the medical team on return to school to be added to ISAMs .

All pupils, regardless of all other factors, must be removed from play following a head injury to enable assessment. There are concussion guidelines in all school first aid kits.

Regardless as to whether the initial head injury occurred in a sporting context or not, in cases of head injuries in school where some signs and/or symptoms have been reported or observed that suggest a possible concussion, then it must be advised to parents/guardians that the pupil be assessed by a qualified medical professional.

See pages 9 & 10 of '[If in Doubt Sit Them Out](#)' and the actions to take (see pages 11 & 12). If a child loses consciousness, for however short a period of time, appears dazed or confused, or suffers disturbances of vision, the child should receive immediate medical attention. Any child with signs of a serious head injury must go to hospital. Return to school and sport following any diagnosed concussion will be informed by medical advice and using the Concussion Guidelines from:

- [The Sport and Recreation Alliance - 'If in Doubt Sit Them Out'](#)
- [Association for Physical Education \(AfPE\)](#)
- [Return2Play](#)

Serious consideration should be given to the chance and effects of a second head injury during the recovery period from the initial incident, and appropriate precautions, e.g. rest or phased return taken.

At this point, under the management of the Director of Sport and with input from the Medical Team, if appropriate, all pupils - without exception - will have to follow the **R2P Return to Activity & Sport Pathway (Sept 2024)**.

It is the responsibility of the parents/guardians to ensure that the pupil follows the R2P Return to Activity & Sport Pathway whilst at home.

Pupils who have suffered a head injury and who have commenced the R2P Return to Activity & Sport Pathway will only be permitted to return to exercise as indicated at each relevant stage of the programme and will not be allowed to accelerate or cease participation.

Failure to adhere to its process and to sign off each stage effectively will result in a delayed return to normal activity.

First Aid for Pupils on School Trips and Off-site activities

- School trip/off-site activity risk assessments should identify if anyone on the trip needs special care, consideration or support, who the first aiders are, and the arrangements if a pupil, member of staff, or any person accompanying the group becomes ill or is injured on the trip.
- For overnight excursions an [Overnight Excursion Medical Consent Form](#) must be completed by parents/guardians.
- Any medical conditions/information affecting any of the pupils must be conveyed to the Trip Leader by the medical centre team in good time before the trip takes place.
- A first aider will always accompany the trip and a medical bag/portable first aid kit will always be taken.
- Medication is carried in the medical bag if required, e.g. pupils asthma inhalers (ALWAYS blue in colour) and adrenaline auto-injectors. The bag will be the responsibility of the Trip Leader or designated trip First Aider.
- Staff carry mobile telephones to enable communication with the emergency services and school should an emergency occur. The use of mobile phones must be in line with the Staff Code of Conduct and Safeguarding Policy.
- Staff must report any incidents and details of first aid given to the medical team on return to school.

6. First Aid Kits and Other First Aid Equipment

Please refer to **Annex C** for a list of the locations of all first aid kits, defibrillators, emergency medication e.g. AAls and Inhalers, and other emergency first aid equipment.

All first aid kits, other first aid equipment, e.g. defibrillators and emergency medication (AAls and inhalers), are regularly checked (at least termly) by the Lead First Aid to ensure they are in place, adequately stocked, in date and in good condition.

It is recommended that where no specific risk identified, first aid kits are provided with at least the following contents:

- a leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings of assorted sizes
- two sterile eye pads
- four individually wrapped triangular bandages
- six safety pins
- six medium sized individually wrapped unmedicated wound dressings
- two large individually wrapped unmedicated wound dressings
- three pairs of disposable gloves

Further guidance can be found in the HSEs [First Aid Guidance](#).

7. First Aid Records, Accident Records and Accident Reporting

FIRST AID RECORDS

The school will keep a record of any first aid treatment given by the medical team or first aiders on ISAMs . This will include:

- Name of the injured person

- Date, time and location of incident
- Details of the injury and what first aid /medication was given
- Name and signature of the first aider dealing with the incident
- What happened to the person immediately after treatment e.g. went back to class, resumed normal duties, went home, went to hospital).

ACCIDENT RECORDING and REPORTING

The school will make detailed records of accidents, injuries and illnesses, together with an account of any first aid treatment, medication or treatment given to all pupils, employees and visitors. It will also make reports to parents, and external organisations as required.

- All accidents will be recorded on ISAMs and if significant on an Accident Report Form and then reported to the Head/Estate Manager/Operations Manager. In addition, for any EYFS pupil being treated for first aid by EYFS staff, an accident log form is used to record any accidents or first aid treatment. This is then added to ISAMs by a member of the medical team. For visiting pupils, a visiting pupil treatment record form will be completed for any first aid treatment received. Accidents to adult visitors requiring first aid treatment will be reported on an Accident Report Form.
- Parents will be informed as soon as is reasonably practicable of any significant accident or injury sustained by their child, and of any first aid / medical treatment given. Accidents involving EYFS children must be reported to parents on the same day they occur.
- If schools are registered providers of children under the age of 3 Ofsted and local child protection agencies must be notified if a child under the age of 5 dies or suffers any serious accident, illness or injury (defined as those requiring the child to go to hospital) whilst in their care. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.
- The Medical Team and First Aiders are responsible for ensuring all accidents are recorded. This includes accidents occurring on the school premises and during off-site matches, activities and school trips. Details of all significant accidents and near misses will be recorded in the Accident Report Form Book in the lower drawer of filing cabinet 1 in the Medical Centre.
- Accident records will include:
 - Name of injured person
 - Class / form if they are a pupil
 - Job title / role if they are a member of staff
 - Contact details if they are a visitor
 - Date and time of incident;
 - Place where incident occurred (photos / site plans can be very helpful)
 - Details of what the injured person was doing at the time of the accident
 - If injured person was a pupil, who was supervising them
 - Cause of injury
 - Details of the injury
 - First aid / medication given and name of first aider
 - What happened to the person immediately after treatment, e.g. went back to class, went home, went to hospital;
 - Names of anyone else involved in the incident and any witnesses
 - Time pupil's parents were contacted and key information given.
- Accident records are stored in a format that is compliant with Data Protection Regulations.
- Accident records relating to staff and adult visitors will be kept for a minimum of seven years.
- Accident records relating to pupils and child visitors will be kept until they reach the age of 25. (Pupils can bring a claim in their own right, rather than through their parents, once they reach the age of 18, so there remains the possibility of a pupil bringing a claim against a school up to the age of 25.
- The Estates Manager will ensure that [RIDDOR reportable accidents and incidents](#) are reported to the Health and Safety Executive within the appropriate time scales (see **Annex D** for checklists to determine which accidents are RIDDOR reportable);

- All serious accidents or near misses will be investigated to identify the causes and minimise the risk of a similar incident occurring;
- A review and analysis of the accident records will be undertaken each term by the schools H&S Committee to identify any trends and areas for improvement. This will include:
 - The total number of accidents incurred by staff, pupils and visitors
 - Locations where accidents/incidents occur
 - Causes of accidents/incidents
 - Brief details of any unusual or notable accidents/incidents and the measures taken to prevent reoccurrence.

8. Accident Investigation

All serious accidents and near misses should be investigated by the Head/Operations Manager/Estates Manager and Head of Department responsible for the activities during which the accident/near miss took place. The investigation should seek to identify the immediate and root causes of the accident/near miss in order that action can be taken to prevent them reoccurring in the future.

The investigation should include photographs taken at the scene of the accident, a timeline and detailed record of events, witness statements, any correspondence with interested parties, risk assessments and records e.g. lesson plans, completed checklists, equipment inspection records, training records, qualification certificates, consent forms, accident reports, first aid treatment records. An investigation report should be written and a copy kept on file in the event of future insurance claims or HSE investigations.

Detailed guidance on investigating accidents and incidents is available in the HSE's document HS245 "Investigating Accidents and Incidents".

9. Medicine Storage and Administration

In accordance with guidance from the Royal Pharmaceutical Society and The Royal college of Nursing. Medications are managed in the following way:-

STORAGE

- Pupils should not have medicines in their possession (other than emergency medicines such as adrenaline auto-injectors (AAIs) and inhalers) whilst they are at school. However, pupils should know where their medicines are stored and who is authorised to administer them.
- Emergency medicines, such as AAIs and inhalers, are kept in a labelled unlocked cupboard in the medical room. Older pupils may carry their own emergency medicines if staff deem they are sufficiently responsible.
- If a child requires medication to be administered in school, his/her parent must complete and return a Medication Administration Form (available from the medical centre) providing any information (e.g. dosage/administration instructions) and permission. Medical authorisation and parental consent must also be obtained for the use of the school's emergency salbutamol inhalers and emergency AAIs by children who have been prescribed an inhaler or who are at risk of anaphylaxis. A
- A Pupil Medical Questionnaire (see **Annex I**) is completed by a parent/guardian as part of the admissions process prior to a child commencing school. This provides information outlining any significant past medical history, current conditions and any treatments, including known allergies, dietary preferences immunisation history and consents for the administration of specific medications/topical treatments that a child may require during the school day and consent for emergency medical/dental treatment. This document is then added to the pupils admission file with copies given to the medical team (to file within the pupils medical records in the lockable medical filing cabinets in the medical room) and EYFS (for any pupils in EYFS and Reception - kept in the EYFS office).

- For any child attending West Hill Park School on a temporary basis/taster days a [Medical Questionnaire and Consent Form for Temporary Pupils](#) must be completed by a parent/guardian.
- Any relevant dietary or medical information that staff need to be aware of is added to the Medical Information for the current academic year which is accessible online via the shared drives (google drive) or as a hard copy in the medical room.
- Any immunisations carried out by the School Immunisation Team will require separate consent.
- No child should be given medicines without their parent's written consent. However, in an emergency any member of staff may administer an AAI or chlorpheniramine (antihistamine) or ventolin reliever (blue) inhaler for the purpose of saving a life (The Human Medicines Regulations 2012 Section 238 and Schedule 19). If in doubt call 999 and take the advice given by the emergency services.
- Any child with a confirmed diagnosis of asthma, anaphylaxis or requiring an IHCP is added to the updated care plan lists on display in the medical room and staff room.
- If a parent sends medication to school prescribed by a non-UK doctor / healthcare professional the medical team should check that it is on the UK approved list. All ingredients and full administration instructions (name of the child it is intended for, dose and frequency of administration) must be clearly written in English on the original label. If these conditions are not met the medication will not be administered by school staff.
- With the exception of inhalers and AAIs, all medicines (prescribed and non-prescribed), homoeopathic remedies, vitamins and supplements must be stored in the original container in which they were dispensed / bought, in accordance with the instructions on the label, either in a locked cupboard or a locked refrigerator (eg antibiotics and insulin). The container should be clearly labelled with the name of the child it is intended for, the dose and the frequency of administration.
- Prescribed medicines, e.g. antibiotics, should only be brought into school by day pupils when it would be detrimental to the child's health if the medicine were not administered during the school day. The school should only accept medicines that have been prescribed for the child by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container and include the prescriber's instructions for administration.
- All controlled drugs must be stored in a non-portable container inside a locked cupboard or fridge which only named staff have access to. However they must be easily accessible in an emergency. They may only be administered by named staff who have completed the training for administration of medications and must always be checked and signed for by two members of staff. A record should be kept of any doses used and the amount of controlled drug held.
- The temperature of medicine fridges should be between 2-8 °C, monitored daily and the temperature recorded. The fridge should be cleaned and defrosted regularly.
- Staff who bring prescribed or over-the-counter medications to school or on school trips for personal use must ensure that their medicines are securely stored, especially in EYFS settings.

ADMINISTRATION

Refer to **Annex J** for a list of staff who are authorised to administer medication.

- Medicines should only be administered by the medical team or by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training to administer medication.
- A record should be kept of all pupils who are deemed competent and sufficiently responsible to self-medicate, together with a comprehensive risk assessment.
- Some children who take regular medication will have an Individual Healthcare Plan (IHCP). The IHCP should be reviewed at least annually by the Lead First Aid, or more often if it is updated by their healthcare professional.

- Arrangements for pupils to take any necessary medication on school trips/off-site activities/away matches, either routinely or in emergency situations, must be taken into consideration when the trip/visit is planned. A separate Residential Medical and Consent Form and Medication Dispensing Sheet is used for pupils attending any overnight/residentials trips. All medication will be held by the Trip Leader or designated trip First Aider and given when appropriate.
- Non-prescription medicines should not normally be administered to children under the age of 8 whilst at school.
- Children under 16 should not be given aspirin unless it is prescribed for medical purposes.
- Before administering the medicine staff should check:
 - The child's name
 - The child's medical consent forms
 - Name of medication, that it is in its original labelled container as dispensed by the pharmacist and its expiry date
 - Prescribed dose and method of administration
 - Time/frequency of administration
 - Instructions provided by the prescriber on the label or container
 - Any information re: side effects.
- Every time medicine (prescribed and non-prescribed) is administered to a child, staff must complete and sign a record and inform the child's parents as soon as possible, preferably the same day. The record should include:
 - Name of child
 - Date and time medicine administered
 - Name and strength of medicine
 - Dose given
 - Method of administration, eg orally, topically or administered by the pupil themselves
 - Any observed reactions / side effects
 - Name & signature of staff administering the medicine
- The school uses a boarding communication book to ensure that if boarding house staff administer medication, the medical centre is informed to avoid the risk of double dosing. This is then added to ISAMs to ensure medications are consistently recorded and that any school medication stocks are kept up to date.
- If an error in administering medication is made, e.g. wrong dosage, the pupil's parents should be notified immediately and appropriate action taken to prevent any potential harm to the child. The Head should be informed and relevant documentation completed, e.g. Near Miss/ Incident report form.
- If a child refuses to take medication, or spits it out, they should not be forced to take it. A note should be made in their records and their parents contacted the same day to discuss the situation.

DISPOSAL of MEDICINES

Medicines provided by parents should be returned to them once they are no longer needed by their children, or when they reach their expiry date. If parents do not collect medicines they should be taken to a local pharmacy for safe disposal.

STAFF TAKING MEDICINES

Staff must seek medical advice if they are taking medication which may affect their ability to care for children, or affect their ability to do their job safely. Staff are responsible for their own medication which must be securely stored at all times, especially in EYFS settings. The school cannot be held responsible for staff medication. As a matter of course staff should provide their own non-prescription medication where possible, e.g. paracetamol for headaches, but the Medical Team can occasionally provide a dose to staff who do not have their own supply in order to enable them to continue to work in comfort.

Pupils must not be able to reach or touch any staff medication, and all medication kept e.g. in personal handbags, should be stored securely in staff lockers or locked desk drawers.

All staff are contractually required to update their medical information should it change at any point during the academic year.

10. Infection Control Procedures, including dealing with the spillage of bodily fluids

Infection control measures aim to interrupt the cycle of infection by the routine use of good standards of hygiene, and other measures, so that transmission of infection is reduced overall. The school aims to achieve this is by:

- Encouraging staff and pupils to practise high standards of personal hygiene, particularly good hand washing and cough etiquette,
- Making sure the school environment is kept clean,
- Following a strict protocol for cleaning up spillages of bodily fluids and disposing of clinical waste and sharps,
- Ensuring staff and pupils who are suffering, or potentially suffering, from infectious diseases do not return to school before the [recommended exclusion period](#) for their illness has elapsed,
- Boarders who are suffering from infectious illnesses are moved to quarantine accommodation with its own toilet and washing facilities.

Hand-washing and Personal Hygiene

Handwashing is the key to reducing the spread of many infectious diseases. Encourage everyone to thoroughly and regularly wash their hands using soap and warm water, particularly:

- after using the toilet
- after coughing/sneezing
- before eating any food, including snacks
- after breaks and sporting activities
- before food preparation
- after undertaking any cleaning activities

If hand washing facilities are not available, hand sanitisers can be used as an alternative.

Many infections are spread through coughs and sneezes. Teaching, practising and promoting good 'cough etiquette' plays an important role in infection prevention and control.

Cleaning

Regularly cleaning the school environment is important to prevent and control the spread of infection. Measures for effective cleaning include:

- Implementing a detailed cleaning schedule which specifies the most appropriate cleaning chemicals, dilution rates, contact times and cleaning materials.
- Paying particular attention to frequently touched areas and surfaces, such as key-pads, door handles and push plates, handrails and bannisters, wash hand basin taps and toilet flush handles, light switches, shared keyboards /mice, touch screens, telephones and hand operated dispensers.
- Regularly removing rubbish and waste.
- Thoroughly cleaning and ventilating an area occupied by someone with an infectious disease after they have left. Use of household disinfectant and single use / disposable cloths / paper towels will significantly reduce the risk of passing the infection on to other people.
- Everyone who undertakes cleaning tasks should ensure they wash their hands regularly, particularly at the end of the task and before preparing or consuming food or drinks.

- Anyone who cleans a room occupied by someone with an infectious disease should wear disposable gloves and aprons. At the end of the task they should take them off carefully to prevent self-contamination, and dispose of them correctly, then wash their hands thoroughly with soap and warm water.
- Anyone who cleans up blood and bodily fluids (vomit, urine, faeces, saliva and nasal discharges) must follow the protocol for cleaning up spillages of bodily fluids

Protocol for Cleaning up Spillages of Bodily Fluids

All spillages of blood and bodily fluids (vomit, urine, faeces, saliva, and nasal discharges) should be cleaned up immediately to reduce the risk of infectious micro-organisms causing further illness. The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin (cuts or scratches).

Before clearing up any spillages of body fluids:

- Train staff how to do this safely and effectively.
- Collect dedicated cleaning equipment eg: bucket, scraper, brushes, disposable cloths/paper towels, closable containers and bags.
- Collect appropriate absorbent material e.g. AbsorbGel or cat litter, and cleaning chemicals: surface disinfectants such as Distel / TriGene or hypochlorite solution (always follow the manufacturer's instructions).
- Cover all cuts and scratches with a waterproof dressing.
- Wear disposable, abrasion-resistant waterproof gloves and a disposable waterproof apron.
- If necessary, wear disposable overshoes or wellington boots.
- Provide good ventilation, e.g. by opening windows
- Erect barriers and warning notices
- Provide buckets with disinfectant and long-handled brushes for personal decontamination at the exit point.

Cleaning Procedure

- Use 'AbsorbaGel' solidifying agent or cat litter to turn any fluid into a gel/solid which can be picked up easily and disposed of.
- Scrape up residues into a closable container, for safe disposal
- Bag up contaminated material that needs laundry or disposal, eg bedding, clothing, soft furnishings
- Wash surfaces clean with detergent and then disinfect them
- Vomit and faeces may be disposed of in a WC
- Small quantities of tissue paper / paper towel or similar biodegradable material contaminated with minor blood / bodily fluid stains can be disposed of by:
 - flushing down the toilet, providing there is no danger of blocking the drains
 - in a sanitary waste bin
 - in a yellow 'clinical waste' collection bag.
- Larger quantities of contaminated tissues, paper towels and cloths, and disposable gloves, aprons and shoe covers, more heavily contaminated with blood / bodily fluids should be disposed of in a yellow 'clinical waste' collection bag, or if this is not available, in a sealed plastic bag which is placed in a sanitary waste bin.

After the clean-up process has been completed:

- Clean and disinfect all reusable work equipment, eg scrubbing brushes.
- Remove and dispose of used disposable gloves and aprons.
- Change out of contaminated work clothing, bag up and disinfect as soon as possible on a high temperature wash cycle.
- Wash your hands thoroughly

Clinical Waste and Sharps

- Clinical Waste in biohazard / yellow bags must be collected by a registered waste carrier and incinerated.
- General waste in the medical centre bins can be disposed of alongside other normal waste.
- Sharps e.g. syringes and hypodermic needles, must be placed in a puncture proof sharps container kept in the medical centre or a locked cupboard.
- When full, the sharps container will be disposed of by a licensed waste carrier or at a local hospital or doctor's surgery.

Infectious Staff and Pupils

Staff and pupils with symptoms of infectious diseases must not come to school. See the following documents for details of exclusion periods:

- [UKHSA - Health Protection for Schools – Infection exclusion table](#)
- [UKHSA - Health Protection in Schools - Guidance on managing cases of infectious diseases in schools](#)

Parents and staff should be frequently reminded that the exclusion period, as advised by the NHS, for diarrhoea and/or vomiting is 48 hours from the last episode, to prevent the spread of infection in school (**See Annex B**).

Some infectious diseases are notifiable. These are usually notified through a GP. A nominated person in the school (usually a member of the medical team) will contact the local Health Protection Team as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)

Click here for full [list of notifiable diseases](#).

11. Sun Protection

The [Sun Protection Policy](#) outlines the measures in place to protect pupils from the harmful effects of sun exposure. As children's skin is particularly vulnerable to sun damage, the school is committed to promoting safe sun practices and supporting pupil's health and wellbeing during outdoor activities.

12. Arrangements for Pupils with Particular Medical Conditions

Parents/guardians must inform the school at the point of entry, or point of diagnosis if already a pupil, if their child has a diagnosis of a specific medical condition. It is also the responsibility of the parents/guardians to notify the school, via the Medical Team, as to any change in current diagnosis. This will enable the Medical Team to;

- Liaise directly with the parents/guardians to discuss, agree and 'sign off' an **Individual Healthcare Plan (IHCP)** if needed,
- Formally record the information on the schools ISAMs system,

- Update the [MEDICAL/DIETARY INFORMATION](#) for the current academic year available to all staff both electronically and as a hard copy,
- Update lists for pupils with current IHCP's ([CURRENT PUPILS WITH SEVERE ALLERGIES/ANAPHYLAXIS](#), [CURRENT PUPILS WITH ASTHMA](#), [CURRENT PUPILS WITH INDIVIDUAL HEALTHCARE PLANS - NOT INCLUDING ASTHMA OR SEVERE ALLERGY LIST](#)) and remind staff to keep up to date with this information and where the locations of the lists are:-
 - Staff Room Medical Noticeboard
 - Publications Office Noticeboard
 - EYFS Office noticeboard
 - School medical room notice board.
- Have any relevant medical information/needs added to any trip risk assessments.

For any pupil with an **Individual Healthcare Plan (IHCP)**, these will be located:-

- Electronically - under useful links on [Staff Portal](#),
- On the Google Drive:-
 - SHARED DRIVES > MEDICAL INFORMATION > CURRENT ACADEMIC YEAR > PUPIL INDIVIDUAL HEALTHCARE PLANS > SELECT ACADEMIC YEAR > SEARCH BY YEAR GROUP**
- Within the Pupil's Medical File (located in a locked filing cabinet in the Medical Room).

The information within the Individual Healthcare Plan (IHCP) should clearly set out how a pupil's medical needs will be supported, so they can access education safely and fully:-

- Pupil details: name, date of birth, class, photo (if used), and emergency contact details.
- Medical condition(s): diagnosis, description of the condition, symptoms, triggers, and typical presentation.
- Medical needs and support: day-to-day care requirements during the school day (e.g. monitoring, rest, diet, equipment).
- Medication: name, dose, timing, method of administration, storage, side effects, and who is trained to administer it.
- Emergency procedures: signs of deterioration, step-by-step actions to take, use of emergency medication, and when to call 999 or parents.
- Roles and responsibilities: what is expected of school staff, parents/carers, the pupil, and the medical team.
- Training requirements: details of any staff training needed and who provides it.
- School activities and adjustments: support for lessons, PE, trips, exams, and reasonable adjustments to ensure inclusion.
- Review arrangements: date of plan, review date, and when it should be updated (e.g. change in condition or treatment).
- Approval from parents/carers and school.

When accessing this information, staff will do so considering confidentiality and information sharing: what information can be shared and with whom.

Allergic Reactions and Anaphylaxis

Each pupil diagnosed with severe allergic reaction/anaphylaxis, must:-

- Have an Individual Healthcare Plan (IHCP) - under useful links on [Staff Portal](#).
- Be included on the [CURRENT PUPILS WITH SEVERE ALLERGIES/ANAPHYLAXIS](#) list.
- Have any relevant medical information/needs added to any trip risk assessments.

All staff must know how to access the child's IHCP and the location of their Adrenaline Auto Injector (AAI):-

All AAI's for pupils with known Anaphylaxis are kept in the Medical Room in an unlocked cupboard labelled - Adrenaline AutoInjectors Stored Here.

IMPORTANT - please remember that the school holds different doses of adrenaline auto-injectors. Each box clearly identifies the age group for which the adrenaline auto-injector is meant for.

Please see **Annex L** on **First Aid for Anaphylaxis and How to use an EpiPen**.

Asthma

Asthma is a chronic disorder caused by the inflammation of the linings of the bronchioles and an increase in the production of mucus, causing a dry cough and tightness in the chest. Classic symptoms of asthma include: wheeze, cough, shortness of breath and tightness in the chest.

The common triggers for asthma are: exercise, cold air, upper respiratory tract infection, grass pollen, emotional stress, exposure to pets, smoke, house dust mites and medicines such as non-steroidal anti-inflammatory drugs.

Further information on Asthma can be found [here](#).

Each pupil diagnosed with severe asthma, must:-

- Have an Individual Healthcare Plan (IHCP) - under useful links on [Staff Portal](#)
- Be included on the [CURRENT PUPILS WITH ASTHMA](#) list
- Have any relevant medical information/needs added to any trip risk assessments.

An Asthma Action Plan may be completed by the pupil's healthcare professional, but if this has not been provided there are templates available on the Asthma & Lung UK [website](#).

There are two main types of inhalers for the treatment of asthma – relievers and preventers.

Relievers – Bronchodilators (Blue), ventolin or salbutamol

- These relax smooth muscle, dilating the bronchi and opening the airway.
- Relievers are essential in treating an asthma attack.
- Relievers are a safe and effective medicine and have very few side effects. However, some children may feel shaky if they take several puffs, but these effects should pass quickly.
- Children cannot overdose on reliever medicines.

Preventers – Steroids and non-steroidal anti-inflammatory agents (usually brown, orange, purple)

- These reduce and prevent inflammation of the airways and prevent muscle spasm and swelling, thus protecting the lining of the airways. Taking preventer medicines means that a child with asthma is less likely to react badly when he/she comes into contact with an asthma trigger.

Schools Emergency Inhalers

Schools can buy Salbutamol inhalers without a prescription for use in emergency situations, e.g. if a child who has been diagnosed with asthma has not got their own inhaler with them, or it is empty.

The emergency inhaler should only be used by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, and for whom both medical authorisation and written parental consent for use of the emergency inhaler has been given. Consent should be updated regularly – ideally annually – to take account of any changes in the child's condition.

Click [here](#) for Dept of Health guidance on the use of emergency inhalers in schools.

Common signs and symptoms of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Difficulty speaking in full sentences

How to help:

- Keep calm
- Encourage the child to sit and lean slightly forward
- Make sure the child takes two (2) puffs of reliever (blue) inhaler immediately, preferably through a spacer. (Spacers give a more accurate delivery of dosage of medication)
- Reassure and encourage the child to breathe slowly and deeply
- Loosen tight clothing
- The child may require another 2 or more puffs of reliever (blue) inhaler through the spacer

If there is no improvement, and:

- The reliever has no effect after 5 to 10 minutes
- There is an audible wheeze
- The child is too breathless to talk
- The child's lips are blue
- Or if you are in any doubt

CALL 999 for an ambulance stating ASTHMA ATTACK – CHILD and follow the instructions given by the operator.

Diabetes

What is diabetes?

- Diabetes is a long-term medical condition where the body cannot produce enough insulin which controls the level of glucose in the bloodstream. Sometimes those who have diabetes may have a diabetic emergency, where their blood sugar level becomes too high or too low. Both conditions could be serious and may need treatment in hospital.
- Insulin is a chemical produced by the pancreas. It regulates the blood sugar (glucose) levels in the body. When someone has diabetes, their body cannot keep the blood sugar level within the normal range. Their level can be higher or lower than normal blood sugar.
- There are two types of diabetes:

- Type 1 - known as insulin dependent diabetes
- Type 2 - non-insulin dependent diabetes
- Some diabetics wear 'medical alert jewellery' e.g. bracelets or necklaces, to communicate vital medical information to first aiders in an emergency.

Further information on Diabetes can be found [here](#)

Each pupil diagnosed with Diabetes, must:-

- Have an Individual Healthcare Plan (IHCP) - under useful links on [Staff Portal](#)
- Be included on the [PUPILS WITH INDIVIDUAL HEALTHCARE PLANS 2025/2026 - NOT INCLUDING ASTHMA OR SEVERE ALLERGY LIST](#)
- Have any relevant medical information/needs added to any trip risk assessments.

Parents of children with diabetes are responsible for providing diabetes equipment/medication for their children in school and also providing a detailed diabetes care plan which has been drawn up for the child by a paediatric diabetes specialist nurse. This information will then be used to create a school specific IHCP.

Whenever leaving the school site, all pupil diabetic supplies, and their IHCPs, must travel with the pupil. The member of staff responsible for the pupil whilst away from site, regardless of activity, is also responsible for ensuring that the diabetic equipment (including IHCP) travels with the pupil and is available to them at all times.

It is also the member of staff's responsibility to ensure that the spare equipment, supplies and IHCP is immediately returned to the correct location when returning on to the school site - unless alternative arrangements have been made with the Medical Team.

Parents are asked to supply spare medication and equipment related to their child's diabetes and emergency supplies for the treatment of a hypoglycaemic episode or as indicated in their IHCP and any additional snacks/drinks that may be required for sport/matches/trips. This will be stored in the Medical Room in a locked cupboard. Pupils are actively encouraged to keep blood sugar testing equipment with them at all times. The Lead First Aid will take responsibility for monitoring expiry dates of medication and equipment stored in the Medical Room and will let parents know when an expiry date is approaching, so that arrangements can be made to replace any supplies.

Hyperglycaemia

This is where the blood sugar level is higher than normal. It may be caused by a person with diabetes who has not had the correct dose of medication. They may have eaten too much sugary or starchy food or, they may be unwell with an infection.

Signs and symptoms:

- warm, dry skin
- rapid pulse and breathing
- fruity, sweet breath
- excessive thirst
- drowsiness, leading them to become unresponsive if not treated (also known as a diabetic coma)

What to do

- If you suspect hyperglycaemia (high blood sugar), check the IHCP (under useful links on [Staff Portal](#)) - follow plan of action.

- If they become [unresponsive](#) at any point, open their airway, check their breathing and prepare to start [CPR](#).

Hypoglycaemia

This is where the blood sugar level is lower than normal. It can be caused by an imbalance between the level of insulin and the level of glucose in the blood. Someone with diabetes may recognise the onset of a hypoglycaemic episode.

Signs and symptoms:

- weakness, faintness or hunger
- confusion and irrational behaviour
- sweating with cold, clammy skin
- rapid pulse
- palpitations
- trembling or shaking
- deteriorating level of response

What to do

- If you suspect hypoglycemia (low blood sugar), call the medical mobile and help the person to sit down.
- Check the IHCP (under useful links on [Staff Portal](#)) - follow protocol if available.
- If they have their own glucose gel or glucose tablets, help them take it. If not, you need to give them something sugary, such as a 150ml glass of fruit juice or non-diet fizzy drink; three teaspoons of sugar or sugar lumps; or three sweets such as jelly babies.
- If they improve quickly, give them more of the sugary food or drink and let them rest. If they have their blood glucose testing kit with them, help them use it to check their blood sugar level. Stay with them until they feel completely better.
- If they do not improve quickly, look for any other reason why they could be unwell and call 999 or 112 for emergency help.
- Keep monitoring their breathing and level of response while waiting for help to arrive.
- If they are not fully alert, don't try to give them something to eat or drink as they may choke.
- If they become [unresponsive](#) at any point, open their airway, check their breathing and prepare to give [CPR](#).

Seizures including Epilepsy

A seizure can also be known as a convulsion or fit. In young children, seizures are usually caused by a raised body temperature, often following an infection. This type of seizure, known as a febrile seizure, occurs because the brain is not mature enough to cope with the body's high temperature.

Epilepsy is a term which is used to describe a proven tendency to have recurrent fits (also known as seizures or convulsions). Further information on Epilepsy can be found [here](#).

Signs and symptoms:-

- loss of or lack of a response
- vigorous shaking, with clenched fists and an arched back
- signs of a fever, with hot, flushed skin and sweating
- twitching of the face
- squinting, fixed or rolled back eyes
- breath holding with a red face and neck
- drooling at the mouth
- vomiting
- loss of bladder or bowel control.

What to do

Clear any objects away from around the child that could be dangerous. Then place pillows or soft padding, such as rolled up towels, around the child. This will help to protect them from injuring themselves while having the seizure.

- Do not restrain the child or move them unless they are in immediate danger.
- Do not put anything in their mouth.
- Try to cool the child down. Take off any bedding and clothes such as a t-shirt to help cool them. You might need to wait for the seizure to stop to do this. Make sure there is fresh air circulating but be careful not to overcool the child.
- When the seizure has stopped, place them in the [recovery position](#) to keep the airway open. Call 999 or 112 for emergency help.
- While you wait for help to arrive, reassure the child and parent. Monitor the child's level of response.

Each pupil diagnosed with Epilepsy, must:

- Have an Individual Healthcare Plan (IHCP) - under useful links on [Staff Portal](#)
- Be included on the [PUPILS WITH INDIVIDUAL HEALTHCARE PLANS 2025/2026 - NOT INCLUDING ASTHMA OR SEVERE ALLERGY LIST](#)
- Have any relevant medical information/needs added to any trip risk assessments.

13. Useful Reference Documents and Websites

- [Supporting Pupils with Medical Conditions](#) - DoE
- [Health Protection in Schools and Other Childcare Facilities](#)
- [First Aid in Schools, Early Years and Further Education](#) – DfE - 2022
- First Aid Approved Code of Practice and Guidance - HSE - L74
- First Aid at Work : Your Questions Answered – HSE – indg214 – rev2 2018
- Guidance on Selecting a First Aid Training Provider - HSE – GEIS3
- [Guidance on the use of adrenaline auto-injectors \(AAIs\) in schools](#) - DoH
- [Guidance on the use of emergency salbutamol inhalers in schools](#) - DoH

Annex A - The Lead First Aid is responsible for:

- Providing day to day medical, nursing, first aid, emergency and pastoral care to all children
- Maintaining accurate and confidential medical records
- Recording administration of non-prescription and prescribed medication, time and dosage
- Documenting Individual Healthcare Plans for children with chronic illness or allergy (if not provided by their Healthcare professional)
- Ensuring that accident forms are completed by anyone giving first aid treatment to a pupil, member of staff or a visitor.
- Updating school medical / first aid policies and disseminating information to relevant members of staff on a need to know basis
- Liaising with staff and parents re: medical issues relating to pupils
- Parents of boarders have the option to register their child with the local GP (Jubilee Surgery), however if parents choose to keep their child registered with their own GP, it is the parents responsibility to arrange/facilitate any appointments needed.
- Organising vaccinations/immunisations in line with public health recommendations.
- Following procedures for the safe disposal of drugs and clinical waste.
- Checking First Aid Kits and other first aid equipment / emergency medication
- Maintaining Medical Centre stock, hygiene and tidiness
- Auditing Medical Centre stock and children's prescribed medication. Recording of expiry dates.
- Implementing relevant health promotion initiatives.
- Encouraging children to eat a balanced diet and liaising with other staff members and the kitchens to facilitate this.
- Maintaining in date First Aid qualification.



WHEN SHOULD MY CHILD STAY OFF SCHOOL? (Based on NHS Guidance + School Policy)

Fever



Children should stay home if they have a fever. **Our School Policy** states your child must be **fever-free (below 38°C) without the use of fever-reducing medication** for 24 hours before returning.

Common Illnesses



Coughs & Colds

If your child feels well, they can attend



Sore Throat

If mild and your child feels well, they can attend



Diarrhoea and/or Vomiting

Your child must stay at home until 48 hours after the last episode



Chicken Pox

Your child must stay at home until all spots have crusted over



Conjunctivitis

If your child feels well, they can attend



Impetigo

Your child must stay at home until blisters have dried or 48 hours after starting antibiotics

General rule: If your child is too unwell to take part in school activities, please keep them at home.

Annex C - List of the Locations of First Aid Kits, Defibrillators, Emergency Medication and Other Emergency First Aid Equipment

First Aid Kits are kept in the following locations:

- Art Block
- Cricket Pavillion
- DT Block
- Early Years
- Expedition Kit
- Grounds Building
- Housekeeping Store
- Kitchen
- Minibus - GF18 AVO
- Minibus - GH19 VNC
- Minibus - GX17 VFW
- Minibus - GX67 WHS
- Medical Room
- Music Room
- Outdoor Ed
- Off site kits cupboard (opposite medical room door)
- Science Lab 1
- Science Lab 2
- Sports Hall
- Stables
- Swimming Pool
- Workshop

Defibrillators are kept in the following locations:

- Reception
- Sports Hall (outside wall - code C159X)

Eye Wash Kits are kept in the following locations:

- Acid Room
- Art Block
- Chlorine Room
- Cricket Pavillion
- DT Block
- Early Years
- Grounds Building
- Housekeeping store
- Kitchen
- Laundry
- Science Lab 1
- Science Lab 2
- Sports Hall
- Stables
- Swimming Pool
- Work Shop

Emergency Adrenaline Auto Injectors are kept in the following locations:

- Medical Room labelled unlocked cupboard

Emergency Inhalers are kept in the following locations:

- Medical Room labelled unlocked cupboard

Annex D - Emergency Medical Procedures including EYFS

If you are dealing with a child who needs emergency medical attention, please follow the following procedures:-

If an injury occurs on the Sports Fields, paddock or other sport related areas, members of staff present should assess the child at the scene and **immediately** contact the duty member of staff for the Medical Room via;

- **Medical Mobile** dial **07308 447692**
- **Reception** dial **Ext. 824** or dial **01329 842356**
- or, if absolutely the only option available, then send **a pupil to Reception**.
- If away from the school site, please immediately contact a first aid qualified member of staff
- Call 999 or 112 and request an ambulance if needed.

In the event of a more serious injury/accident:

Contact the duty member of staff for the Medical Room immediately via;

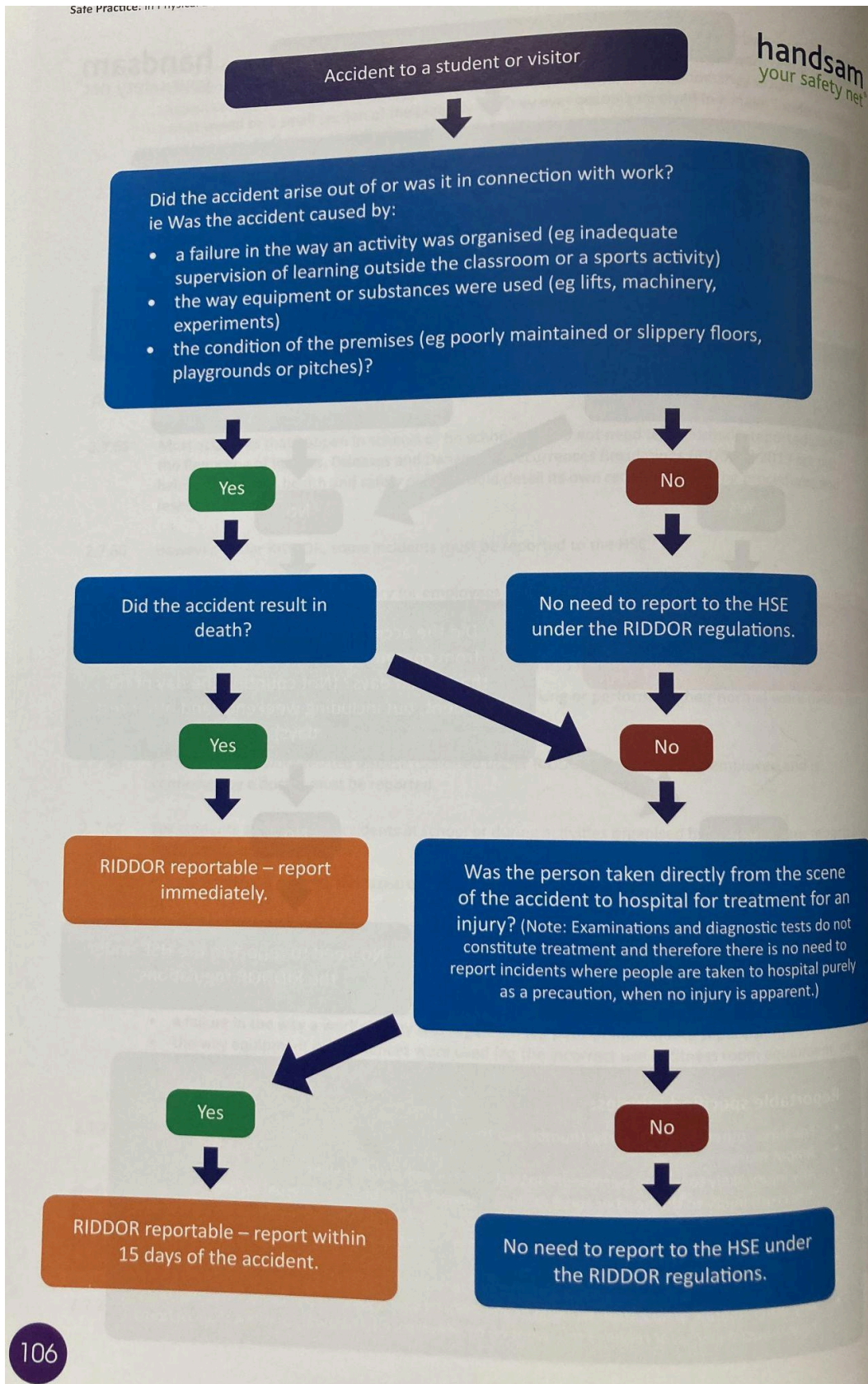
- **Medical Mobile** dial **07308 447692**
 - **Reception** dial **Ext. 824** or dial **01329 842356**
 - or **immediately send an adult**,
 - or, if absolutely the only option available, then send **a pupil to Reception**.
-
- If you hold a First Aid Certificate, administer emergency first aid until the staff member arrives to give assistance, if the area and patient is safe for you to do so.
 - Clear all on-lookers from the area. BE FIRM.
 - In the case of a suspected serious injury (particularly to the spine or head) or persistent unconsciousness, **do not** move the patient at all, even if they are in the middle of the field of play.
 - Assist the attending First Aider as directed.
 - If an ambulance is required, ensure someone is on hand to meet it and guide it to the accident/incident. At this point the Headmaster or his Deputy should be informed.
 - Parents are only to be contacted once all the relevant details have been obtained and not before. If a child is removed to hospital, the Headmaster or in his absence the next senior member of staff will make decision of who will inform parents,
 - The on duty Medical Room staff member or a member of staff who holds a first aid qualification will accompany the child wherever possible. It is essential that all relevant Medical information accompany the child at all times. The pupils' Red Grab File should be taken from the personal record files - this can be located in the filing cabinets in the Medical Room - the files are stored alphabetically by year group.
 - The person responsible for accompanying the child will remain in contact with the Headmaster or his Deputy at all times. This forms a firm link with school. Do not leave messages with others answering the telephone as this can sometimes get misinterpreted.
 - Keep in regular contact with the school so that parents who are unable to come to hospital receive accurate information.

- Telephone the school before leaving the hospital in order to prevent unnecessary journeys to the hospital by the parents or relief staff.
- If the child does not require an ambulance & is taken in a staff car, it is preferable that two members of staff accompany the child.
- Once the injury/accident is under control and all facts are in place, the Lead First Aid will, if necessary, report the incident using the RIDDOR process. (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). A copy of the report will be given to the Estates Manager.

Annex E - Which Pupil or Visitor Accidents Need to be Reported to the HSE?

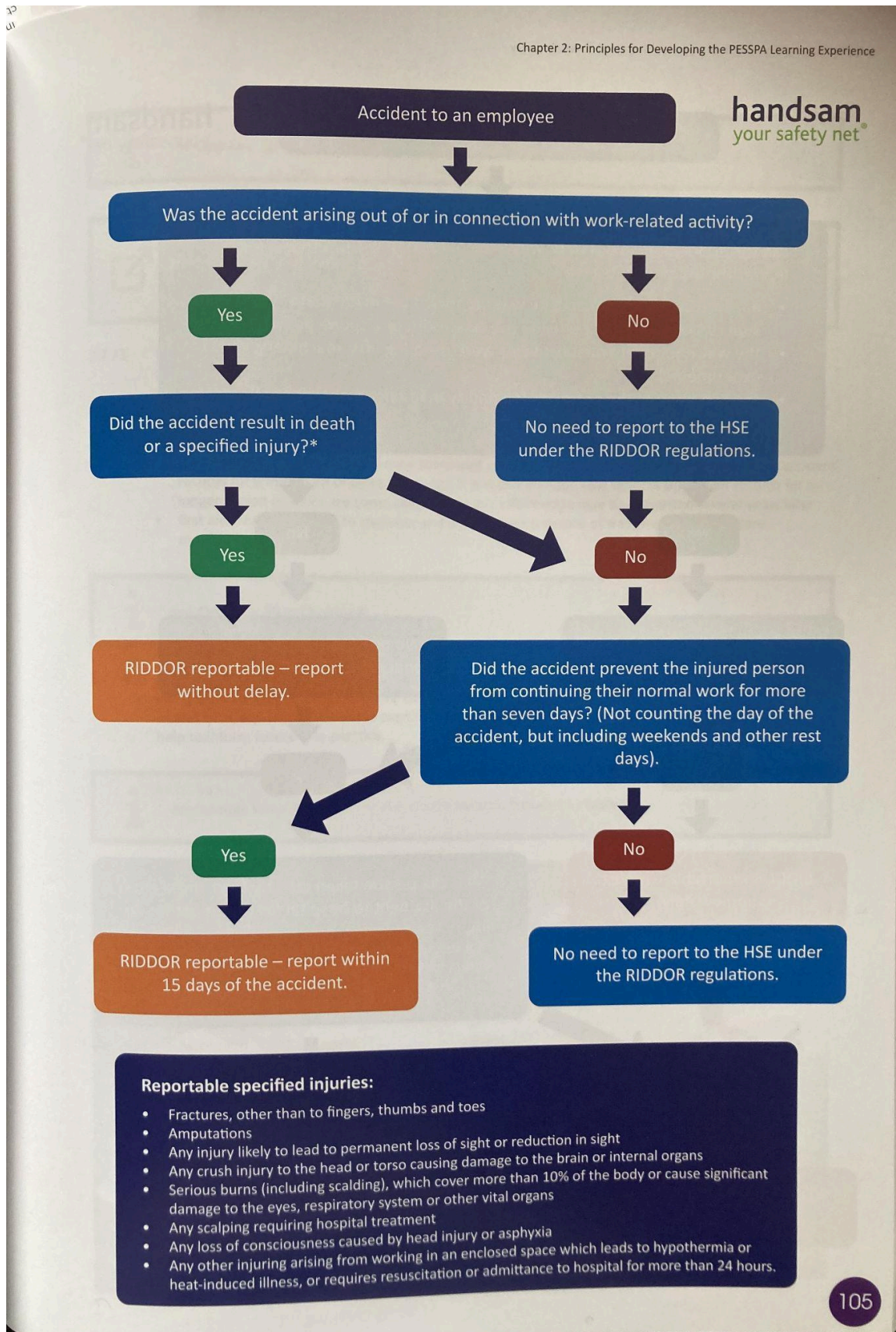
(RIDDOR)

(Source: Safe Practice in Physical Education, School Sport and Physical Activity - AfPE)



Which Staff Accidents Need to be Reported to the HSE? (RIDDOR)

(Source: Safe Practice in Physical Education, School Sport and Physical Activity - AfPE)



Annex F - List of Staff with First Aid and Mental Health First Aid (MHFA) training

First Aid Training

Training is updated every three years and there is always at least one qualified person on the school site when children are present. Please see document attached with a list of staff first aid training qualifications:-

[Staff First Aid Qualifications](#)

Administration of Medications

Where required, named staff members who have completed appropriate training in the administration of medication are authorised to administer prescribed medication in line with parental consent and the school's medication procedures:-

MHFA First Aid Training

The following staff are qualified Youth Mental Health First Aiders, having completed the following course **First Aid for Mental Health - Hieda (February 2026):-**

John Boddington
Sally Curtis
Becky Nestor

Additionally, all staff are currently working towards completing the following course:-

Mental Health Champions - Foundation Programme: Teachers and School Staff

Annex G - Guidance for Management of Head Injury

Remove, assess, treat if required, record, inform and monitor if:

<p>A pupil/individual receives a blow to the head and is presenting well.</p>	<ul style="list-style-type: none"> ● Remove them from the activity. ● Have a First Aid qualified member of staff assess them - or contact the duty medical staff for assistance or take the individual to the Surgery for assessment. ● The following must form part of the assessment and be clearly and formally documented on ISAMs ; <ul style="list-style-type: none"> - the mechanism/nature/mode of the injury, - pupil/individuals recollection of the events, - any loss of consciousness, - any symptoms, - any treatments ● If no signs or symptoms present, then the pupil/individual may return to their activity once; <ul style="list-style-type: none"> - staff have been made aware so they may monitor and are advised regarding re-contacting the Medical Team if they are in any way concerned. - appropriate to age, it has been discussed with pupils what to do if they start to feel, in any way, unwell. - parents have both been contacted regarding the incident and been signposted - by email, a Head Injury Letter - regarding worsening advice following a head injury.
---	--

Dial 111 for advice (It is possible they might need A&E) + contact parents if:

<p>A pupil/individual receives a blow to the head and presents with the following (including having initially presented as well post head injury but then subsequently presents with) or the following is relevant.</p>	<ul style="list-style-type: none"> ● If a pupil presents with the following after a blow to the head: <ul style="list-style-type: none"> - Vomiting. - Complaints of a headache that is not improving with pain relief.. - Demonstrates changes in behaviour such as irritability or changes in character. - Is particularly tearful. - Starts to report new problems with memory. - Reports feeling, not at all themselves. ● Has a past medical history that includes; <ul style="list-style-type: none"> - Any blood clotting disorder. - Any blood thinning medications.
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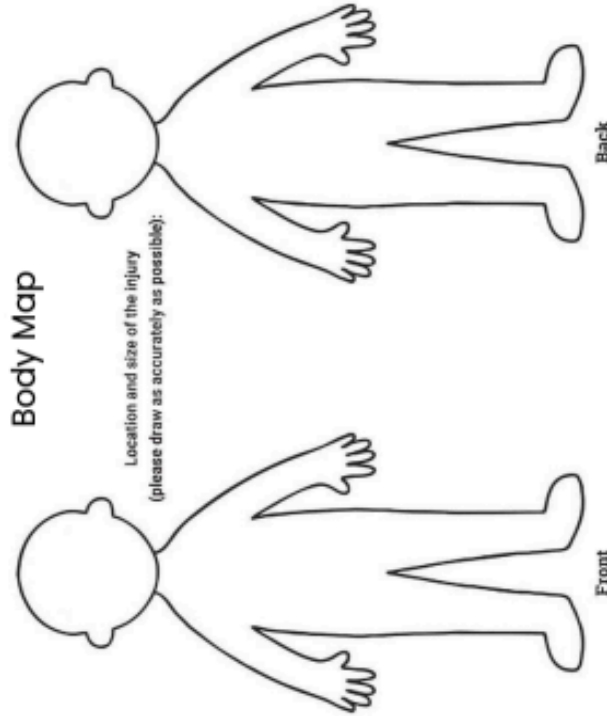
- | | |
|--|---|
| | <ul style="list-style-type: none"> - Any neurological surgeries. - May have been drinking alcohol just before the injury. |
|--|---|

Call 999 immediately if:

<p>A pupil/individual receives a blow to the head and presents with any of the following;</p>	<ul style="list-style-type: none"> ● There is any suspicion of a spinal injury. ● Has been knocked out and has not woken up. ● Has difficulty staying awake or keeping their eyes open. ● Has a seizure (fit). ● Has fallen from a height more than 1 metre or 5 stairs. ● Has problems with their vision or hearing. ● Has a black eye(s) without any direct injury to the eye. ● Has clear fluid coming from their ears or nose. ● Has any numbness or weakness in any part of their body. ● Has any problems with walking, balance, understanding, speaking or writing. ● Hit their head at speed (car crash/hit by car or bike). ● Has a head wound with something inside it or a dent to the head. ● They can not get to A&E safely.
---	--

Annex H - EYFS Accident Log

Accident Log



Child's Name:	
Date and time of accident:	
Name of witnesses/adults present:	
Place accident occurred:	
Description of how the accident occurred:	
Record of any injury and action taken:	
First aid Administered <input type="checkbox"/> Y <input type="checkbox"/> N If Yes please give details:	Condition of child following the accident:
Reviewed in medical: <input type="checkbox"/> Y <input type="checkbox"/> N	Time:
Advice given:	
How was parent informed? In person <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/>	
Parents Name:	
Signature:	Date:
Other comments	

How was this form shared with parents/carers (please tick)
 Paper Copy Email Other (please specify)

Annex I - Head Bump Letter to Parents

Dear #####

I have seen ##### today who has unfortunately bumped ## head.

Cause of injury - #####.

Injury noted -#####

Their treatment was as follows #####

Medication Given - #####

At the time I do not think that the injury requires further medical attention, but should ##### become unusually drowsy, vomit or complain of feeling sick, experience double vision or a headache, which is not relieved by paracetamol, I advise you to seek medical attention.

NHS head injury guidance can be found by scanning the following QR code:



Signature of treating person: #####

Print name: #####

Date & time: #####

Annex J

Pupil Medical Questionnaire

Please answer the following questions relating to the health of your child as fully as possible. All questionnaires are kept confidential.

Full Pupil Name:		Date of birth:	
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GP Name and Address:	
Telephone Number:	

NHS Number:	
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Please tick your answers as appropriate

Has your child been immunised against:	Yes	No	Has your child had:	Yes	No
Diphtheria, Tetanus & Polio			Influenza		
Mumps, Measles & Rubella (MMR)			Measles		
Whooping Cough			Mumps		
Hib. Meningitis			Chicken Pox		
Meningitis C			German Measles		
Pneumococcal			Scarlet Fever		
Covid					

Does your child have any specific dietary requirements?	If yes, please give details:	Yes	No
Does your child have any allergies?	If yes, please give details:	Yes	No
Does your child have asthma?	If yes, please give details:	Yes	No
Does your child have Hayfever?	If yes, please give details:	Yes	No
Does your child have any other medical conditions?	If yes, please give details:	Yes	No
Does your child take any regular medications which need to be given during the school day?	If yes, please give details:	Yes	No
Are there any family medical conditions or circumstances that would be of value to be known by the medical staff at school?	If yes, please give details:	Yes	No
Has your child ever been treated in hospital, either as an Out-Patient or In-Patient in the last 12 months?	If yes, please give details:	Yes	No
Does your child have hearing problems?	If yes, please give details:	Yes	No
Does your child wear glasses?	If yes, please give details:	Yes	No
Does your child have an orthodontic appliance?	If yes, please give details:	Yes	No
Does your child suffer from travel sickness?	If yes, please give details and provide suitable medication:	Yes	No
Are there any concerns about your child's health and well-being which you think might be helpful for us to know?	If yes, please give details:	Yes	No

First Aid and Medical Emergency Consent

In order for your child to receive First Aid treatment whilst attending West Hill Park School, or an offsite activity under the supervision of West Hill Park staff we need your written consent.

All first aid treatment is given by a qualified member of staff.

In the unlikely event of the school being unable to contact you in medical emergency we require your permission for the Headmaster or a delegated member of staff to act in 'Loco Parentis' and to be able to consent to avoid any delay in treatment as recommended by a medical professional.

I give consent for my child to receive First Aid treatment in the event of a minor injury or illness. If an emergency occurs and when all reasonable efforts to contact me have failed, I authorise the school to assume 'delegated parental responsibility'. I give permission for x-rays, medical/dental treatment, blood transfusions, hospitalisation and operation to be performed on my child if the school is so advised by appropriately qualified medical/dental personnel.

Parent/Guardian (s): Signature:	Date:
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Sharing Information

At times, it may be appropriate to share medical information given on this form with relevant staff at West Hill Park School. It is in your child's interest that you should give permission to share information, which is carried out at the discretion of the medical staff or other appropriate members of staff.

I give consent for my child's medical information to be shared with relevant staff at West Hill Park School.

Parent/Guardian(s): Signature:	Date:
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Important:

You are advised that West Hill Park School cannot be held responsible for errors or omissions made within this document. West Hill Park School claims the right to withdraw a child from school if withheld information comes to light which has a negative bearing on the child's position in school.

Data Protection Information from this form will be processed in accordance with the General Data Protection Regulation 2018. By ticking here ___ you expressly consent to this data being held and processed by West Hill Park School, in accordance with the Act. Our privacy policy is available from our website www.westhillpark.com

Pupil Medical Consent Form

At times it is necessary for the surgery to administer over the counter medications for treatment. Due to regulatory requirements, we can only administer non-prescription medicines if we are in receipt of a signed permission slip from parents.

Full Pupil Name:		Date of Birth:	
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Allergies:	
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I hereby consent to the following medications, topical creams and dressings to be given and applied as deemed necessary by delegated staff.

Please circle your answers as appropriate

Paracetamol	Yes	No	HypoAllergenic Dressings	Yes	No
Ibuprofen	Yes	No	Oral Antihistamine	Yes	No
Antiseptic Cream	Yes	No	Topical Antihistamine	Yes	No
E45 Itch Relief	Yes	No	Halls sugar free lozenges	Yes	No

Parent/ Guardian Signature:		Date:	
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On occasion pupils may require assistance with personal care due to illness, injury, toileting accidents or other unexpected circumstances. All intimate care will be provided in accordance with the school's safeguarding and intimate care policies, and will be carried out with the dignity, privacy, and wellbeing of the pupil as the highest priority.

Intimate Care Consent: I give permission for school staff to provide intimate care to my child if required.	Yes	No
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Annex K - List of Staff who are Authorised to Administer Medication

The following staff have received appropriate training and are authorised to administer medication:

<i>Name</i>	<i>Department</i>	<i>Training / Qualification</i>	<i>Date of Training</i>	<i>Expiry</i>
Administration Of Medication in Schools				
B.Nestor	Lead First Aider	tes - Administration of Medications	September 1 2025	August 31 2028
M.Dyer	Senior Matron	tes - Administration of Medications	February 2 2024	February 2 2027
H. Rouse	Matron	tes - Administration of Medications	January 30 2024	January 30 2027
A.Ward	Teacher	tes - Administration of Medications	February 26 2024	February 26 2027
E.Wallace	EYFS/Boarding	tes - Administration of Medications	July 4 2024	July 4 2027
D. Guillot-Long	Teacher/Games	tes - Administration of Medications	March 5 2024	March 5 2027
M.Gardner	PE/ Games/Swim/Boarding	tes - Administration of Medications	January 25 2024	Januray 25 2027
S.Curtis	Boarding/ Teacher	tes - Administration of Medications	April 16 2024	April 16 2027
H. Mizen	PE/Outdoor/Games	tes - Administration of Medications	February 26 2024	February 26 2027
J.Green	LSA	tes - Administration of Medications	February 26 2025	February 26 2028
E.Cage	LSA/Games	tes - Administration of Medications	April 30 2025	April 30 2028
J.Boddington	SLT	tes - Administration of Medications	May 13 2025	May 13 2028
C.Foden	Riding	tes - Administration of Medications	June 4 2025	June 4 2028

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways	B Breathing	C Circulation
<ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT** let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information. You never know when you will need to act in an anaphylaxis emergency.

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**



2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on EpiPen AAIs >>



Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>



Annex M - Medicine Administration Form

Medicine Administration Form

To ensure accurate and timely administration of medicines, please complete all sections below. If you are unsure regarding any aspect, please liaise with the duty staff for the Surgery.

Full Pupil Name:		Pupil Form:	
------------------	--	-------------	--

Name of Medicine (inc. strength if known):	
--	--

Is the medication prescribed by a Medical practitioner? If yes please give details, name and contact number	YES/NO
---	--------

Dose to be administered:	
--------------------------	--

Time(s) at which to administer:				
---------------------------------	--	--	--	--

Days on which medicine needs to be administered (please tick to indicate):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Any other information or instruction(s):	
--	--

<p>Please read, 'tick' and complete as appropriate: The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medication is stopped. I confirm that the medication is in date, labelled and in the original packaging including instructions for administration, dosage and storage. I understand that it is my responsibility to supply and appropriately dispose of any medication which the school holds for my child.</p>			
Signed parent/guardian:		Date:	

Administration Record on next page

Annex N - Admission to Sick Bay

Pupil Name:		Date of admission:	
Staff Name:		Time of admission	

Presenting complaint & any recent history:	
Any Rash? (give details location/ extent)	Yes/No
Pain score (out of 10)	/10
Alert and engaging? (give details)	Yes/No
Diarrhoea or Vomiting? (give details)	Yes/No

Initial Observations	Time Taken:
Temperature	
Skin - colour and feel	
Effort of Breathing	
Other relevant info	

Medicines administer on admission (Medicine/ Dose/Time)	
---	--

Parents/ Guardians informed? (how)	Yes/No
---	---------------

Repeat Observations taken at:			By:	
Temp	Effort of Breathing	Skin Colour/ Feel	Alert/ Engaging	Pain score
				/10

Reassessment notes (please including information regarding further symptoms/episodes, food/fluid intake, sleep and improvements/decline):	Medicines administered (Medicine/ Dose/Time)

Repeat Observations taken at:			By:	
Temp	Effort of Breathing	Skin Colour/ Feel	Alert/ Engaging	Pain score
				/10

Reassessment notes (please including information regarding further symptoms/episodes, food/fluid intake, sleep and improvements/decline):	Medicines administered (Medicine/ Dose/Time)

Repeat Observations taken at:			By:	
Temp	Effort of	Skin Colour/ Feel	Alert/ Engaging	Pain score

	Breathing	Feel		
				/10

Reassessment notes (please including information regarding further symptoms/episodes, food/fluid intake, sleep and improvements/decline):	Medicines administered (Medicine/ Dose/Time)

Repeat Observations taken at:			By:	
Temp	Effort of Breathing	Skin Colour/ Feel	Alert/ Engaging	Pain score
				/10

Reassessment notes (please including information regarding further symptoms/episodes, food/fluid intake, sleep and improvements/decline):	Medicines administered (Medicine/ Dose/Time)

Repeat Observations taken at:			By:	
Temp	Effort of Breathing	Skin Colour/ Feel	Alert/ Engaging	Pain score
				/10

Reassessment notes (please including information regarding further symptoms/episodes, food/fluid intake, sleep and improvements/decline):	Medicines administered (Medicine/ Dose/Time)

Repeat Observations taken at:			By:	
Temp	Effort of Breathing	Skin Colour/ Feel	Alert/ Engaging	Pain score
				/10

Reassessment notes (please including information regarding further symptoms/episodes, food/fluid intake, sleep and improvements/decline):	Medicines administered (Medicine/ Dose/Time)