Medical Policy

Scope:	Whole School (including Boarding)
Release date:	September 2025
Author:	School Nurse
Reviewer:	Health & Safety Advisor
Approval body:	Board of Directors *(Ratified at Michaelmas Term EdComm Board Meeting)*
Review date:	September 2026

Linked documents

This Policy should be read in conjunction with the following documents where appropriate:

- First Aid Policy
- Asthma and Emergency Inhalers Policy
- Safeguarding and Child Protection Policy
- Wellbeing and Mental Health Policy
- Hygiene and Infection Control Policy
- Allergies and Anaphylaxis Policy (including Emergency Adrenaline Auto-Injectors

Definition

- First Aid The initial assistance given to a sick or injured person until full medical treatment is available.
- First Aider Those members of the school community who are in possession of an Emergency or First Aid at Work certificate or equivalent.

Summary of updates

Sept-2025	• Page 1 - Emergency Adrenaline Auto-Injectors policy no longer relevant new policy is now Allergies and Anaphylaxis Policy (including Emergency Adrenaline Auto-Injectors. • Page 31 – Drop ins provided by school counsellor (drop ins not provided currently. • Page 38 – daily absence list kept in pupil services and staff common room (removed as all electronic now).

	• Page 43 – burns to be run under cold water for 20 minutes now, used to be 10 mins. • Page 51-54 (UK Health Security Agency) HPECS guidance: Exclusion table March 2025 replaced previous version. • Page 67 - Policy replaced which new policy name. • Page 72 – Reference links latest versions added.

Acronyms

IHCP	Individual Health Care Plan
DfE	Department for Education
DOH	Department of Health
RCN	Royal College of Nursing
NMC	Nursing and Midwifery Council
EVC	Educational Visits Coordinator
BSACI	British Society for Allergy and Clinical Immunology
AED	Automated External Defibrillator
CPR	Cardiopulmonary Resuscitation
SEN	Special Education Needs
SENCO	Special Educational Needs Co-Ordinator
EYFS	Early Years Foundation Stage
INSET	In-Service Training Day
OTC	Over the Counter
MAR	Medication Administration Record
PAM	Parental Agreement for Administration of Medication at School.
F&N	Food and Nutrition
D&T	Design and Technology
NPIS	National Poisons Information Service
PPE	Personal Protective Equipment
CD	Controlled Drugs
EFAW	Emergency First Aid At Work
FAW	First Aid At Work
HPT	Health Protection Team

Availability

This Policy is for internal staff use and is available on our SharePoint staff shared T drive. Parents may request a copy if required.

Contents

Roles and Staff

Role Definition

Staff Every member of staff, whether paid or unpaid, including volunteers, agency or supply staff, Directors and Advisory Committee members.

Current Personnel

Mrs Jackie Burnham – Cleaning Supervisor (ext 7017)

Mrs Gilly Staley – H&S Advisor (ext 0272)

Mrs Claire Taylor - Sports Physiotherapist (ext 0290)

Mr Guy Nunnerley – EVC

Mrs Karen Harrison – School Counsellor (ext 0381)

Mrs Natalie Miller – Bursar – (ext 0215)

Mr Barney Rimmer – Headmaster – (ext 0211)

Aim

To ensure that pupils with medical conditions, in terms of both physical and mental health, are well supported in School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Medical Policy incorporates guidance relating to supporting pupils at school with medical conditions – December 2015 Department for Education - http://www.gov.uk/government/publications/supporting-pupils-at-school-with-lmedical-conditions--3

Purpose

The purpose of this Policy is to provide guidance on how to support pupils in school with medical issues, including those awaiting or with formally diagnosed conditions (be it acute or chronic) and those who become unwell within school. This guidance is in accordance with current regulations detailed in various documents issued by the DfE, DOH and RCN based on best practice.

The school has a duty to support a variety of differing medical needs which might be presented by the pupils. We need to ensure that there are written procedures in place to:

- Support pupils at school with medical conditions be it long or short term,
- Care for pupils who become unwell or sustain an injury while at school,
- Provide guidance on what to do in the event of a medical emergency,
- Support pupils who require medication to be administered, either at school or on school trips/events off-site,
- Promote infection control measures within School.

Roles and Responsibilities

Supporting a child with a medical condition within the school is not the sole responsibility of one person. Support should be provided in partnership with all the roles below and where appropriate external professionals or agencies.

Board of Directors

Is responsible for:

- Overseeing arrangements put in place at the school for children with medical conditions,
- Ensuring that appropriate staff have received sufficient training, in relation to providing sufficient budget to allow that.

Headmaster

- Provides the final decision on whether an IHCP needs to be put into place for any pupil, where there is disagreement between parties.

School Nurse

Is responsible for:

- Ensuring that the systems/paperwork we have in place to support pupils with medical conditions are robust and in line with the latest guidance,
- Determining, alongside other relevant staff, relevant agencies and with input from parents, whether an IHCP is required for any pupil with medical needs. In some cases, it might be disproportionate or inappropriate,
- Completing IHCPs for pupils, with supporting documentation as necessary, and always using medical information as supplied by medical professionals. This should be done in conjunction with the pupil, their parent/guardian, a teacher, other relevant staff and/or external agencies (where appropriate) as part of a collaborative working relationship,
- Reviewing IHCPs at least annually or earlier if evidence is presented that the pupil's needs have changed,
- Ensuring that all necessary staff are kept informed of medical conditions in the pupil body, on a 'need to know' basis and in line with confidentiality requirements,
- Advising on and overseeing medicines management within school (including on excursions). This includes administration, storage, documentation and record keeping,
- Ensuring that sufficient staff, including temporary staff when covering staff absence and on off-site trips, visits or activities, are suitably trained. This will include whole school awareness training for staff on their role in implementing this policy and procedures being used to support pupils with medical conditions,
- Ensuring pupils are aware of what is expected by them such as seeking assistance in an emergency, notifying someone if they feel unwell, always keeping any emergency medications on their person with them; inhalers or auto-injectors for example.
- Ensuring that risk assessments for off-site visits, trips and sports are suitable and sufficient having regard specifically to the medical issues of pupils taking part. This includes medications to be taken, the staffing ratio and their training/competency levels, the risk level of the trip/activity and availability of medical facilities at the destination in question. Where necessary, advice should be taken from the pupil's GP as to whether reasonable adjustments can be made to sufficiently support the pupil. It is understood that there may be occasions when pupil inclusion is not possible due to the nature of their medical condition,
- Assisting with pupils presenting with immediate medical issues when available,
- Checking expiry dates on medications held within School.

Admissions

Are responsible for:

- Ensuring that the required medical information is obtained from parents before pupils start at the school and is passed on to the School Nurse,
- Ensuring that any pertinent medical information is obtained from parents before prospective pupils undertake taster days and is passed on to the School Nurse.

EVC

Is responsible for:

- Ensuring that Trip Leaders have considered medical and medication requirements for all School trips and have seen suitable arrangements for these in the paperwork supplied by Trip Leaders.

Trip Leaders

Are responsible for:

- Ensuring that suitable arrangements have been made in advance, in respect of any pupil/Staff member who has medical needs on a school trip.

School Counsellor

Is responsible for:

- Providing counselling sessions for pupils at the school in the form of booked sessions.
- Recognising any safeguarding concerns that may arise within their sessions and escalating and managing them in line with the school's safeguarding policy,
- Referring pupils to any additional services that may be appropriate.

School Physiotherapist

Is responsible for:

- Seeing pupils that present with a musculoskeletal injury, diagnosing and treating them as appropriate,
- Providing a service to all pupils and not just those with a sports related injury,
- Assisting with first aid where they are nominated first aider or in the vicinity,
- Assessing head injuries and referring on via Return2Play.

Pupil Services Staff

- Will be the first point of call for pupils in school requiring medical attention or medication,
- Will be provided with adequate training to do so including first aid and management of medicines,
- Ensure that any medical information received from parents is recorded appropriately and passed on to the School Nurse.

First Aiders

- All staff first aiders may be required to assist with medical issues if presented in their immediate vicinity or if called to assist.

Section Heads and Senior Management Team

- Will ensure that they are kept fully appraised, as appropriate, of the medical conditions presented by individual pupils and of the arrangements in place to support pupils and their learning when in school, on school trips or activities and during times when pupils are away from school during term time due to their medical conditions,
- Will ensure that the school's focus of care is on the needs of each individual pupil, not just in dealing with their immediate medical needs but additionally on how their medical condition might affect their ability to learn, on their self-confidence and on helping to promote self-care, as appropriate to the pupil,
- Will ensure that sufficient funding for training and support of the policy and procedures, in relation to supporting medical conditions in pupils, is in place, having regard to our requirement to make reasonable adjustments.

Bursar

- Will ensure that all staff who are required to administer support, such as first aid or medication to pupils with medical conditions either at school or on a school trip, visit or activity are insured to do so (provided that the staff member has been suitably trained),
- Will ensure that there is an appropriate indemnity arrangement in place at the School for the School Nurse as per NMC and legal requirements.

All Teaching Staff

Are required to ensure that they are up to date and aware of any medical conditions or issues affecting their pupils, to ensure that that they can deal with them knowledgeably. This is particularly important when dealing with off-site trips/visits/events and in relation to medication administration during the same.

Boarding Staff

- Will ensure that they are aware of any medical needs boarding pupils may have and contact the School Nurse if they require clarification or further information,
- Attend training provided by the School Nurse to enable them to provide a high level of care to boarding pupils,
- Provide a high level of care to boarding pupils supporting them with any medical needs,
- Understand when a boarding pupil requires care away from Hazel House or Warren House and facilitate this as necessary (see 'Unwell Boarding Pupils'),
- Ensure that the School Nurse is kept informed of any injured/unwell pupils.

All Staff

- Are required to ensure that they take note of the allergy and medical information charts on display and act as necessary in the event of an emergency relating to any member of the school community,
- Report any accidents or near misses as appropriate, in line with School policy,
- May be required to be the named lead member of staff dealing with a pupil with an IHCP, or a pupil who does not have one but does require additional support.

Parents/Guardians

- Are responsible for providing the school with sufficient and up to date information about their child's medical needs. This can be given by phone to the nurse or by parent portal or SIMS parent app, which is added onto the SIMS medical section.
- Must inform the school if their child is ill and unable to attend School, by 0830 on the relevant morning via email or parent portal.
- Are responsible for ensuring that the school has sufficient supply of any medication their child may require at School, and it is in date, following the guidance within this and related policies regarding medicines,
- Are responsible for ensuring that they carry out any action as agreed as part of an IHCP implementation, such as always being contactable.

Expectations of Pupils

Pupils with medical conditions are often in the best position to provide information on how their condition affects them. As this is so critical, they should be involved in all discussions regarding their condition and what support they may require. However, there may be exemptions to this, such as if a pupil were to feel more comfortable with a parent discussing a sensitive issue on their behalf.

Additionally:

- If a pupil requires an IHCP they should be involved in its creation giving vital input to ensure it works for them,
- If any pupil feels unwell or is experiencing any health-related problem it is their responsibility to report this to a member of Staff who will ensure they receive the support required (see 'Unwell Pupil Flow Chart' page 20),
- Pupils carry out any actions/agreements identified within their IHCP,
- Pupils without a medical condition should be sensitive to those that do and behave in a supportive manner.

Obtaining and Sharing Medical Information

Admissions

This guidance is for all school admissions no matter what school year of entry, start date within the academic year or previous school history. It is also applicable to any prospective pupils that may be on site.

When the Admissions Team receive an enquiry from a family pursuing the possibility of sending their child to the school, details are recorded on the database. Information recorded includes any SEN, dietary requirements or medical information.

Open Events

When a family registers to attend an open event, the information gathered on initial enquiry is used to support the family while visiting the school. An example would be ensuring refreshments are provided considering dietary requirements and allergies. If a family attends an open day and has not registered or contacted the school in advance, the assumption will be made that the parent/guardian will be responsible for managing any medical/dietary need whilst at the event.

Registration

When a parent/guardian decides they wish to register and apply for their child to attend the school in any year group, a registration form is completed. Within the registration form, it asks for information regarding medical conditions and needs. If a parent details anything within this section, the Admissions Team will notify the School Nurse as soon as possible after receipt.

Taster Days

If a pupil with a disclosed medical condition is to attend a taster day, the registration form will be referred to the School Nurse and arrangements made to support the child during their time at the school. This will be done in partnership with parents.

If the pupil is attending a taster day but has not completed a registration form, the Admissions Team will ask the family if they have any relevant medical requirements. If so, this will be referred to the School Nurse who will then make any necessary arrangements.

Acceptance

Once a pupil has been accepted for a place within the school, an e-mail is sent from the Admissions Team notifying Pupil Services, the Form Tutor, Accounts, the Bursar and School Nurse. The file including the registration form is then given to Pupil services and data entered onto SIMS. The School Nurse or data administrator will ensure that relevant medical information is recorded onto SIMS.

Additionally, the pupil will receive a medical form which is to be returned as soon as possible. Once submitted, the form is received by the School Nurse who records any additional information necessary on the SIMS medical section, ensures any necessary arrangements are made to support the pupil and liaises with the family as to whether an IHCP may be required.

Once a pupil with a medical condition has been accepted, the School Nurse will contact their Form Tutor, Head of Section, Senior Deputy Head and Pupil services of the pupil to ensure that they are aware of the medical condition/s that may affect the pupil during School. This will be done by either an e-mail, phone call or by arranging a meeting; whichever is most appropriate. Other relevant Staff will also be notified if necessary, such as F&N teachers, sports staff, catering staff, and trip leaders.

At the beginning of the academic year, the School Nurse will email Form Tutors and Heads of Section detailing their pupils with medical conditions as needed. This will also be sent to other necessary members of Staff if appropriate including Learning Support, F&N teachers, or sports staff. An email will also be provided to Hazel House/Warren House pastoral staff providing details of boarders with any medical needs.

Allergy and Medical Information Charts

Charts detailing pupil allergies or medical conditions that may need to be known in an emergency can be found in the following locations:

- Pupil Services,
- School Nurse office in the Annexe,
- Hazel House,
- Warren House,
- Skelton Hall office,
- Café 6, Dwight,
- Staff Common Room,
- Staff Work Room (adjoined to the Common Room),
- Food and Nutrition room,
- Science offices x 3,
- Custodians' office,
- Sports Department,
- Head of Pastoral Care,
- Head of 6th Form, Dwight.

The charts display the pupil's photo, name, form and allergy/condition. These charts are updated at least every academic year; this may be more frequent if there is a change that needs to be known sooner.

The charts must be kept in a location accessible to relevant staff but inaccessible to pupils to protect confidentiality. It is the responsibility of the user/manager of that area to ensure this is maintained.

Transfer from Prep to Senior School and between sections in the Senior School

When a pupil moves from Prep 6 to 1st Form, their file is transferred to Pupil Services within the Senior School. Additionally, for movements from any Section group within the Senior School, a meeting is held between the relevant Form Tutors/Heads of Section prior to the pupils moving up, to hand over any necessary information including health and SEN records.

The School Nurse will also produce a document for the Heads of Section and Form Tutors detailing their pupils' medical history/needs and will also meet to give a more detailed handover of the pupils if necessary.

Reintegration

When a pupil returns to School following a period of absence for an illness or medical reason, the School Nurse can be called upon to assist with reintegration into School if necessary, giving advice, medication or support with treatment in School.

Medical Forms

A Medical Form is sent out to all pupils upon acceptance of a place at the school. Medical forms are sent directly to the School Nurse, who enters relevant information onto SIMS and contacts the parents for further information and to undertake an Individual Healthcare Plan if necessary.

This medical form is scanned onto the SIMS medical records.

When a Pupil is Absent from School

Parental Responsibility

If a pupil is going to be absent from School it is the responsibility of the parent (or Boarding Staff if a boarding pupil) to inform the school either by letter, e-mail, My School Portal or answer machine by 0830 on the day of the pupil's absence. Please note that if left as a verbal answerphone message, the parent is required to follow this up in writing, as per DfE requirements. If the School has not been informed, the Pupil Services team contact the parents to account for the pupil's whereabouts.

Correspondence

E-mails sent to the school informing us of a medical-related pupil absence, are to be forwarded to the Pupil Services team and School Nurse. Pupil Services record this data on SIMS and scan a copy of any correspondence onto the Sims records. The School Nurse will contact the parents if appropriate.

Individual Health Care Plans (IHCP)

An IHCP is a document that is written in partnership between the pupil, parents, school nurse, a member of teaching staff (often a Form Tutor) and any other member of staff deemed appropriate (catering staff for example in the event of an allergy). The information used comes from the health professionals who have diagnosed the problem.

The aim of the document is to detail any support that the pupil may need within School in relation to any medical need they may have, enabling the pupil to participate in school as fully as possible. The IHCP covers aspects such as medication, school trips, absence, and action to take in an emergency, dietary requirements, adaptations needed to the school environment and training required.

Determining the Need for an IHCP

The need for an IHCP is determined by the School Nurse or member of teaching staff after discussion with the family. If a member of staff believes a pupil would benefit from having an IHCP in place the School Nurse should be consulted.

If a consensus cannot be reached in whether one should be formed for a pupil, in keeping with DfE guidance, the headmaster will make the final decision.

The need for an IHCP should be determined prior to the pupil starting at School if there is a pre-existing medical need or within 2 weeks of being notified of a new medical need.

Not all pupils with a medical condition require an IHCP; there may be circumstances where it is considered inappropriate or disproportionate.

Review

All IHCPs should be reviewed on a yearly basis unless evidence is presented that a pupil's needs have changed before this time, in which case, it should then be updated to reflect any changes.

As with the initial forming of an IHCP, the review should take place in partnership with the pupil, parents, school nurse, member of teaching staff and any other appropriate member of staff.

Accessibility

IHCPs contain personal information therefore it is imperative that this information is always kept confidential. However, while respecting confidentiality, IHCPs need to be accessible to those required.

A list of all pupils that have an IHCP is located within the 'Medical Information' folder on SharePoint T drive. The School Nurse also has a copy of this list. This list includes the pupil's name, form, date IHCP was written and date due for renewal (unless evidence is presented requiring this to occur sooner).

Copies of a pupil's IHCP are kept in the following locations:

- On the pupil's file within SIMS. Once the pupil's file has been loaded click the 'Medical' tab at the top which will then display an array of medical information. If a pupil has an IHCP this is found within the 'Medical Notes' section on this page.
- The School Nurse has hard copies of all IHCPs within the office and Pupil services.

A blank copy of the template used to form IHCPs can be found in Appendix 3; however, there may be occasions where an alternative template is used that is better suited for the individual's condition or a specific medical health care plan written by medical specialists.

Emergency Adrenaline Auto-Injectors

Pupils with allergies who are prescribed an adrenaline auto-injector will have a BSACI Allergy Action Plan and this will be kept in Pupil Services in a specific emergency care plan folder. A copy will be given to the child's class teacher if in Prep School, a copy located on SIMS and a copy also held by the School Nurse. Boarding Staff will also receive a copy should a boarding pupil have one.

The school has a specific policy covering the use of Adrenaline Auto-Injectors, please see 'Allergies and Anaphylaxis Policy'.

Boarders' health and well-being

Appropriate measures are in place to care for boarding students who are ill or injured. When necessary, boarders are housed separately from other children to ensure the well-being of the affected individual and to prevent the spread of contagious illnesses among other students. If boarders require care during school day they will be cared for in the medical annex where high quality facilities are provided such as access to toilet showering facilities and washing amenities. These accommodations are adequately staffed and designed to ensure that boarders have necessary privacy considering factors such as sex, age and gender. If unable to return to boarding this will appropriately staffed.

Healthcare for boarders

The School's approach to healthcare for boarders includes providing access to local medical dental and optometric services. This can be arranged for students by boarding management staff. Boarding staff to liaise with school nurse if they are unable to book due to other commitments. Regular updates to be given also to the guardian to keep parents informed.

Collaboration with health agencies including CAMHS and sexual health services, to meet boarders' needs promptly is provided. The boarding house assistant manager along with the school nurse is trained in sexual health and the c-card scheme and students can access support as needed and collect regular supplies of condoms and ask for any sexual health advice. Any disclosures of sexual abuse will be handled in liaison with DSL lead and support will be given via the appropriate specialist services

Administration of medications

Where possible boarding pupils are encouraged to self-medicate only when deemed Gillick competent each pupil to be assessed by senior boarding staff or nurse. All medication to be recorded via the SIMS medical tab, type of medication, dose and time given are recorded. All boarding staff administering medication will require OPUS training and regular updates to ensure they are competent in the administration of medication.

The Child's Role in Managing Their Own Medical Needs

It is recognised that some pupils are independent in managing their own health needs and it is the school's aim to promote this wherever possible. For pupils who are less independent or for reasons of their maturity or ability, the school aims to support growing independence in managing their health needs. Children who are able should be encouraged to take responsibility for managing their own medicines and procedures. In this case this will be documented within an IHCP.

- Pupils (including boarders) who are on regular medications should have them locked within Pupil Services and attend at the appropriate time to administer it, unless their health needs require them to always carry medication with them.
- Pupils who have a medication that is required to be on their person for constant or emergency use, such as inhalers, insulin, adrenaline auto-injectors, may carry them independently and are actively encouraged to do so, in addition to having spares in Pupil Services. This is also reflected within a pupil's IHCP, as is the importance of keeping the medication safe, not sharing with fellow pupils and seeking assistance when needed. These points will be emphasised on the pupil.
- It is the responsibility of the pupil to notify a member of staff if they are feeling unwell in any way. The pupil may be able to manage the situation and treat if required but it is important to notify a member of staff so that they are aware.
- If a pupil refuses to take a medication or carry out a necessary procedure, they must not be forced, and the member of staff should refer to the IHCP or School Nurse for guidance. An initial conversation may reveal the rationale, and a solution could be found, e.g. a pupil is concerned about privacy, does not have a drink if required etc. If this is not possible, parents should be informed so that alternative arrangements can be made.

- Pupils will be supported to enable them to manage their own health needs appropriately. The support provided will be determined on an individual basis and using an assessment of Gillick competence. This will be done in partnership with the pupils Boarding Staff and the School Nurse.

If a Pupil Becomes Unwell at School

If a pupil becomes unwell at School, there are a variety of different pathways to take to obtain support or further treatment according to what the presenting problem is and the individual circumstance.

The 'Unwell Pupil Flow Chart' on page 21 illustrates the most appropriate course of action to take in most scenarios.

Pupil Services is the first point of call for any pupil feeling unwell and they will take appropriate action as necessary.

Each circumstance should be judged on its own merit and there may be situations where more than one person's assistance is required.

When available the School Nurse can be contacted for guidance.

Advice can also be sought from the pupil's GP, NHS non-emergency number 111 or a pharmacy.

First Aid

Please refer to the School First Aid Policy for further guidance regarding this area.

Burns

The treatment for burns is continuously cold running water over the area for a minimum of 20 minutes. Water must be continuous, such as using a tap or shower head and not be a bowl of cold water that will eventually warm. Ice packs are not sufficient for the treatment of burns, although these should be considered for use during transport if the pupil is taken to hospital by car where they do not have access to running water.

There may be times when burns are sustained in areas that are harder to place under running water e.g. facial burns, burns to the neck or chest etc. In this situation the first aid treatment for the burn remains the same, however there must be consideration for the privacy and dignity of the pupil.

If a burn is sustained to an area such as the face or chest and therefore cannot be easily placed under a running cold tap, the following options are available:

- Shower - the pupil can either use the appropriate shower in the pupil changing rooms or they can use the staff shower if more privacy is preferred or use the Medical Annexe showers. While the staff shower is not normally for pupil use this is a valid exception and may be the quickest option as it is at the end of the F&N corridor (one of the most likely places for a burn to occur),
- Shower Extension Set - if a pupil does not want to shower or the burn does not require the whole body to be under running water to cool the burn, the pupil can use the shower extension set. A shower extension set is kept within F&N and another within Pupil Services Medical Room. The set can be applied to most standard taps to use the shower head attachment. The pupil can then place the burn over the sink and use the shower head to provide cold running water. If this causes the pupil to get significantly wet through the pupil may change into their sports kit or Pupil Services will obtain spare clothing for the pupil to wear.

Pupils cannot be forced to use a shower, but the importance of this first aid action in terms of both healing and pain reduction must be stressed to the pupil concerned. If the pupil refuses the treatment, the staff member involved must immediately call the pupil's parent/guardian to advise them of the refusal.

Please note, jewelry and clothing from the burn site must be removed straight away after the injury to prevent any potential blistering from sticking to the item. If the pupil has not done this and blistering is already attached to clothing and/or jewelry it must not be removed but medical attention sought.

Indication for Hospital Assessment

A pupil must be assessed at a hospital for:

- Burns that affect the hands, feet, face or genital areas,
- Full thickness burns,
- Burns that extend around a limb,
- Partial thickness burns,larger than the size of the casualties' hand,
- Superficial burns that are bigger than 5 times the size of the casualties' hand,
- Burns with a mixed pattern of depth.

If in any doubt, the pupil must be taken to hospital.

The First Aider must determine, depending on the individual circumstance, whether parents are able to take the pupil to hospital, whether the pupil needs to be taken by members of staff or whether ambulance assistance is most appropriate.

Medical Rooms

There are two medical rooms located within the school to be used if anyone was to become unwell and require them.

One is located within the Prep School next to Pupil Services and the other is the Medical Annex in the main car park on Chapel Road.

If a pupil is placed in a medical room, Pupil Services must be informed to ensure that the pupil is evacuated in case of a fire alarm.

Medical rooms are cleaned daily by the cleaning team. The Pupil Services medical room has a linen change daily and if used the School Nurse will organise for bedding changes to be carried out and the rooms to be cleaned. Additional linen changes are made when necessary to promote infection control. Duvets and pillows are washed regularly. The Cleaning team keep a checklist of this.

The School Nurse is responsible for keeping the medical rooms appropriately stocked and should be contacted if it is noticed that stock needs to be replenished.

If the Medical Annexe is used to isolate a pupil who may be infectious, it is a requirement for cleaning staff to be contacted immediately after pupil has left to clean the area and then use the virucidal fogger to disinfect the entire room as needed.

Unwell Pupil Flow Chart

Unwell or injured Pupil in School

This is to be used as a guide to initial management; each scenario needs to be treated individually. If a pupil has more than one problem, treat the most urgent first.

Please send pupil to Pupil services in the first instance and Pupil Services will contact nurse on either x 0381 or Emergency Nurse mobile.

Is it an emergency or life threatening?

(Anaphylaxis, seizure, loss of consciousness)

If in doubt treat as if it is

→ Call 999

→ Contact School Nurse on ext 0381 or 07899 950608

Does the pupil require first aid?

(Minor wound, burn)

→ Is there a First Aider present that can address the problem?

→ First Aider delivers treatment

→ Contact School Nurse if needing assistance

→ Refer the pupil to Pupil Services

Has the pupil sustained a musculoskeletal injury?

(Injured limb, sprain)

→ Was this sustained during Sports with Physiotherapist present?

→ Refer to School Physiotherapist Ext. 0290

→ Refer to School Nurse

Does the pupil feel unwell?

(Headache, nauseous, needing Paracetamol or prescribed medication)

→ Refer the pupil to Pupil Services

→ Contact School Nurse if needing assistance

Is this a pastoral or mental health problem?

(Pupil wanting a chat/advice about a problem, anxiety attack, stress)

→ Refer to School Nurse, Form Tutor or Head of Section or Space depending on circumstance

→ Refer to School Counsellor if appropriate

For anything else consult the School Nurse for advice.

If unavailable, contact Pupil Services or appropriate person(s) for the issue

Useful Contacts:

Hannah Ryan – School Nurse x0381
Kelly Stearns- Kilby- SPACE pastoral x0246
Claire Taylor – School Physiotherapist x 0290/ x0222
Karen Harrison – School Counsellor x0246
NHS non-emergency number – 111
North Brink Pharmacy 01945 468740

Hygiene and Infection Control

Outbreaks

If an outbreak of infectious disease is suspected, the school will contact Public Health England in the first instance and further advice/action taken as advised.

Hand Washing

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea, vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Both adults and pupils should always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and Sneezing

Children and adults are encouraged to cover their mouth and nose with a tissue and to wash hands after using and disposing of tissues. Spitting should be discouraged.

Personal Protective Equipment (PPE)

Disposable gloves and disposable plastic aprons are worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Please note all gloves throughout the School are latex free.

Cleaning of the Environment

Cleaning of the environment and equipment is frequent, thorough and in line with cleaning guidelines.

The Housekeeping and Custodian team use a colour coding system for all cleaning jobs and equipment (cloths, buckets, mops etc.):

- Yellow for the kitchen,
- Red for toilets only,
- Blue for general cleaning of tables, chairs, sinks etc,
- Green for gym equipment.

Cleaning of Blood and Body Fluid Spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges will be cleaned up immediately and always wearing PPE. When spillages occur, a member of staff will call for a member of the Housekeeping or Custodian team, inform them as to what the nature of the spillage is and they will arrive with the appropriate spill kit. These spill kits are held in 6 locations around the Senior and Prep Schools (locations noted in Custodian office). The body fluid spill kits contain PPE, brush pans, bags, anti-bacterial spray and emergency spillage compound. Vomit bowls are held within both medical rooms.

Laundry

This is dealt with by the housekeeping team. Soiled linen is washed separately at the hottest wash the fabric will tolerate. PPE must always be worn when handling soiled linen. Children's soiled clothing is bagged to go home and never rinsed by hand.

Clinical Waste

Domestic and clinical waste is always segregated. Used nappies/pads, gloves, aprons and soiled dressings are placed in the clinical waste bin (foot operated) located in the Prep School Medical Room. All clinical waste is removed by a registered waste contractor monthly. All first aid boxes contain a small clinical waste bag which should be used where appropriate and sealed before disposing of in the clinical waste bin. There is also a clinical waste bin located within the EYFS department.

Sharps Disposal

Any pupil who requires a sharps bin to deal with their medical needs is asked to bring in their own sharps bin for use at the school, which conforms to BS 7320 and UN 3291. These bins are held at Pupil Services and are off the floor and out of reach of children. In the unlikely event of a contaminated sharp being found around the school site a sharps disposal kit is kept by the Custodians. A copy of the Sharps Disposal Protocol can be found in Appendix 2.

Sharps Injuries and Bites (animal or human, not insect)

If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact GP or go to the Minor Injuries Unit immediately after a bite and go to A&E immediately after a sharp's injury/needle stick injury.

Occasional Animal Visitors

From time-to-time, animals may be brought into School to enhance pupils learning, for example, chicks at Easter. A risk assessment should be carried out by the member of staff arranging the animal visitor. Pupil allergies must be considered within the risk assessment. A high standard of hand hygiene should be promoted and where appropriate pupils should be asked not to touch the animal. All pupil contact with animals is supervised.

Animals' living quarters will always be kept clean and away from food areas. Waste will be disposed of regularly and litter boxes not accessible by children.

Further advice on visits to farms can be found here:

https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions

Vulnerable Children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers, children on high doses of steroids and with conditions that seriously reduce immunity. Schools will normally have been made aware of such children, by parents. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/guardian should be informed promptly, and further medical advice sought by the parent in conjunction with the school. The school nurse logs the exposure and action taken on spread sheet.

It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. Some vulnerable children may need additional precautions to be taken which would be discussed in conjunction with the parent/carer and their medical team.

Pregnancy

If a pregnant staff member develops a rash or is in direct contact with a pupil or other staff member with a potentially infectious rash, this should be reported to their GP or midwife.

Some specific risks are from:

- Chickenpox - This can affect pregnancy if the person has not already had the infection. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles,
- German measles (rubella) - This infection may affect the developing baby if the person is not immune and is exposed in early pregnancy,
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child,
- Measles during pregnancy can result in early delivery or even loss of the baby.

If a pregnant member of staff is in contact with any of the above listed or any other condition of concern, contact must be made with their GP and/or antenatal team to ensure prompt investigation is made if required.

This advice also applies to pregnant pupils.

Rashes and Skin Infections

Children with rashes should be considered infectious and assessed by their doctor.

Guidance on Illnesses Requiring Absence from School

The school will ensure that suitable and sufficient information, instruction and training is put into place for staff and supply staff who might reasonably be expected to support pupils at school with medical conditions.

Pupils should not be in School when:

- They require isolation from other pupils to prevent the spread of an infectious illness,
- They are known to have been unwell before school,
- They require a tranquil place for rest, peace and quiet and sleep to aid recovery,
- They require regular monitoring of symptoms and physical signs, such as temperature or head injury observations,
- They require regular administration of medication that cannot be given by non-medically trained staff (such as injections),
- They are sufficiently unwell to require a visit to or from their doctor.

In one or more of the circumstances above, the parents of the child concerned should be called and asked to collect their child as soon as possible and not return them until sufficiently recovered.

Please see Page 15 and 16 for advice on caring for unwell boarders.

Health protection in education and childcare settings: Exclusion table

(UK Health Security Agency)

HPECS guidance: Exclusion table March 2025

Infection or complaint	**Recommended period to be kept away from School**	**Comments**
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others
Chickenpox*	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores.
German measles (rubella)*	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Hand, foot and mouth	None	Contact your local UKHSA health protection team if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Ringworm	Exclusion not usually required	Treatment is required
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet Fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, contact local UKHSA health protection team.
Slapped cheek (fifth disease or Parvovirus B19)	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.

Shingles	Exclude only if rash is weeping and cannot be covered infectious until all vesicles have crusted over (7 days after rash onset)	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. avoid anyone pregnant or has not had chickenpox before, people with weakened immune system (chemotherapy) babies less than 1 month old.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and Vomiting Illness

Infection or complaint	Recommended period to be kept away from School	Comments
Diarrhoea and/or vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents.

Respiratory Infections or Complaints

Please refer to the GOV UK website for advice on how to manage respiratory symptoms and COVID.

People with symptoms of a respiratory infection including COVID-19 - GOV.UK (www.gov.uk)

For any respiratory illness, staff/pupils should return to work / school when feeling well enough and take appropriate measures to reduce the risk of infecting vulnerable people (e.g.good hand hygiene, good ventilation).

Respiratory Infection or complaint	Recommended period to be kept away from School	Comments
Flu (influenza)	Until recovered	Report outbreaks to your local UKHSA health protection team. For more information, see Managing outbreaks and incidents.
Tuberculosis*	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB. Exclusion not required for non-pulmonary or	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing

	latent TB infection. Always contact your local UKHSA health protection team before disseminating information to staff, parents and carers, and students.	
Whooping cough* (pertussis)	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local UKHSA health protection team will organise any contact tracing.

Other Infections

Infection or complaint	Recommended period to be kept away from School	Comments
Conjunctivitis	None	If an outbreak or cluster occurs, consult local health protection team (HPT)
Diphtheria *	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by local HPT
Glandular fever	None	
Head lice	None	
Hepatitis A*	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, local HPT will advise on control measures
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact UKHSA HPT for more advice.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. UKHSA HPT will advise on any action needed.
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination with 2 doses of MMR.
Threadworms	None	Treatment is recommended for the child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment

* Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the HPT

Outbreaks - If the School suspects an outbreak of infectious disease, they should inform the HPT local to the area. 0300 303 8537.

Studying During and Reintegration After Medical Absence from School

The school will ensure that wherever possible, pupils who are unable to access full-time school due to ongoing medical conditions or an acute medical condition which temporarily affects their ability to take part in full-time school, are supported.

This can be done by the pupils attending on a part-time basis or by keeping up with their studies from home. Medical absences are considered and action plans made if appropriate within the pupil's IHCP and should be referred to for guidance.

Staff Training and Support

It is crucial that the staff required to support pupils with medical needs are adequately trained to do so. Staff will be supported by the School Nurse and/or other relevant professionals in carrying out their role.

Implementing this Policy

New staff will be directed to the T drive to familiarise themselves with any relevant policies.

Management of Medicines

All Pupil Services staff receive training in the management of medicines via OPUS training. This covers responsibilities, the various aspects involved with administration, record keeping, storage, adrenaline auto-injectors and inhalers. Pupil Services staff will receive yearly refresher training.

Boarding House pastoral staff will also receive comprehensive training on how to manage medicines within the Boarding House. This will include both pupils' own and over the counter medicines, including homely remedies via OPUS training.

Members of staff who regularly take pupils on school trips will also be trained in managing medicines within their role. At least one person on any school trip where medications may need to be administered must have received a brief from school nurse.

Anaphylaxis and Adrenaline Auto-Injectors

All relevant staff will receive training in anaphylaxis and the use of adrenaline auto-injectors. This training is provided by the School Nurse at new staff induction, and the training is also provided on an 'ad hoc' basis for those wishing to have an additional refresher. Training is also given to the trip leader prior to a school trip. Staff also now complete online training.

First Aid

A large proportion of School Staff have received First Aid training. Many have received a one-day Emergency First Aid at Work (EFAW) course or the Paediatric equivalent. We also train a small number of Staff to 3-day First Aid at Work (FAW). The level of First Aid training required is determined by Risk Assessment, as noted in the First Aid Policy. Amendments to the number and level of first aid staff in the School is usually determined by Human Resources and the Health and Safety Advisor with advice from the School Physiotherapist who is the person who provides first aid training for staff.

Members of sports staff receive additional training from the School Physiotherapist on topics such as head and spinal injuries.

The School Nurse and School Physiotherapist have also completed additional courses in first aid and immediate life support. First Aid courses are either run in-house (by the School Physiotherapist) or are externally provided.

Please refer to the School's First Aid Policy for further information.

Other Training

Other training may be required depending upon the medical needs of the pupils. Staff may need training in understanding conditions to enable them to best support their pupils. The need for this training will be determined within the development of an IHCP and can also be arranged by a staff member's request. The School Nurse can provide or arrange training too / for any member of staff within their scope of knowledge or expertise.

Management of Medicines

The School has no legal obligation to administer medication and if possible, medicines should be prescribed for out of school hours (unless within Boarding). However, the School recognises that there may be occasions when it is vital that prescribed medicines are given during the school day to promote pupil health and school attendance.

Prescribing Medication

There is no one qualified or authorised to prescribe medication within the School.

The only exemption to this is when the Immunisation Teams attend to administer immunisations. These are delivered by their own qualified nurses (employed by the NHS) using their own specifically designed protocols.

Administration

Administration of medicine should only be done by a member of staff who has received training. Administration of medicines must be done in line with the training received.

Before any medication can be administered a Medication Form must be completed (Appendix 4).

Prescription medications must have their original pharmacy label attached clearly detailing the pupil's details, medication name and instructions. Medications removed from their original packaging without this labelling will not be accepted without prior discussion with the School Nurse. Instructions on the medication form must match those on the pharmacy label.

Medication should be administered following instructions on the pharmacy label which must match the form completed by parents.

Pupils requiring medication should attend Pupil Services at the time it is required where it will be administered.

Should the pupil require additional privacy arrangements can be made for the pupil to use the School Nurse office or one of the medical rooms.

Boarders who require medication during school days will bring their medication to pupil services in the same manner as day pupils. Medication forms for boarders will be completed by Boarding Staff and consent gained from the boarder's Guardian.

Process for Administration of a Medication in School

Pupil is prescribed a medication that requires administration during school hours

Medication is given to a member of staff at Pupil Services with the completed medication form

Medication stored in medicines cupboard or fridge as appropriate

Medication form filed in the folder within Pupil Services/or School Nurse in Medical Annexe

School Nurse informed

Pupil attends Pupil Services at the required time for their medication. Medication administered

Administration documented by member of staff

Medication Stopped

The School must be notified in writing if not already indicated on the Medication Form.

Any medication should be collected by parents.

Medication Changed

Parents are required to:

- Remove any medication from School
- Complete a new medication form
- Issue the School with the medication with the correct instructions on the pharmacy labelling

Storage

Medicine in the Medicine Cupboards

All medicines must be always kept within the designated locked cupboard within Pupil Services. This includes non-prescription medicines such as paracetamol.

The only exemptions to this are emergency medicines such as inhalers or adrenaline auto-injectors or medicines required to be kept refrigerated.

Hazel House and Warren House also have a designated medicines cupboard, only accessible to staff for the safe storage of medicines. If a pupil is transferred to the Annexe to be cared for, their medication must accompany them.

Pupils should be encouraged to take their medicines home during school holidays.

Where applicable, stock should be rotated and expiry dates checked at least monthly. The responsibility is with the School Nurse to oversee this.

Refrigerated Medicines

Certain medicines are unstable at room temperature and need to be refrigerated to maintain their stability and safety.

Refrigerated medicines for pupils are kept within the designated locked fridge within Pupil Services or School Nurse fridge within Annexe. A designated medicines fridge will also be located within Hazel House and Warren House

The fridges should remain between **2-8 degrees** centigrade. If the temperature deviates out of this range with no obvious cause (door being open for a prolonged period, probe not situated properly) the Maintenance Team should be notified to assess the function of the fridge and the School Nurse informed.

Emergency Medication

Emergency medication or life dependent medication (such as inhalers, adrenaline auto-injectors or insulin) should be kept safe but accessible to pupils who require them.

Pupils are advised to always keep these medications on their person (age/maturity allowing) recognising the implications of misplacing them. Where it is not possible to have them on person, for instance during sports, the medication should be given to the teacher to hold for the duration until the pupil is able to hold them again. The medication should not be left back in the classroom or changing room or in an office, but in the teacher's possession as these medications may be required at any time and must be available as such.

It is also highly advised that spare items are also kept within Pupil Services.

It is the responsibility of parents/guardians to ensure that the School is provided with an adequate supply of medication and to replace out-of-date items. Boarders own prescribed medicines are managed by both Hazel House and Warren House staff and the School Nurse.

Controlled Drugs (CD)

Controlled drugs should be kept securely and always locked away. There is a list of CDs that are more likely to be held within the CD book and held next to the Controlled Drug in question. If there is any doubt as to whether an item is a CD, please consult the School Nurse or a local pharmacy for advice. Controlled Drugs can be administered by the School Nurse and Pupil Services, as they are trained to give the medication. Should boarding pupils require a CD, all relevant boarding members of staff be trained.

School Trips

A designated member of staff (often the trip leader) on the school trip will take responsibility for the safekeeping of any medication. A meeting is held between the trip leader and the School Nurse in advance of any residential trip to discuss any medical issues and requirements. This is also done as needed for day trips.

Paracetamol

Paracetamol is an analgesic (pain killer) that is available over the counter for treatment of mild to moderate pain. Pupil Services hold a small supply of paracetamol tablets and liquid paracetamol.

These items can be administered to a pupil experiencing mild pain (e.g. headache, period pain) after consent is sought from a parent. This can be given verbally. The dose, time given and strength must be recorded onto SIMS in the medication section. Additionally, the following information must be given and recorded in the consultation section for medical events:

- Why was medication needed and
- That consent from parents was given,
- Plus, any other relevant information.

Consent must be obtained before every dose given. This is crucial to ascertain whether the pupil has had it prior to attending school and so that the parent is aware of when a further dose can be given to avoid any overdose. If a parent cannot be contacted a dose cannot be given.

The dose administered must be according to the instructions on the packaging.

Boarding Staff, Pupil Services and the School Nurse can give paracetamol and have access to the medical event on SIMS to log the medication given including the time and consent and reason given.

Over The Counter (OTC) Medicines

The School Nurse, Pupil Services, Hazel House and Warren House, hold a small supply of over-counter medicines that can be administered to a pupil if parents have provided written consent (usually within the medical form). Medicines held are:

- Paracetamol
- Ibuprofen
- Cetirizine (antihistamine)
- Eurax (insect and anti-itch cream)
- Throat lozenges.

Other over counter medicines may be given by Boarding Staff if advised by a pharmacist. These will be recorded on the medical events section of SIMS.

Emergency Inhaler Kits

The School has 9 Emergency Inhaler Kits held in the following locations:

- Pupil Services (next to the medicines cupboard),
- Medical Nursing Annexe (in main corridor near bedrooms),
- Sports Hall (in main entrance),
- The Pavilion (by computer at end of room),
- The Astro (in the storage shed),
- Hazel House,
- Warren House,
- DT Block.

The Emergency Inhalers must only be administered to pupils meeting criteria and whose parents have supplied written consent. They can only be administered by members of staff trained by the School Nurse following School policy.

Please see the 'Asthma and Emergency Inhalers Policy' or contact the School Nurse for further information regarding these.

Documentation

Medication Form (Appendix 4)

Any pupil bringing a medication to be administered at School, whether prescription or otherwise, needs to have a medication form completed.

This should be reviewed on a regular basis to ensure that the details are correct and the medication still required.

- This will also be reviewed annually for ongoing medications,
- This will also be reviewed prior to a pupil attending any residential or overseas trip.

Medication forms can only be completed by parents or appropriate Boarding Staff.

Medication Administration Record (MAR) Chart (Appendix 5)

A MAR Chart must be used to record the administration of any medicine.

A separate PAM form must be completed for each medication a pupil is given. Special care must be taken to ensure that the pupil and medication details are completed at the top of the page.

PAM/MAR Form must be kept filed alongside the medication form for the medication to which it relates. Usually these are on the reverse of the medication form.

Medication forms are filed by pupils alphabetically within a folder located in Pupil Services

Any completed or discontinued forms are scanned on SIMS medical records, then shredded.

Controlled Drug Book

The CD book is locked within the medicine's cupboard at Pupil Services alongside any CDs.

The CD book must be completed as well as the MAR chart when administering a CD.

The CD book must also be completed to record stock brought into School and stock returned to parents.

Emergency Inhaler Consent Form (Appendix 6)

Emergency Inhaler Consent Forms are sent to all pupils as part of their Medical Form upon accepting a place at the School.

These will also be sent to pupils already attending the School who are prescribed a reliever inhaler and notify the sSchool of this.

Completed Emergency Inhaler Consent Forms are recorded on SIMS then placed in confidential waste.

Record Keeping

Records provide evidence that agreed procedures have been followed and offer protection to staff and pupils. All medical/medication records relating to pupils are to be kept confidential and must be kept for a period of 7 years.

Parents are to be informed if their child has been unwell at School.

Accident/Incident records (Appendix 7) should be completed in line with the School Health and Safety Policy.

Records of First Aid are documented within the appropriate near miss form or on an accident/incident record.

Emergency Procedures

If a pupil has a situation relating to their condition that is considered an emergency, details of this and actions needed will be found in their IHCP. This will be shared with relevant members of staff in its initial completion.

If a pupil requires admission to hospital a member of staff must stay with the pupil until their parents (or Boarding Staff) arrive. If no parent is present, pupil data should be printed from SIMS for the accompanying member of staff to hold.

Transport to Hospital

1. If a pupil requires transportation by emergency ambulance a member of staff must accompany the pupil if the parents (or Boarding Staff if applicable) are not already on site until they arrive,
2. Staff members using their own car must have the appropriate insurance in place, unless in a situation with no notice and with no available school vehicle.
3. Staff members taking a pupil to hospital in their own car or in a school vehicle must ensure that they are familiar with the route to the nearest appropriate medical centre or have navigation aids to assist them if they do not know the route (details of nearby hospitals below). It is strongly advised that wherever possible, 2 members of staff accompany the pupil,
4. If the responsible staff member is in any doubt as to the seriousness of the condition/injury or is concerned as to whether the pupil will be well enough to travel in a car, an ambulance should be called instead,
5. If the pupil might require assistance on the journey to hospital, for instance, with holding on a dressing, a second member of staff/authorised adult should also travel with the pupil. If in doubt as to whether this will be sufficient, please refer to point 3 above.

If a child requires admission to hospital the School Nurse must be informed. Even if not involved they must be made aware to provide support and make any arrangements necessary for their return to School.

Nearest Hospitals

Maps and directions for all the hospitals listed below can be sought from the School Nurse.

Wisbech Minor Injuries Unit (MIU)

Wisbech Minor Injuries Unit is based at North Cambridgeshire Hospital, The Park, Wisbech.

The Park, Wisbech **PE13 3AB**

The unit will treat patients over 2 years old with a variety of conditions including:

* Wounds - cuts and bruises (Tetanus immunisation can also be given),
* Bites - human, insect and animal,
* Minor burns and scalds,
* Muscle and joint injuries - strains, sprains, limb fractures,
* Sports injuries,
* Eye problems e.g. removal of foreign bodies, conjunctivitis,
* Earache (patients aged 2 years and over),
* Simple urine infections (female only. Cannot treat people under 16 years of age).
* Minor head injuries (with no loss of consciousness).

The unit is open Monday – Friday 0830 -1800. Please be mindful that x-ray facilities are only available between 0900 -16:45.

Doddington Minor Injuries Unit (MIU)

Benwick Road, Doddington, March **PE15 0UG**

There is a Minor Injuries Unit based at Doddington Hospital.

Opening hours are Monday – Friday 0830 – 1800, Sat/Sun 09:00-17:00

Monday to Friday 09:00 – 16:45

No X-ray at weekends

Princess of Wales Minor Injuries Unit (MIU)

Lynn Road. Ely **CB6 1DN**

Monday -Sunday 08:30-18:00

X-ray Monday -Friday 09:00-16:45; Sat/Sun 13:00-16:45

Other Nearby Hospitals Include:

Queen Elizabeth Hospital, Kings Lynn

The nearest A&E department and paediatric assessment/inpatient unit as based at the Queen Elizabeth Hospital .

Gayton Road, Kings Lynn **PE30 4ET**

Pupils needing more urgent care, medically unwell, or in mental health crisis should be taken here. While all the above minor injuries can be treated at this A&E it is often better to go to a Minor Injuries Unit for these problems (if during their open hours) as it is more appropriate and often a shorter wait.

Peterborough City Hospital

Bretton Gate, Peterborough, **PE3 9GZ**

The hospital has an A&E (including a designated paediatric area), paediatric assessment unit and paediatric inpatient ward.

Addenbrookes Hospital

Hills Road, Cambridge, **CB2 0QQ**

Addenbrookes has an A&E with a designated paediatric area (this is also the nearest Major Trauma Centre for seriously unwell casualties), 3 paediatric inpatient wards for varying specialities, a day and observation unit for children.

Day Trips, Residential Visits and Sporting Activities

The School has a duty of care to keep pupils safe on school trips and excursions.

Day Trips and Residential Visits

As part of the planning process for day or residential trip the organiser is required to complete a risk assessment or refer to an appropriate generic risk assessment already being held. As part of that risk assessment the health and wellbeing of pupils is considered.

A checklist is completed by the trip leader during the planning process which includes documenting the first aider(s) on the trip and signing to confirm they have obtained medical information for the pupils and will have access to a first aid kit.

Medical information can be obtained from the School Nurse or the EVC.

Day trips and residential visits are also covered within IHCPs and should be referred to as appropriate.

Sporting Activities

Many sports staff have attended an emergency first aid course at work and received additional training from the School Physiotherapist on topics such as head and spinal injuries.

The Physiotherapist has additional qualifications.

On sporting activities outside of school, a member of staff with first aid training is always present. Additionally, the School Physiotherapist may be present, or an external paramedic may be hired.

All sports staff have their own named first aid kit bag which they are responsible for. If lost or in need of restocking the School Physiotherapist co-ordinates this.

Home to School Transport

Many pupils rely on the school minibus or public transport for travel to and from school.

The School has a fleet of minibuses that provide this service for some of our pupils.

Each minibus has a first aid kit on board and drivers complete an ‘Emergency First Aid at Work’ course.

Automated External Defibrillator (AED)

The School has a Lifepak CR Plus AED located within Skelton Hall

An AED is a machine used to deliver an electric shock when a person is in cardiac arrest (when the heart stops beating normally). Cardiac arrest can affect anyone of any age often without any warning.

Next to the AED is 2 emergency response boxes which hold 2 adrenaline pens in each, 2 suitable for a child under 6 years and 2 for over 6 years to adult. Please see the Allergies and Anaphylaxis Policy (including Emergency Adrenaline Auto-Injectors)

Guidance for First Aiders in giving Adult CPR and Paediatric (Child) CPR

First aid - CPR - NHS (www.nhs.uk)

Adult CPR – If in cardiac arrest administer CPR – 30 chest compressions to 2 ventilations see guidance.

Children CPR 5 initial rescue breaths advised then to continue with 30 compressions to 2 breaths please see first aid guidance click on the link above.

Administering CPR and defibrillation promptly as soon as possible can help to save a person's life. Time is crucial in the event of cardiac arrest with the chance of a person surviving by 7-10% for every minute of delay commencing treatment.

Survival rates vary across the country but range between 2% and 12%. However, survival rates as high as 75% have been reported where CPR and defibrillation have been delivered promptly.

Due to these statistics the DfE highly recommends that schools have an AED on their premises although this is not compulsory.

It is important to remember that not all heart rhythms during cardiac arrest are shockable. Therefore, it may be that the AED may not shock if a non-shockable rhythm is detected, this does not indicate the AED is faulty. Equally the person may not have a shockable rhythm initially but during CPR the rhythm may become shockable. This is all normal.

Location

The AED is located within the storage cupboard to the bottom left corner of Skelton Hall upon entering. Next to that is 2 green allergy response boxes with adrenaline pens; 2 for under 6 years and 2 for over 6 years to adults.

This location has been chosen as it is a central part of the School that is accessible for long hours including extracurricular activities outside of school hours and school functions.

There is also a phone nearby within the Skelton Hall office to contact 999.

Skelton Hall is unlocked during the School holidays and can be accessed using the keypad with the current code at that time.

Training

Fully automatic AEDs are designed to be used by someone without any specific training and by following the step-by-step instructions on the AED at the time of use.

On the SharePoint T: Drive there is a folder that contains information regarding the AED including basic points to remember, the manual and a training video. How to use a defibrillator (AED) | St John Ambulance. It is recommended that all Staff watch this video to familiarise themselves with the AED. This video is also shown at new staff inductions.

As of 2015 the use of an AED has been included in First Aid at Work courses. School Physio will be delivering First Aid training including CPR and use of an AED to members of staff.

If a member of staff that does not normally receive this training would like to be shown how to use the AED please contact the School Nurse or School Physiotherapist.

Key Things To Remember

- Within the wall mounted box there is a black bag that contains a razor and scissors to remove chest hair and clothing. Do not be afraid to use these you could save a person's life by doing so,
- Also within the wall mounted box are pink paediatric pads. The AED has adult pads within it as standard, but these should be changed to paediatric pads for children aged 7 years and under. If in doubt over the child's age do not delay treatment in confirming their age; use the adult pads. A towel is also situated on a shelf below the AED to dry a casualty if they are wet before applying the pads,
- Next to the AED is a clipboard. This clipboard contains information that may be useful in an emergency including guidance on basic life support, choking, emergency contact numbers and the AED checklist.

Maintenance

The AED automatically performs a self-test weekly, when turned on, and a more extensive test monthly. If a problem is detected it will be displayed on the screen.

The AED will be checked weekly for any change on the AEDs display screen. The wall mounted box, defib pads and consumables will also be checked. This will be undertaken by the School Nurse during term time using the checklist supplied by the manufacturer. During the school holidays this will be undertaken by the Operations Team Leader.

After Use

Assisting someone in cardiac arrest can be a stressful and traumatic experience for the rescuer. As a result, it may be beneficial to arrange a debriefing from the local ambulance service if needing support or help can be sought from their GP. The School Nurse is also available to discuss the events with, to aid with recovery.

Most AEDs will store data which can be used to assist with ongoing care for the patient, therefore, it is advisable to contact the local ambulance service after the AED is used for the data to be downloaded. The East of England Ambulance Head Quarters can be contacted on 0345 601 3733. The AED can still be used while waiting for data to be downloaded. It is recommended that the AED is turned on and off as little as possible to prevent any data from being deleted.

The AED should be made ready for use again by replacing any consumables, ensuring no warning signs are displayed and all items back in the wall mounted box within Skelton Hall.

If a cardiac arrest occurs because of an accident or act of physical violence in connection with work this may be a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reporting requirements will vary whether it is an employee or non-employee. See the Health and Safety Advisor for guidance.

Unacceptable Practices

The DfE has guidance detailing unacceptable practices in relation to supporting pupils in schools with medical conditions. Staff will use their discretion and judge each case on its merits with reference to the pupil's individual needs and IHCP if applicable. This is considered under general circumstances the School will not:

- Prevent pupils from having appropriate access to their medication considering the nature of the item. Medications for potential use in an emergency should be easily accessible. Therefore, inhalers and adrenaline auto-injectors should always remain in the pupil's possession and the pupils aware of their responsibilities to do this safely. Additional spare items may be kept within Pupil Services, if necessary.
- Unnecessarily prevent administration of a medication. The School reserves the right to not administer medication if it is deemed unsafe to do so. Examples include (not an exhaustive list); medication not adequately labelled, medication unable to be stored as per instructions and therefore compromising its stability, or staff requiring further training to administer the item safely,
- Assume that every pupil with the same condition requires the same treatment. Every pupil will be treated individually,
- Ignore the views of the pupil or parent or ignore medical evidence or opinion. Staff should work in collaboration with the pupil and their family although recognising that in acting as the pupils advocate there may be circumstances that may need to be challenged,
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal School activities, including lunch, unless this is specified in their IHCP,
- If unwell, send the pupil-to-Pupil Services or a Medical Room on their own or with an unsuitable person,
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments or admissions. Appointments are encouraged to be out of school hours or at a time as least disruptive to the pupil's education as possible,
- Prevent pupils from eating, drinking or taking toilet or other breaks when needed to manage their medical condition effectively,
- Require parents, or otherwise make them feel obliged, to attend School to administer medication or provide medical support to their child unless of course they so wish,
- Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including trips. There may be on occasion extenuating circumstances whereby the School would be unable to make reasonable adjustments to facilitate this. All cases will be considered individually and efforts made where possible to allow pupils to participate as fully as possible.

Liability and Indemnity

The School holds appropriate Liability and Indemnity Insurance which covers all the services provided by the School. For further information regarding this please contact the Bursar.

Complaints

Complaints will be dealt with in line with the School's Complaints Policy (please see this document for further guidance).

If a parent of a pupil is dissatisfied with the support provided this should be discussed directly with the School in the first instance via the pupil's Form Tutor or School Nurse. However, there may be circumstances in which the individual may prefer to first contact a Head of Section or Senior Deputy Head if necessary.

An official written complaint should always be addressed to the Headmaster.

All queries and concerns no matter how minor in nature they may appear will be listened to and actions taken to resolve the matter promptly as per school policy

Reference Documents

This Policy has been complied using the following documents:

'Supporting Pupils at School with Medical Conditions', Department for Education, 2015

Children and young people settings: tools and resources - GOV.UK March 2025

'National Service Framework for Children, Young People and Maternity Services: Medicines for Children and Young People', Department for Education and Skills and Department of Health, 2004

DfE Automated External Defibrillators Guidance Jan 2025

Appendix 1 - Head Injury Protocol

WISBECH GRAMMAR SCHOOL

Head Injury Protocol

For the purposes of this protocol a head injury is defined as any trauma to the head other than superficial injuries to the face (NICE 2021).

This protocol is for the management of head injuries sustained at School by both sporting activities and general accidents.

All pupils that have sustained a head injury will be assessed by a member of staff that has received first aid training.

If the pupil has sustained an injury during sport they will be assessed by a member of sports staff that has received training on how to perform a CRT6 assessment. **Return2Play** https://www.return2play.org.uk/ is also used to assess the pupil and to ensure that the pupil does not return to play too quickly after injury. Doctors trained in concussion assessments, determine the individual pupil's head injury status in conjunction with parents online, in order to determine whether and when the child is fit to return to sport. If concussion is diagnosed then a pupil has 24-48 hours relative rest from physical activity as long as the injured person is managing day-to-day activities (school/work) without any exacerbation of symptoms. This is followed by a return to light physical activities e.g. walking. Once symptom free, they can resume some aerobic exercise such as jogging, stationary bike, and swimming at low intensity. They can also introduce low level body weight resistance training, but they should not be taking part in formal training activities or competition. If they remain symptom free at day 8 they can resume sport specific non-contact training and weight resistance training. Full contact training can resume at day 15 if symptom free. Contact sport can resume at day 21. For further advice please contact R2P medical team medical@return2play.org.uk .

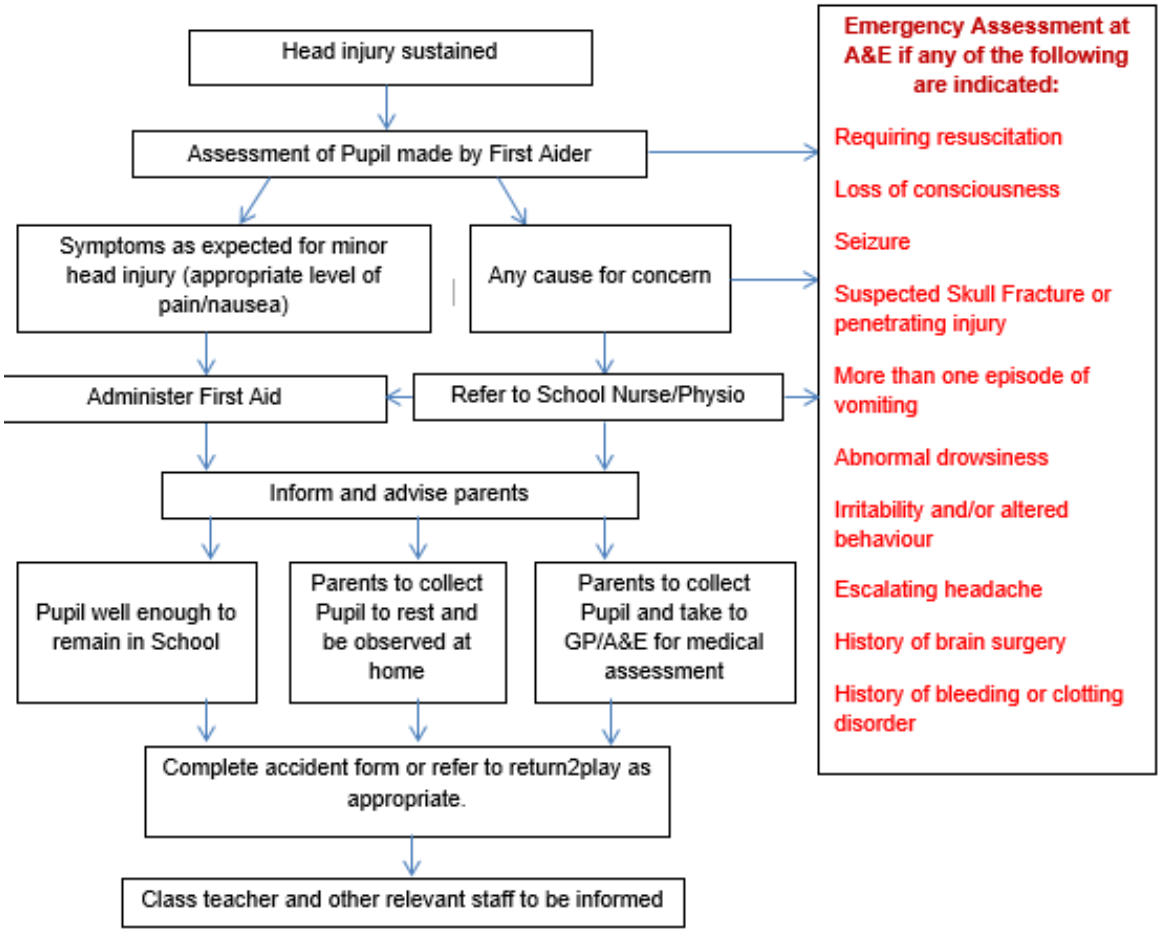
Return2Play can also be used to assess non-sporting head injuries also. If the injury has been sustained by other means, the pupil will be assessed by a first aid trained member of staff. If the pupil has symptoms beyond those that would be expected, such as more significant pain to the area of impact and/or nausea, or the symptoms cause the staff member concern, they will be referred to the School Nurse or School Physiotherapist. In the unlikely event that both members of staff are unavailable, alternative appropriate medical advice should be sought.

If an injury is logged on Return2Play, staff do not need to complete an accident/incident report form.

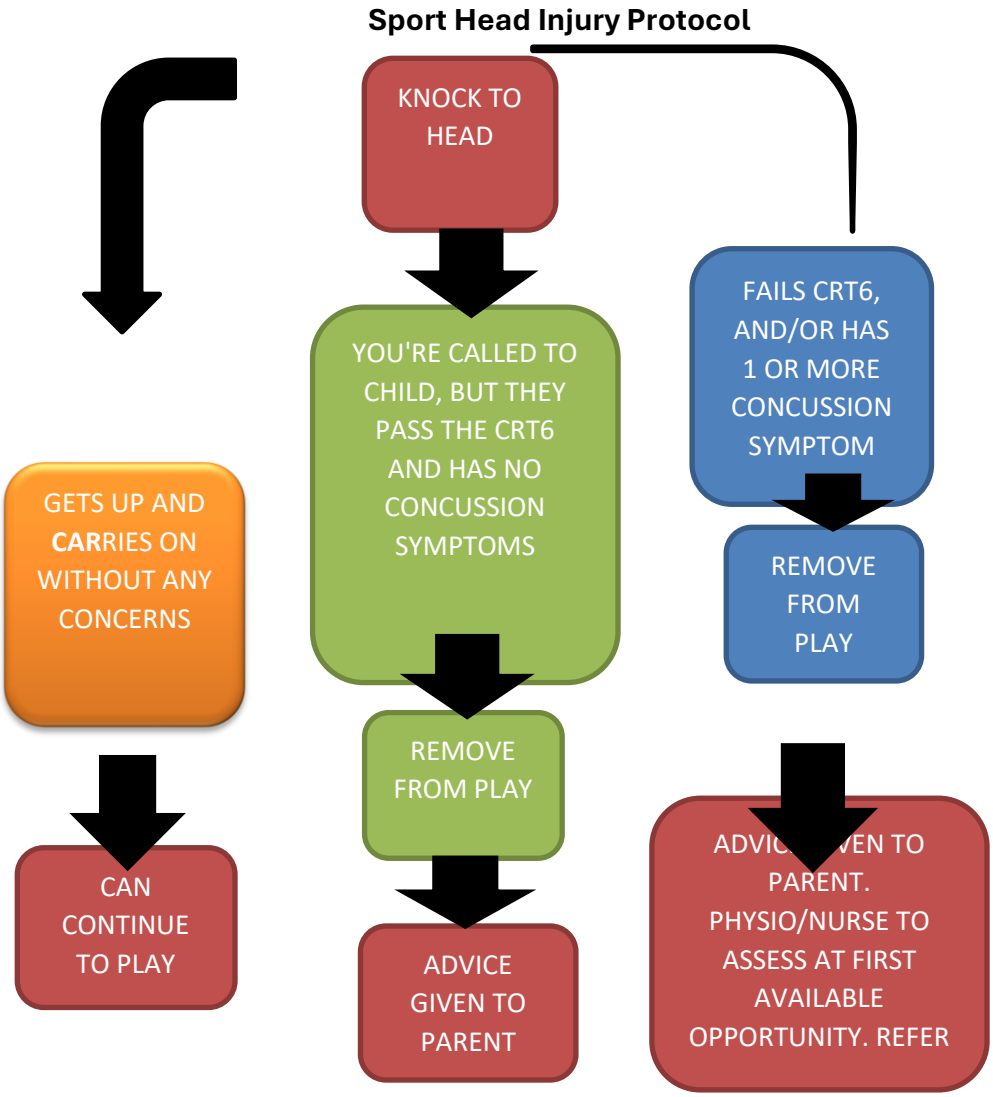
Prep School pupils will be given a sticker to wear in order to alert members of staff that the pupil has had an injury and to keep close observation.

The flow charts on the pages following have been created to clearly illustrate this process.

Management of a Head Injury not caused by a sporting activity



Pupils must be taken for emergency medical assessment if displaying any of the symptoms above at any time or the member of staff is concerned in anyway.



Head Injury Management
Signs and Symptoms

Indications for Emergency Management / A&E

- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms
- New neurological signs
- Loss of consciousness
- Potential Signs of Concussion Requiring Monitoring Only
- Unsteadiness
- Disorientation
- Inability to respond appropriately to questions
- Loss of memory
- Blank or vacant

If the potential signs of concussion are temporary and start to improve, then no emergency medical management is required, however advice should be given to the parent/guardian.

Appendix 2 – Sharps Disposal Protocol

WISBECH GRAMMAR SCHOOL

Sharps Disposal Protocol

This protocol is for needle stick or sharps injuries where previous contamination with a bodily fluid is suspected (e.g. a needle found in an open field) It does not apply to needle stick or sharps injuries within a school department (e.g. F&N, Textiles, D&T).

The sharps disposal kit is kept within the Custodians office. This kit is to be used for the disposal of items such as needles or sharps that may be contaminated with bodily fluids.

In using the kit the following protocol should be followed:

- Contact the Custodians to obtain the kit,
- Wearing gloves and using the forceps, pick up the needle or sharp item,
- Place the item into the sharps bin within the kit sharp end first,
- Ensure the sharps bin is sealed after use,
- Place the forceps and gloves in the clinical waste bag,
- If applicable use the second pack within the kit to clean up any bodily fluids as per instructions,
- Use the wipe to disinfect your hands,
- Wash hands thoroughly,
- The sharps bin must be taken to a GP surgery for disposal – it will only be accepted if sealed. Please give sealed bin to the School Nurse,
- The yellow clinical waste bag must be disposed of in the clinical waste bin at Pupil Services,
- The School Nurse will replenish the kit.

The Health and Safety Advisor must be informed of any needles/sharps found on the School premises as soon as is reasonably practicable, using an accident/incident form.

Accident, incident or near miss reporting

Needle Stick/Contaminated Sharps Injuries

If an individual receives a needle stick or **contaminated** sharp injury, the following protocol must be followed:

- Encourage the wound to bleed, ideally under running water,
- Wash the wound thoroughly with soap and water,
- Do not scrub the wound while washing it,
- Do not suck the wound,
- Dry the wound and cover it using a plaster or dressing.

The incident must be recorded on an Accident Form and additionally the School Nurse informed. Urgent medical advice must be sought as treatment may be required to reduce the risk of infection. Medical advice can be obtained from the individual's GP, calling the NHS 111 service or attending the nearest A&E department.

Appendix 3 – Individual Healthcare Plan

WISBECH GRAMMAR SCHOOL

Individual Healthcare Plan

1. Child/Young Person's

1.1 Child/Young Person's Details

Child's name:	
Date of birth:	
Form/Year Group:	
School:	
Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, and behaviours.	
Allergies:	
Date:	
IHCP review date:	

1.2 Family Contact Information

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

1.3 Essential Information Concerning This Child/Young Person's Health Needs

	Name	Contact Details
Consultant Paediatrician (if applicable):		
Specialist nurse (if applicable):		
GP:		
HeadTeacher:	Mr B Rimmer	01945 583631 x0211
Form Tutor:		
SEN Co-ordinator:	Mrs H Wakefield	01945 583631 x0229
School Nurse:	Mrs H Ryan	01945 583631 x0381
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Any provider of alternate provision:		

The child/young person has the following medical condition(s) requiring the following treatment:

Medical Condition	Drug	Dose	When	How is it administered?

Any medication will be stored

_____

_____

_____

_____

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in School? What are the side effects?	

2. Routine Monitoring (If Applicable)

Some medical conditions will require monitoring to help manage the child/young person's condition.

What monitoring is required?	
When does it need to be done?	
Does it require any equipment?	
How is it done?	
Is there a target? **If so what is the target?**	

3. Emergency Situations

An emergency situation occurs whenever a child/young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

4. Impact on child's learning

Hoes does the child's medical condition affected learning? i.e. memory, processing speed, co-ordination etc.	
Does the child require any further assessment of their learning?	

5. Impact on child's learning and care at meal times

	Time	Note
Arrive at school	0830 / 0840	
Morning break	1025 - 1045	
Lunch	1230 / 1140	
Afternoon break	1405 - 1425	
School finish	1610 / 1530 / 1730	
After school club (if applicable)		
Other		

Notes:

6. Care at meal times

What is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

7. Physical Activity

Are there any physical restrictions caused by the medical condition(s)?	
Is there any extra care needed for physical activity?	
Actions before exercise:	
Actions during exercise:	
Actions after exercise:	

8. Trips and activities away from School

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for the care to take place?	
Who will look after medicine and equipment?	The trip leader
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	The trip leader

9. School Environment

Can the school environment affect the child's medical condition?	
How does the School environment affect the child's condition?	
What changes can the School make to deal with these issues?	
Location of School medical room?	The School Nurse Medical Annexe is located in the main carpark near exit.

10. Educational, Social & Emotional Needs

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their medical condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? If so, what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does the child require any emotional support?	

11. Staff Training

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date	

Please use this section for any additional information for this child or young person

	Name	Signatures	Date
Young person			
Parents/Carer			
Form Tutor/Teacher			
School Nurse	**Mrs H Ryan**		
Other			

This Individual Healthcare Plan was developed from a plan originally designed by a subgroup led by Sandra Singleton and others on behalf of the North West Paediatric Diabetes Network.

Appendix 4 – Medication Form

WISBECH GRAMMAR SCHOOL

Medication Form

Each medication must be completed on a separate form

Pupil Details	
Pupil Name	
Form	
Date Of Birth	
Medical Diagnosis Or Condition (for which the medication is required)	
Allergies (Medication or otherwise)	
Today's Date	
Next Review Date **or** Date last dose due	
Medication Details	
Medicine name/type	
Dose and method of administration	
Time(s) required	
Are there side effects which the School needs to be aware of?	
Any additional info/special requests or instructions?	
Self-administration?	Yes/No (delete as appropriate)

I confirm the information above is accurate and I give consent for School staff to administer the medication as noted and agreed above. I will inform the School immediately and in writing if there is any change in the dosage or frequency of the medication, or if the medication is stopped.

Signature: **Print Name:** **Date:**

Appendix 5 – Medication Administration Record

WISBECH
GRAMMAR SCHOOL

Medication
Administration Record

Name: **Form:** **Medication:**

Date (DD/M/YY)													
Time given													
Dose given													
Staff initials													

Date (DD/M/YY)													
Time given													
Dose given													
Staff initials													

Date (DD/M/YY)													
Time given													
Dose given													
Staff initials													

Date (DD/M/YY)													
Time given													
Dose given													
Staff initials													

Appendix 6 – Emergency Inhaler Consent

WISBECH GRAMMAR SCHOOL

Emergency Inhaler Consent (if applicable)

In 2014 the Department of Health issued guidance allowing schools to hold Salbutamol Inhalers for use in emergencies. With parental consent, these inhalers can only be used for:

- A child who has been diagnosed with Asthma and prescribed a reliever inhaler, or
- A child who has been prescribed a reliever inhaler

The reliever inhaler your child is prescribed does not have to be Salbutamol (Ventolin® is one of the common brands often given). In an emergency Salbutamol will still help your child and could save their life.

If this applies to your child and you give consent for the use of the School Salbutamol Inhaler in an emergency please tick the statement that applies, name and sign below.

Pupil's Name		DoB	

I confirm that my child has been diagnosed with Asthma and is prescribed a reliever inhaler	
I confirm that my child has been prescribed a reliever inhaler	

Consent

I give consent for my child to be administered the school Salbutamol Inhaler in the event of an emergency.

Signed (Parent)		Date	
Printed (Parent)		Relationship to pupil	

Please note these inhalers are for **emergency** use only and parents/guardians are still required to provide the School with their child's prescribed inhalers as normal. This does not replace this requirement. Staff will be trained in the administration of these inhalers and its use carefully monitored to comply with government guidance. If you have any questions regarding this please contact the School Nurse.

Appendix 7 – Accident/Incident Record.

WISBECH GRAMMAR SCHOOL

Accident/Incident Record

This form should be completed for all accidents or incidents involving injury (not including near-misses) or damage during any activity or within any area under School control. N.B. This includes off-site School events/trips/matches and includes visitors, contractors, parents and visiting pupils.

Please hand the completed form to the Human Resources Assistant (employees) or the Bursar (pupils, visitors) or the Facilities Manager (Contractors)

Name of affected person Their address/Name of Visiting School Occupation		**Pupils Only** Form Date of Birth Name of parent/guardian	
Location of accident		Date and time of accident	
Describe what happened:			
Cause (if known)?			
Nature of injury?		Name of any first aider and what treatment was given at the scene?	
Attended Hospital?		Treatment there?	
Attended with whom?		Ongoing treatment?	
Details of person completing the form (if different) Name Occupation		Address	
Employees only	Do you give consent to the School to disclose your personal information and details of the accident which appear on this form to safety representatives for them to carry out the health and safety functions given to them by law?		Yes – Sign here (do not sign if you do not give consent)
Employer only			
Is the accident reportable under RIDDOR?		If so, who reported and on what date? *Attach copy of report to this document.*	

Please hand the completed form to the Human Resources Assistant (employees) or the Bursar (pupils, visitors) or the Facilities Manager (Contractors)