# Medical Treatments and First Aid Policy (including EYFS)

POLICY UPDATED: **March 2025**

NEXT POLICY REVIEW: **July 2025**

REVIEW SCHEDULE: **Annually or subject to immediate review in line with statutory changes**

STAFF RESPONSIBLE: **Director of Inclusion / School Nurse**

## 1 Scope

This policy is applicable to all those involved in the provision of first aid related to school activities and its requirements for the provision and implementation of first aid for pupils and staff. Separate appendices deal with the process and restrictions on administering medication to pupils, the policy on notification and control of infection outbreaks (Appendix 1) and guidance on protection of pupils and staff to UV exposure when undertaking outside activities (Appendix 2).

## 2 Objectives

2.1 To ensure that there is an adequate provision of appropriate first aid at all times

2.2 To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.

## 3 Medical Treatments and First Aid

The school has a number of staff who are qualified first aiders and who have attended a variety of First Aid course (Appendix 8). The School Nurse publishes up-to-date lists of qualified first aiders and arranges training as qualifications expire in a three-year cycle. Lists are available on the school information system. At least one qualified first aider will be on site when there are children present. First Aiders and Appointed Persons will receive initial training followed by updated training every three years. Where no specialism is indicated, staff have completed the Emergency First Aid at Work course. From the 31st December 2016, first aid training providers have been required to train workplace first aiders in the use of automated external defibrillators (AEDs), on all first aid at work courses.

All staff members in the EYFS department hold a Paediatric First Aid certificate.

See Appendix 8 for details of staff with First Aid qualifications.

The school employs a School Nurse who is available on the premises to provide medical support between 8.30am and 5.00pm during term time. The School Nurse staffs the Medical Room each break & lunchtime and deals with routine medical incidents during these times. The School Nurse will also be on call during the rest of the school day to deal with sick or injured pupils as required (Tel. Speed dial 870 or Medical room 270)). The School Nurse deals with incidents on a daily basis, therefore will develop a good working relationship with pupils, and know and understand those

pupils who need more frequent treatment or those who have long-term medical conditions thus providing continuity of care.

**Cover Arrangements During the School Nurse's Absence**

On occasional days when the School Nurse is not in school the Medical Room will not be staffed. Children reporting to be ill / injured should not be sent or taken to the Medical Room during lesson time. They should be triaged by the member of staff to whom they have reported and encouraged to wait until break or lunchtime for minor treatments. If it is an emergency, then they or the staff member should call Reception, from where a trained first-aider will be contacted to provide care.

There are a number of first-aid kits located at strategic locations around the school which staff or first-aiders may use to treat pupils "in-situ" if required.

**Lone-worker / Safeguarding Precautions**

Staff who are asked to provide "*duty first aid cover*" may have reservations or feel uncomfortable providing some first aid care in certain situations that necessitate them making physical contact with children – especially children who are of a different age group that the staff member normally works with or of the opposite sex. Staff must avoid placing themselves a situation which could result in allegations against them. Any or all of the following routines may be adopted by the duty first-aider in such situations and if the injury/illness or treatment make these appropriate:

- Leave the Medical Room door open so that the patient and first-aider are visible to passing staff/pupils
- Have a second pupil present when appropriate (ill/injured children are often accompanied by a "friend")
- Have the patient sit in the chair outside of the Medical Room so that consultation and treatment can be visible to staff / pupils passing (this may not always be appropriate)
- Make an accurate record of events, actions & treatment within the child's medical records at the time or as soon as practicable.

There is no set routine in such situations as much will depend on the child, the type of illness / injury and the resources available at that time. If in doubt, then have a second member of staff present. Report any concerns to a DSL.

## 5 Treatment

5.1 All treatment will be undertaken in a way that maintains a person's dignity and privacy. The purpose of treatment is to prevent further harm, aid-recovery and to minimize the loss of education to the child.

5.2 If a child suffers a minor injury or feels ill he/she should report this to his/her form tutor or subject teacher, or, if at break or lunch-time, to the member of staff on duty. The member of staff concerned may authorise treatment by the "School Nurse" or first-aider by:

For Upper School: making a note in the pupil's planner and sending them to the "School Nurse" or first aider's location.

For Lower School:The tutor should record in the form book the name of the child and the time that they left the lesson.

5.3 Should an Upper School pupil report to the School Nurse without the authorisation of a member of staff (no note in their planner) then the pupil should be sent back to lessons unless there is an obvious injury or clear distress.

5.4 If a pupil is ill in class they may (depending on the child's age) be accompanied by another member of the class to the School Nurse or to the school office, where a member of staff will either locate the School Nurse or summon a first-aider to deal with the problem.

5.5 After treatment the School Nurse /first aider will make a report of details of the injury/illness on the school admin system and inform parents if necessary. Parents will be informed depending on the age of the child and the nature of the illness/injury. Anything resulting in physical bruising, bleeding or abrasion or an illness which requires further treatment or monitoring will be notified to parents. Parents of EYFS pupils will be informed of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, and any first aid treatment given.

5.6 Depending on the nature of the illness/injury, the pupil will then return to lessons or, if unable to take part in lessons, be collected by their parents or attend hospital. Depending on the nature of the injury, the age of the child the child will either be accompanied by his/her parent or by school staff.

5.7 Following any treatment the School Nurse/first-aider will complete the note in the pupil's planner which will be returned to the class teacher by the pupil. This will brief the tutor on any possible outcomes as a result of any illness, accident/injury or medication and follow-up treatment. No confidential information should be disclosed in the planner. The planner should then be returned to the pupil who may pass this on to their parents after school.

5.8 If the child is sent home the class teacher and school office will be notified by the School Nurse/first-aider. No confidential information should be disclosed.

5.9 On return of a child to lessons or on receipt of notice that a child has gone home the class teacher will record in the form book the time of return of the child to lessons; or that the child has gone home and will be absent for the remainder of the day.

5.10 If there has been a spillage of body fluids, the maintenance department will be called to deal with the spillage appropriately.

5.11 The Bursar is responsible for accident reporting and for carrying out accident investigation and where appropriate, implementing remedial action to avoid recurrence.

(ISI 13a, 13c, 13d) S9

5.13 Serious accidents, illnesses or injuries (as defined below) are also recorded in the Accident/Injury Book which is located in School Office. Accurate recording of the accident/injury suffered is essential and is in the interest of the school, for pupils and employees alike.

## 6 Parental Consent

6.1 When a child joins the school Parents (and persons with parental responsibility) must complete a medical information form, which must be passed on to the School Nurse who will enter medical details onto the school management information system. In completing this form, parents (unless they specifically opt-out) give consent to school staff administering first aid treatment, administering over-the-counter-medications and dressings as well as consent for staff to authorise anaesthetic or other urgent medical attention. This consent is valid while at or outside of school during any school activity.

**Note:**

- EYFS pupils require specific written consent for each administration of medication.
- Pupils over the age of 16 can also give consent.

6.2 Notwithstanding the blanket consent provided by parents if it is considered necessary for a child to be issued medication then staff will attempt to contact the child's parents and notify them of the situation and clarify that they are still content for the medication to be issued. This may be done over the phone, via e-mail or in writing.

Sometimes it may not be possible to contact the parents. In these circumstances the member of staff may revert to the blanket consent provided by parents when the child joined the school. If in doubt then the Head, or senior person present, will make a decision in light of the circumstances. The decision must be seen to be reasonable and should only go against a parent's express wishes if the child's life is in danger. This is rare, and normally teachers are able, for example on a school visit, to accommodate parents' wishes at the same time as ensuring that the child's health and safety is safeguarded, which is the prime duty of the school under the Children Act 1989.

6.3 Should a pupil require medication within the first four hours of the school day then, to prevent accidental overdose, staff should determine whether the child has been issued with medication earlier that morning. This may mean contacting parents, referring to ISAMs or depending on the child's age and maturity speaking to the child. If medications are issued within four hours of the start of the school day, then the ISAMs recorded must be annotated to record the level of checks made to establish whether any prior medication had been issued. Equally if a decision is made not to issue medication – the reasons for this.

## 7 Complaints

If parents or pupils are unhappy with the medical support provided, they should be able to discuss their concerns directly with the School Nurse or form tutor. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## 8 Recording First Aid Incidents

Staff who treat first aid incidents will record these on ISAMs. Visits to the Medical Room which are of a social, welfare, emotional or safeguarding nature should be logged on CPOMS. If teaching staff or the duty first aider have concerns that a pupil is regularly missing lessons to visit the Medical Room then they should raise this matter with the pupil's form tutor.

## 9 Reportable Incidents

Exceptionally, the Bursar or the School Nurse, under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), must report certain injuries, diseases and dangerous occurrences to the H and S Executive. This is the Health and Safety reporting procedure for certain injuries that occur within the workplace and can be found here:
http://www.hse.gov.uk/riddor/index.htm
Most incidents that happen in schools or on school trips will not need to be reported.

## 10 Reporting Accidents within School

10.1 All accidents that meet one or more of the following criteria, involving pupils, employees or visitors must be recorded in the school accident log.

10.1.1Accidents/illnesses (directly caused by working) that result in the pupil/member of staff being sent home.

10.1.2 Absence from school as a consequence of an accident the previous day.

10.1.3 Any obvious visible injury or trauma.

10.2 If it is suspected that a pupil or member of staff has suffered a serious injury (fracture, serious bleeding, concussion etc) or who is seriously ill, the School Nurse or a First Aider should immediately be summoned to attend to the child/staff, and first aid applied at the scene, and an ambulance called if necessary. The Head must be notified immediately of any serious injuries or illnesses. Serious injuries must be recorded in the school accident book (in addition to any log on the school admin system). The Bursar along with the School Nurse will complete a RIDDOR assessment and refer reportable incidents to HSE if necessary.

10.3 The Bursar will check the accident book periodically ensuring that any reportable incidents have been referred to the HSE via RIDDOR.

## 11 Administration

The Admissions Manager is responsible for liaising with parents of pupils joining the school and will collate and file the medical consent forms. At the start of each academic year the admissions manager will pass this information to the School Nurse.
Information regarding pupils with specific dietary and or medical needs will be available to all staff on ISAMs including the catering manager.

(ISI 13a, 13c, 13d) S9

**12 Medical Consent Form**

12.1 The consent form will require that parents give their consent (or not) for:

- Pupils to receive first aid treatment,
- Pupils to receive basic over-the-counter medication if appropriate (e.g.: Paracetamol, Calpol etc)
- Staff to authorise emergency anaesthetic treatment whether during the school day, or engaged in an after school activity or while on any school organised visit.
- Parents must inform the school of any other information which may have an effect on the child's health or well-being while at school. This includes:
- Existing long term medical conditions (asthma, allergies, etc)
- Medical dietary requirements (as opposed to likes , dislikes)
- Special educational needs
- Any social or welfare matters
- This information is requested as a part of the medical consent form.

12.2 When pupils take part in school visits, parents must complete a consent form on which they are required to declare any new medical conditions their child has.

**13 Medicines**

Medicines (with the exception of inhalers and autoinjectors) should be stored in the medical room inside a locked cabinet. This cabinet can remain unlocked, when a member of staff is present. If the room is unoccupied the medicine cabinet must be locked, and the keys placed within the key safe marked medicine cabinet. (Code access can be found with the headmasters PA)

13.1 The school will only accept prescribed medication if they are in date, labelled with the child's name, provided in the original container as dispensed by a pharmacist and include the date of dispensing and instructions for administration of dosage and storage and a medical form completed in full.

13.1 Medicines may be administered at school when it would be detrimental to a child's health or school attendance not to do so.

13.2 It is suggested that where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

13.3 Parental permission must be obtained before any medication is issued. This consent may be obtained via the standard medical consent form which parents complete on entry into the school. Otherwise consent may be obtained at the time of the injury/incident via telephone, text or e-mail as appropriate in the circumstances and in relation to the illness/injury and age of the child.

13.4 If a pupil needs to bring their own medication into school to take during the school day parents must complete a Medication Form (available from school reception or medical treatment room) in full and provide this, along with the medication, either to the pupil's form tutor or the School

Nurse as appropriate. Medicines supplied by parents or pupils will not be issued by the School Nurse unless a current Medical Form has been completed. Before issuing any medication, whether prescribed or over-the-counter medication, and to avoid accidental overdose, staff should establish whether the child has been issued any earlier that day by parents or another member of staff.

13.5 All medicines will be stored safely in the Medical Room under the care of the School Nurse or, if appropriate in the circumstances, in another secure location arranged by the child's tutor in an area that pupils may not access. Children should know where their medicines are at all times and the arrangements to access them as needed. Controlled drugs that have been prescribed for a pupil and are not held in their possession must be securely stored in a non-portable container.

13.6 It is good practice to support and enable pupils, who are able, to take responsibility to manage their own medicines from a relatively early age and the school encourages this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility.

13.7 In general pupils 12 years of age or older who have been prescribed medicines or a controlled drug may have it in their possession and may self-medicate when specific written permission has been received from parents. Passing it to another child for use is an offence and, if necessary, the school will monitor the storage and use of medicines held by pupils. The School reserves the right to insist on such medicines being stored securely by school staff if there is reason to believe the storage and use of medicines by the child puts them or other children at risk.

13.8 Depending on the age of the child and the medical situation Ventolin inhalers, blood glucose testing meters, adrenaline pens (EpiPen), insulin pens or similar may be retained by a child who may self-administer if appropriate and should be always readily available to children and not locked away. This is particularly important when off school premises e.g. on school trips.

13.9 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. (In such cases, every effort should be made to encourage the child or young person to involve their parents whilst respecting their right to confidentiality).

13.10 While at school or at an external school event if a child is ill/injured then the School Nurse may administer standard over-the-counter medicines (Calpol, paracetamol, etc.) to children if to do so is an appropriate form of treatment and will enable the child to remain at school and take part in lessons or activities. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Only standard paracetamol will be issued to pupils 12 and over. Specially prepared commercially available tablets or liquid (Calpol etc) for the under 12s. Painkillers will not be issued to pupils who are taking other medication. As with other medication a record will be kept of – name, date/time, type and dosage, reason, person handing the tablet over.

13.11 No children under 16 will be given medicine containing aspirin unless prescribed by a doctor.

13.13 Staff administering medicines will do so in accordance with the prescriber's instructions.

13.14 Only the School Nurse nominated first-aider or the child's tutor/teacher should have access to a child's-controlled drugs or medication and when necessary, assist the child take the medication.

13.15 A record will be kept (using ISAMs) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted

13.16 When no longer required, medicines should be returned to the parent to arrange for safe disposal.

13.17 Sharps boxes are to be available in the Medical Room for the disposal of needles and other sharps.

13.18 Staff must not give prescription medicines or undertake health care procedures without consulting guidance in relation to checking dosage, timings and the need to record that the medication has been issued. In many cases, medicines will be common over-the-counter medicines familiar to all adults. The School Nurse will issue most medications. When medicines are to be issued by other staff the School Nurse will ensure that they are competent in administration of the particular medicine and secure their agreement to do so.

13.19 If the medicine may be dangerous if wrongly administered, or where administration requires intimate contact or an injection, the School Nurse should ensure that staff are trained specifically in the particular procedure and certified as properly trained by the appropriate health professional.

13.20 The Bursar will make arrangements to review the log on a regular basis

13.21 Long Term Medical Conditions & Health Care-Plans

The school expects parents to provide sufficient and up-to-date information about their child's medical needs and must notify the school that their child has a medical condition. The school will expect that parents (and where necessary healthcare professionals) are involved in the development and review of their child's individual healthcare plan. Parents should provide medicines and equipment and always make sure that they or another nominated adult are contactable at all times.

13.22 Pupils are often best placed to provide information about how their condition affects them and will be fully involved in discussions about their medical support needs and contribute as much

as possible to the development of their individual healthcare plan. Other pupils are expected to be sensitive to the needs of those with medical conditions.

13.23 Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent and the relevant healthcare professional. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a pupil. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

13.24 Parents whose child has a long-term medical condition or disability should make the school aware of the condition and contact the School Nurse (or child's tutor) to assist the school develop a health care-plan that is best able to meet the child's needs while at school. Parents are expected to work with the school in the development of the care plan and to agree to its contents and implementation. Care plans will be reviewed annually and maintained & published by the school nurse. Copies will be stored in the Medical Room and available to staff via the SiS .

## 14 Bump to head, head injury and Concussion

14.1 School staff need to be able to assess signs and symptoms, know how to recognise an emergency and when to summon assistance. This policy will be used by staff assessing and treating all head injuries in school on and off site. It will be used to determine the course of action to take depending on the circumstances and symptoms displayed.

14.2 **Bump to head** – A bump to the head is common in children. If a Pupil is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, confusion, nausea or vomiting and the child appears well then, the incident will be treated as a 'bump' rather than a 'head injury'.

Bump to head protocol:

- Child to be assessed by the school nurse or a first aider using the Head injury check list (Appendix 4)
- If sending a pupil to the medical room, ensure they have another person with them who can inform the school nurse that they have had a bump to the head.
- School Nurse/First aider to observe for a minimum of 30 minutes. If the pupil begins to display head injury symptom they will be sent to the medical room (if not already there) for further assessment, if no change during observation, then the pupil can return to normal lesson
- School nurse/first aider to email relevant staff (i.e. lower school or upper school staff) *Please be aware that this pupil has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in school. Please continue to monitor and report any changes to the school nurse.*
- Member of staff to log on isams under pupil manager and letter sent to parents (Appendix 5)

14.3 **Minor Head injury –** A minor head injury often just causes lumps or bruises on the exterior of the head. Other symptoms include:

- Nausea
- Mild headache
- Tender bruising or mild swelling
- Mild dizziness

**Minor head injury protocol**

- Pupil to be assessed by school nurse or the first aider using the head injury check list (Appendix 4)
- If sending a pupil to the medical room, ensure they have another person with them who can inform the school nurse about the bump to head.
- Contact parents to notify of head injury and plan of action
- Continuous Monitoring see (Appendix 4)
- If symptoms subside the pupil may return to class and staff must be alerted to continue to monitor for any concerning symptoms.
- If symptoms do not improve after 30 minutes of monitoring and observations, parents will be contacted to collect their child and will be provided with a head injury letter (see Appendix 6).

14.4 **Severe Head Injury –** A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficultly in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred vision or double vision
- Difficultly in understanding what people are saying
- Confusion
- Balance problems
- Loss of power in limbs
- Numbness/Pins and needles
- Amnesia
- Leakage of clear fluid from the nose or ears
- Repeated vomiting
- Neck pain
- These are the signs for severe head injury – **follow the severe head injury protocol**

Also, if a pupil has either of these conditions, follow the severe head injury protocol:

- If the pupil has had brain surgery in the past
- If the pupil has a blood clotting disorder

Severe head injury protocol

- If unconscious, you suspect a neck injury and do not move the pupil
- CALL 999 FOR AMBULANCE
- Notify parents
- If ambulance assess over the phone and determine that no ambulance is required, pupil is to be sent home and parents/carers to be given letter Appendix 6.
- Incident to be recorded onto Isams and CPOMS
- Upon the pupil's return to school, the school nurse will collaborate with parents using the Graduated Return to Play form (Appendix 7) to determine permitted activities, as advised by the pupil's GP or hospital clinician. The outcome of this assessment will be shared with all relevant staff.

**15 – Controlled Drugs**

Some pupils may require routine, or emergency-controlled drugs administering whilst at school. Controlled drugs require additional safety controls for storage, administration and disposal, under the misuse of Drugs Regulations 2001. Gad's Hill school will follow these to ensure that all legal requirements and best practice are adhered to.

An example of a medical condition that may require a controlled drug is ADHD, for which Ritalin may be prescribed. Medication used for controlling seizures, is also considered a controlled drug, but sits in a different category, and does not require the same controls under the legislation. However, it is best practice to store and control this medication in the same way as controlled drugs.

A controlled drug can only be administered on the school premises if it is recorded in the pupil's health care plan and signed by a parent. Also, a signed letter from a health professional confirming the medication, dose and time of administration.

The following Requirements must be met: -

15.1 The medication should be double locked, i.e., in an appropriate storage container and in a locked room. (There will be two allocated key safes, one for controlled drug key, the other for over-the-counter medication, code can be found with Headmasters PA)

15.2 Named staff only should be allowed access to the controlled drugs cabinet. (The School Nurse, the headmaster and DSL's only have access)

15.3 Two members of staff should be present when the drug is to be administered, to double check the dose, and the second will witness its administration.

15.4 A separate controlled Drug register should be kept, to record each dose that is administered, and must be signed by the two members of staff as well as recording same on isams.

15.5 The register is to be kept for 2 years after the last dose was administered

(ISI 13a, 13c, 13d) S9

15.6 If there are any remaining or if a pupil no longer requires the controlled drug on the last day of term: all unused controlled drugs will be returned to the pupil's parents. The amount of medication returned and the name of the parent in receipt will be recorded on the controlled drug register and isams.

**16 Emergency Salbutamol Inhaler**

Gads Hill School has chosen to hold an emergency inhaler for use by pupils who have been diagnosed with asthma and prescribed a reliver inhaler, or who have been prescribed a reliver inhaler.

16.1 Written parental consent for its use will be obtained using the consent form (Appendix 3), and a copy of this will be kept in the medical room and noted on isams. A list of permitted children will also be kept with the emergency inhaler kits.

16.2 The school nurse is responsible for ensuring that this register is reviewed and kept up to date.

16.3 An emergency kit is in place, one is kept at reception the second is kept senior building staff room, which includes: -

- A salbutamol inhaler
- A spacer
- Instructions on using the inhaler and spacer, together with storage and cleaning
- A list of permitted children

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can be reused, provided it is cleaned after use.

If a pupil has used the emergency inhaler, their parent/carer will be informed as soon as possible and documented on isams.

**17 Emergency Medication for Anaphylactic Shock**

Pupils with known allergy, for example, to wasp stings, food allergies and medications, should have an Induvial Care Plan, with an emergency action plan, completed by their healthcare professional. (Emergency action plan can be found - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/)

17.1 where an adrenaline auto-injector has been prescribed, the pupil's parent/carer should ensure that two in date auto injectors (EpiPen/Jext) are kept in the school. If appropriate, the pupil may

keep the auto-injectors with them. If not appropriate, the auto-injector should be kept in the pupil's classroom.

17.2 Both auto-injectors and the child's care plan should be kept in an identifiable medical bag, clearly labelled with the child's name.

17.3 The School hold emergency spare Adrenaline Auto Injectors in unlocked storage at reception.

## 18 EYFS – Restrictions

In the case of an EYFS child, prior written consent must be given for each day that a child is to be administered medication. Parents must supply the medication and a signed & dated written consent that specifies the medication to be given and the dosage, for each day that an EYFS child is to receive such medicines. Medical staff may use a pre-printed, self-completing document available for EYFS parents to complete and provide such permission. This can be completed (for example) while dropping off their child at school. No EYFS child may be issued ANY medication without express written parental consent supplied that same day. A record must be kept of medication issued. All parental consents must be filed for reference.

## 19 Confidentiality

19.1 Details of medical and welfare matters are confidential and what happens in the school Medical Room will not be discussed or made available to other pupils, staff or the school management team unless to do so would put the safety of that child at risk.

19.2 A record of any treatment or visit to the Medical Room will be logged on the school admin system. Details which are already within the public domain may also be logged. For example: if a child fell over, or was injured during an incident at school or during a sports fixture then clearly this would be known to others and therefore there is no reason that these known facts should be confidential. Indeed, the clear recording of such incidents such is necessary to enable the better management of safety at school. Details of personal medical treatment or counselling must be confidential. Full recording of details of treatment will be made by the School Nurse. Records of treatment will be kept solely in the Medical Room and will be accessible only to the duty medics. Teachers, school managers or other staff will not have routine access to medical records.

19.3 There are some exceptions to confidentiality being maintained. Staff may have occasion to need to be aware of a child's medical condition if it is in the child's own interests and to ensure their safety. Examples of this would include publishing to staff, a list of those children who have allergic reactions or require asthmatic inhalers, EpiPen injections etc. Without this information staff would not be able to ensure that child's safety during school activities or visits. This list may be published on the Common room(s) notice board, SiS and with the office and School Nurse who is responsible for maintaining and updating the list. The information on the list is to remain confidential.

## 20 Defibrillator

(ISI 13a, 13c, 13d) S9

Gads Hill School has two defibrillators, which are kept 1) outside the medical room and 2) in Gad's Hill Place. Sudden cardiac arrest is when the heart goes into an abnormal rhythm and can happen to anyone of any age. The quick action of early CPR can help save lives. A defibrillator is a device used to deliver an electric shock to the heart to restore normal rhythm. Staff members are trained in the use of CPR and defibrillators as part of their first aid training

## 21 First Aid Kits

First Aid Boxes are kept in a variety of locations around the school including the school office, Kitchen, Science Laboratories, Nursery, Design & Technology, Junior School corridor, P.E. Office (+ portable kit) and in each minibus. There is also a kit kept in the Medical Room which may be used by teachers taking pupils away on a school visit. Subject departments are responsible for ordering stock from the School Nurse to replenish their respective first-aid kits. The School Nurse will check and re-stock kits available in public areas of the school but not those within departments.

## 22 Games/PE

22.1 Senior and Junior children who may need access to a Ventolin inhaler, EpiPen or other medicines during games/swimming sessions must take them with them to that lesson and deposit them with the teacher in charge of that session.

22.2 When Kindergarten children attend games any inhalers (or other medicines), which have been deposited with form staff, must be taken by staff to the game's session.

## 23 School trips & sports fixtures

23.1 Provision must be organized with consideration of the nature of the event and the risks associated with the activity. At least one member of staff must be first-aid trained and a first-aid kit must be available.

## 24 Ambulance / Hospital Treatment

24.1 Should staff feel that a pupil needs to attend hospital then an ambulance should be called. Ambulance crews will often attempt to deal with the injury / illness at the location of the incident rather than take people to hospital un-necessarily. If the ambulance crew can treat the matter in-situ this may alleviate the dilemma of staff deciding whether to accompany a child to hospital or remain with other pupils in their care.

Should a pupil require an ambulance and ultimately need hospital treatment during the trip or at school then consideration must be given to the pupil being accompanied by a member of staff. Whether this is necessary will depend on the age of the child, the nature of the injury, whether a family member is available or is able to meet the child at the hospital and also the requirement to ensure adequate supervision to other pupils at school or on the trip. If there are additional staff available with the party or team then it may be reasonable for a member of staff to accompany the pupil to hospital. If the loss of a member of staff from the party would potentially jeopardize the care, safety & welfare of the other pupils then it may be undesirable to reduce that level of supervision and

consequently the injured or ill child may need to be taken to hospital by the ambulance unaccompanied until other arrangements can be made.

24.2 There is no legal requirement that a member of staff must accompany a pupil in an ambulance. Once a patient, the injured child's safety & welfare becomes the responsibility of the ambulance service and/or hospital. Staff must make a decision based on the circumstances at the time bearing in mind their responsibility towards the injured child and also their responsibility to the other children in the party / team.

24.3 Sports fixtures or trips that are within a 45 minute drive of the school can request back-up support from the school in the event of such an injury / illness. If sports fixtures or activities are judged as having a higher possible incidence of injury (i.e. rugby matches, skiing etc) and are organized at a venue greater than a 45 minute drive then during the planning of the trip, consideration must be given to an additional member of staff accompanying the party to provide additional adult supervision if it is required.

24.4 Should an incident occur while on a trip / sports fixture that requires ambulance / hospital treatment then a record of the incident must be made on ISAMs on return to school. Staff must include within the report reasons and justification for decisions taken in relation to whether a member of staff accompanied the pupil to hospital or not.

## 25 Entry to the School

When a child is admitted to the school parents are asked to sign a document consenting (or not) to their child receiving first aid treatment, basic medication and emergency anaesthetic treatment both at school or while on school visits. They must also provide any other information which may have a bearing on their child's health, safety and welfare while at school.

## 26 Hazards in subject teaching

Heads of departments will carry out and review risk assessments for specific activities within their departments. Copies will be found with the Health and Safety officer and in departmental handbooks.

**Legal Requirements & Education Standards,**
**References:**

A: Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 (www.isi.net)
B: Reference Gide to the key standards in each type of social care service inspected by Ofsted (www.ofsted.gov.uk)
C: Early Years Foundation Stage (EYFS) Checklist and Monitoring Reference for Inspectors (www.isi.net)
D: DfE "Guidance on First Aid for Schools" (www.dfe.gov.uk)
E: HSE home page, First Aid at Work (www.hse.gov.uk)
F: MOSA Guidance: "First Aid Provision and Training in Schools" (www.mosa.org.uk)
G: Health and Safety Executive, (www.hse.gov.uk)

(ISI 13a, 13c, 13d) S9
H: Vaccines, diseases and immunisations (www.immunisation.nhs.uk)
I: Department for Health (www.dh.gov.uk)

**Appendix 1 Infection Control Policy**

**1 Scope**

This policy is applicable to all employees and / or contractors of the school who undertake activities associated with infection control.

**2 Objectives**

To ensure that the school prevents the spread of infection by:-

2.1 Maintaining a clean environment

2.2 Practising good standards of personal hygiene

**3 Guidance**

3.1 The Bursar and School Nurse will be responsible for the implementation and review of this guidance.

3.2 Good hygiene practice will be followed by all those involved with:

- General cleaning
- Cleaning of blood and body fluid spillages
- Clinical waste
- Laundry
- Use of personal protective equipment

3.3 Bites, injuries and sharps:

- Where skin is broken, make the wound bleed and wash thoroughly with soap and water.
- Report to the Medical room for treatment

3.4 Animals

- Animals can carry infections, so always wash hands after any contact
- When visiting farms check hand washing facilities and ensure that children do not eat or drink whilst touring the farm, or put fingers into mouths etc. Use waterproof plasters to protect any cuts or grazes not covered by clothes

3.5 Vulnerable Children

- Some medical conditions make children vulnerable to infections that would not normally be serious by reducing immunity. These may include cancers and those on steroids. Such individuals are particularly vulnerable to chickenpox and measles. If they are exposed contact the School Nurse immediately.
- Shingles is caused by the same virus as chickenpox and therefore anyone who has not had chickenpox is potentially vulnerable if they have had contact with a case of shingles.
- If in any doubt seek advice from the School Nurse.

(ISI 13a, 13c, 13d) S9

3.6 Pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash then the School Nurse should be contacted immediately.

Points to consider include:

- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and ante-natal carer immediately.
- Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child. Any potential exposure should be reported to the ante-natal carer.
- Chickenpox can affect the pregnancy if a woman has not already had the infection. Any potential exposure should be reported to the GP and ante-natal carer.

3.7 Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Any immunisations that have been missed should be addressed via the School Nurse.

**Legal Requirements & Education Standards**

**References:**

A: Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 (www.isi.net)

B: Health and Safety Executive, (www.hse.gov.uk/)

C: Vaccines, diseases and immunisations (www.immunisation.nhs.uk)

D: Department for Health (www.dh.gov.uk)

E: The misuse of Drugs regulations 2001 (www.legislation.gov.uk)

F: Supporting children with medical needs in school (www.gov.uk)

G: Medicine supply and administration (www.rcn.org.uk)

H. Emergency asthma inhalers for use in schools (www.gov.uk/government/publications)

(ISI 13a, 13c, 13d) S9

**Appendix 2 Sun Protection Policy**

## 1 Scope

This policy is applicable to all employees and pupils of the school

## 2 Objectives

To ensure that:

2.1 Employees and pupils are protected from the harmful effects of the sun;

2.2 Schools encourage good health in line with the national healthy schools programme

## 3 Guidance

3.1 At Gad's Hill School we want all children and staff to enjoy the time that they spend time outside safely without the risk of the harmful effects of the sun. When particularly hot weather is forecast, we will work with staff, children and parents to achieve this in a number of ways:

- Parents will be asked to provide sunscreen for the children as well as suitable clothing and hats.
- Activities set up outdoors should be kept in the shade where possible and children encouraged to use shaded areas for their games.
- Nursery age children should be encouraged to wear hats with brims so that most of their face is shaded.
- Sunscreen should be applied that is factor 15+, to all exposed parts of the body 15-30 minutes before going out in the sun not forgetting ears, shoulders, necks, noses and tops of feet etc.
- All children should wear sunscreen. Parents whose children are allergic to sunscreen should either try to find an alternative or ensure that their child is adequately covered with long sleeved and long-legged clothing.
- If children are playing in water, sunscreen will wash off and will need to be reapplied once they have been dried.
- Sufficient hydration is vital in hot weather and staff must ensure that children have adequate access to drinking water.

3.2 Staff need to remember to take care when taking the children out. Pupils must wear suitable clothing and hats, and extra sunscreen must be taken for reapplication. Staff also need to consider whether the venue they are travelling to will have a sufficient shaded area for the children.

3.3 Children should be taught appropriately about the need for sun protection and its importance through discussion and topics during SMSC and in assembly.

**Legal Requirements & Education Standards References:**

A: Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 (www.isi.net)

B: Sun protection, advice for employers of outdoor workers (www.hse.gov.uk/pubns/indg337.pdf)

C: Guidelines for Environmental Design in Schools" DCSF Guidance

D: www.sunsmart.org.uk (separate guidance for nurseries and pre-schools, primary schools and secondary schools)

**(Appendix 3)**

# PARENTAL CONSENT FORM
# USE OF EMERGENCY SALBUTAMOL INHALER
## Child showing symptoms of asthma/ having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.

2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept in school. (It is parents' responsibility to ensure that they regularly check that the inhaler is in date.)

3. In the event of my child displaying symptoms of an asthma attack, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Childs Name……. Class…….

Relationship to child…….. Date……

**Appendix 4**

## Head injury checklist for first aiders

Minor head injury symptoms – assess the child for signs of the following:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

These are signs of a minor head injury – following the minor head injury protocol. If there are no symptoms - follow bump to head protocol section 14.2

Severe Head Injury symptoms – assess the child for signs of the following:

- Unconscious briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (rule out signs of confusion by asking them the date, where they are, what form they are in)
- Balance problems or loss of power in arms/legs/feet
- Pins and needles
- Amnesia
- Leakage of clear fluids from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

**These are the signs for severe head injury – follow the severe head injury protocol 14.4**

**Appendix 5**

Dear parent/carer,

Your Child has sustained a head injury and following through assessment we are satisfied that the injury does not appear to be serious.

In rare circumstances, symptoms of concussion can develop up to 24 hours after the injury. If any of the following conditions occur, we strongly advise referring the child to a doctor, preferably at the local Accident & Emergency.

- Severe and persistent headache
- Sensitivity to bright light
- Vomiting
- Dizziness, double vision, or blurred vision
- Disorientation or confusion
- Changes in level of consciousness

If you require any further information about concussion, please follow the QR code to the NHS site.

King Regards,

Louise Furby School Nurse

**Appendix 6**

**Advice to parents and carers concerning children with head injuries**

Your child sustained a head injury and following thorough assessment we are satisfied that the injury doesn't appear to be serious. Please follow the advice below and click on the link.

https://www.what0-18.nhs.uk/application/files/4215/9109/6761/NHS_Head_Injury_advice_sheet.pdf

**If you are concerned, please CONTACT your doctor, NHS 111 or local A&E department**

**These things are expected and you should not worry about them:**

For the next couple of hours your infant/ child will probably be pale, quieter than normal and irritable.

Over the next few days your infant / child may experience the following symptoms:

- Mild headaches.
- Irritability/ bad tempered.
- Concentration problems.
- Tiredness or problems sleeping.
- Lack of appetite.

If these symptoms don't subside in 1 – 2 weeks, contact your GP.

These symptoms should improve, and your child should be back to normal within a few days.

Even after a minor injury, complications may occur, but they are rare.

**If the symptoms worsen, or if you notice the following:**

- Difficulty in waking from sleep
- Appears confused or not understanding what is said to them
- Vomiting
- Complaining of severe headaches, or trouble with their eyesight
- Become irritable
- Seizure

## Then you are advised to contact your Doctor, NHS111 or local A&E department without delay.

**Appendix 7 Graduated Return to play**
**Ref: Englandrugby.com and The FA concussion Guidelines**

| Stages | Time at stage | Rehabilitation | Exercise allowed | Objectives | Signed off and date |
|---|---|---|---|---|---|
| 1 | 14days | Rest | Complete physical and cognitive rest without symptoms | Recovery | |
| 2 | 48hrs later | Light aerobic exercise | Walking<br>Swimming | Increase heart rate and monitor recovery | |
| 3 | 48hrs later | Sports<br>Specific exercise | Running drills. No head impact activity | Add movement and monitor recovery | |
| 4 | 48 hrs later | Non-contact training drills | Move to more complex training with increased intensity | Exercise, coordinate and skills/tactics | |
| 5 | 48hrs later | Full contact practice | Normal training activities | Restore confidence and access functional skills by coaching staff | |

| | | | | | |
|---|---|---|---|---|---|
| 6 | 21 days | Return to play | Player rehabilitates | Safe to return to play | |

**If there is a worsening of symptoms at any stage of the GRTP program, the individual must return to the previous stage and attempt to progress again after a minimum 24-hour period**.

**Appendix 8 (last updated 25/04/2024)**

| Name (* assessor trained) | FAW (Renewal Date) | Paediatric (Renewal Date) | EFAW (Renewal Date) |
|---|---|---|---|
| Abeydeera Carl | | | 30/11/2026 |
| BAKER RACHAEL | | | 26/06/2024 |
| Catlin Gerry | | | 29/11/2026 |
| Cooper Jess | | 19/06/2025 | |
| Craig Burgin | | | 30/11/2026 |
| Egan Sam | | | 29/11/2026 |
| Edmonds Steph | | 15/04/2025 | |
| Egerton Tina | | | 15/11/2026 |
| Folkard Angela | | 18/04/2026 | |
| Forbes Michael | | | 30/11/2026 |
| Forrestal Emma | | | 10/11/2025 |
| Furby Louise | 17/03/2025 | 16/09/2027 | |
| Grant Vicky | | 22/09/2026 | |
| Hatley Caroline | | | 12/10/2026 |
| Heustice Rebecca | | 10/10/2025 | |
| Hodge Kat | | | 10/11/2025 |
| Hunt Portia | | 21/02/2025 | 09/05/2024 |
| Hunter Luke | | | 10/11/2025 |
| Hurren Julia | | | 29/11/2026 |
| Jago Charlotte | 17/03/2025 | | |
| Johnson Kat | | 11/11/2025 | |
| Killian Jackie | | | 15/11/2026 |
| Lawrence Sadie | 17/03/2025 | 21/02/2025 | |
| Lavery Andy | | | 17/03/2025 |
| Masters Julia | | 22/09/2026 | |
| Marshall Lisa | | 16/09/2027 | |

| | | | |
|---|---|---|---|
| Martin Andy | | | 26/05/2025 |
| Matthews Emma | | | 15/11/2026 |
| Measures Michael | | | 10/11/2025 |
| Medhurst Paula | | | |
| Mills Debbie | | 16/09/2027 | |
| Morgan Sarah | | | 15/11/2026 |
| Murroni Sabrina | | 24/04/2025 | |
| Newman Tanya | | | 10/11/2025 |
| Newstead Donna | | 10/10/2025 | |
| Mullen Olivia | | | 15/11/2026 |
| O'Keefe Caroline | | 10/10/2025 | |
| Patey Mike | | 22/09/2026 | |
| Prescott Sam | | | 12/02/2026 |
| Roumana Gemma | | 29/06/2024 | |
| Sandhu Ravinder | | | 15/11/2026 |
| Saunders Frank | | | 29/11/2026 |
| Savage Paul | | | 10/11/2025 |
| Sexton Rachel | | 14/03/2026 | |
| Shove Clair | | 26/06/2025 | |
| Tassel Paul | | | 10/11/2025 |
| Taylor Sarah | | | 29/11/2026 |
| Titler | | | 22/11/2026 |
| Tucker Louise | | | 29/06/2024 |
| Troth Alica | | | 10/11/2025 |
| Wayne Hayley | | | 18/05/2025 |
| Waring John | | | 29/11/2026 |
| Wills Tilly | | | 10/11/2025 |
| Woodward Charity | | | 10/11/2025 |
| | | | |