



# Elstree School

Including all of the Pre-Prep Department and Early  
Years Foundation Stage

## First Aid Policy

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## **1. Commencement Date**

February 2008

## **2. Category**

Medical

## **3. Purpose**

The Health and Safety (First Aid) Regulations 1981 require that all employers make adequate provision for first-aid in respect of employees. In our case, employee includes all the pupils at the school.

The School recognises the legal duty to make sufficient provision for first-aid to employees, including those travelling or working away from the school premises. We will assess risks to employees and make appropriate first-aid arrangements to deal with the risks. We will reassess the first-aid provisions **annually**, or whenever there is a relevant change in the workforce or the hazards to which they are exposed. When there have been significant changes, we will revise our arrangements accordingly.

In addition, we will ensure that contractors on the premises either have sufficient first-aid provision, or if their work involves no special risk, the contract may include their use of our facilities, by agreement.

## **4. Medical Assistance**

There is always one qualified person paediatric trained or paediatric first aid trained on site when the children are present, or on a school trip.

Please see Appendix 4 for a list of qualified first aiders. Qualified first aiders will receive updated training every three years.

In the event of anything other than a minor injury, the school nurse, matron or a first aider on duty should see all injuries or illnesses whilst at school. Do not leave any student unattended.

The school nurse or first aider will organise an injured student's transfer to hospital in the case of an emergency. Accidents are recorded and Parents/guardians will be contacted as soon as practical.

In the event of any illnesses at school, the school nurse, matron or first aider will contact parents to discuss any investigations necessary, treatments or medications to be administered. EYFS parents are informed of all first aid given on the same day or as soon as practicable.

**These people will normally summon assistance, but staff are reminded that when making ANY emergency calls the Headmaster, The Deputy Headmaster, The Secretary, The Sister, The Matron, OR the Bursar should be informed in that order to avoid confusion.**

The decision as to whether an ambulance needs to be requested will be made by the first aider in attendance at the scene, as each situation needs to be dealt with on its own merits. Telephones are marked with postcodes to assist the paramedics who now use GPS for locating the site to attend the scene as quickly as possible.

## **5. Management Responsibility**

The Sister or her Deputy is responsible for the maintenance of both Automated External Defibrillators (AED's) and weekly checks. First Aid boxes located around the School, liaising as required with the holders of these boxes.

The Surgery medical/medication fridge temperature is checked daily to ensure optimum temperatures are maintained (between 2-8 degrees centigrade).

## **6. First Aid Boxes**

Please see Appendix 5

## **7. Qualified First-Aid Personnel**

The record of all qualified first-aid personnel is maintained by the School Sister and the Bursar and available on request.

## **8. Implementation**

The Deputy Headmaster and the Bursar will delegate such functions as necessary to ensure the effective day-to-day operation of the school's safety arrangements in respect of first-aid matters. These functions will include:

- Providing first-aid cover
- Keeping adequate first-aid equipment and supplies
- Recording details of accidents and treatments
- Notifying management of incidents, immediately for serious accidents.

## **9. Accident Reporting**

ALL accidents that take place to ALL employees and pupils within the school, and during authorised trips away from the school premises, must be recorded in the approved Accident Report Book. Accidents occurring to pupils at Elstree are recorded in the pupil accident recording book – held in the school. Accidents occurring to visitors and adults are recorded in a separate accident book held by Maria Pouney, HR. All facts relevant to the accident must be recorded. **ALL** Accident Report Forms are to be filed by the Bursar and **retained for at least 40 years** (to coincide with the requirement to maintain copies of Employer's Liability Insurance).

## **10. Spillage of body fluids**

This procedure is to be used for the clearing up of body fluids (vomit, urine and blood)

### **Step 1**

All those involved with the cleaning up of body fluid spillages would wear protective clothing – gloves and an apron. These are found in the school surgery and also the Sanderson's laundry room.

## **Step 2**

The school has dedicated spill kits especially for the clearing up of bodily fluids. These kits contain everything you need to be able to deal with this exercise including the gloves and apron.

## **Step 3**

These spill kits can be found in:

- Home Farm (pre prep) – they have 2 kits.
- Every school vehicle has a small kit (4 kits in total).
- A large multi-purpose kit is kept in surgery.
- A small kit is kept in the house keeping Bursar's Office.

These kits are used per the full and detailed instruction leaflet found within the spill kit. Training for all staff is given at the beginning of the academic year. Sister and the Matrons are usually available to deal with the spillages of bodily fluids if necessary.

## **11. Illness in School**

If your child becomes ill during the day, (s)he will be brought up to the Surgery or Home Farm Office, the School Sister or Matron will assess the health needs of the child and make a decision on the appropriate care and treatment whilst in school. If a child is not well enough to be in school, parents/guardians will be contacted, and the child collected as soon as possible. Whilst waiting to be collected, a sick child will remain in the Surgery.

## **12. Illness outside School**

If your child is unwell before coming to School please consider whether (s)he is fit enough to get through the whole school day. If you have any doubts particularly in the case of sickness or an upset stomach, it may be prudent to keep your child away from School. We have only limited facilities for convalescence, and it could be embarrassing if symptoms persist or recur throughout the day. Please also consider the risk of your child spreading infection to other pupils.

If your child has an elevated temperature, please could (s)he stay at home for **24 hours** after the temperature has normalised without the use of Paracetamol or Ibuprofen. In addition, if your child has been at home, ill with diarrhoea and/or vomiting (D and V), please would (s)he remain at home for **48 hours** after the final bout of D and V has ceased. Parents must inform the school if their child is diagnosed with any notifiable disease.

## **13. Asthma and Allergies**

The Governors of Elstree School are aware that there are many people suffering from allergies, food intolerance and asthma and that children attending both Elstree and Home Farm, may need special care for the prevention of any allergic reaction.

## **14. Responsibilities**

Appropriate members of Elstree and Home Farm staff have been trained to recognise signs of allergic reactions, asthma, and in extreme cases anaphylactic shock. All teaching and care staff have been

given basic training in the use of adrenalin loaded pens together with the necessary course of action to take if a child suffers from an asthma attack. Detailed procedures are appended to this policy.

Recognising that some children are allergic to certain food products, such as nuts, the school catering department endeavours to eliminate all such items from food supplies. Specific measures are made to ensure appropriate notification is given to all staff to ensure they are aware of those with significant allergies and that the required medication is at hand, in a designated area and regularly check for stock levels.

When a child with a specific allergy is due to go away on a school sponsored trip offsite, the relevant medication is also packed with other items, such as a packed meal.

## 15. Identification of Medical Risk

The School becomes aware of the fact that a child has a medical risk in a number of ways:

- **Elstree School/ HF medical form**

The information may be supplied via the Elstree School medical card which is completed and given to us prior to the child starting at Elstree.

- **Parental information**

Parental information is vital in helping ascertain risk. A checklist of data is sought prior to arrival, and following receipt of that information, the parents are advised of anything they need to do for the school before the boy starts the term i.e. providing a medical protocol.

- **Observation whilst at School**

The School may need to put strategies in place and find out more about the condition and how to care for that particular child. In addition, one may find that the risk may develop once the child is already at Elstree/HF, either as a result of our own observations or through regular parental contact. Parents are regularly encouraged to inform the School of any medical issues that arise during the School holidays.

## 16. Sources of information

The information for medical issues is held in the following places:

- a) The **Elstree/HF medical card** filled out on entry to the school. Elstree records are stored in a locked filing cabinet in Surgery.
- b) The **medical Kardex** held on every child and is locked away when Surgery is not in use.
- c) A **Height and Weight Chart** again stored in a file and locked away when Surgery is not in use.
- d) In addition to these records, the boy may have a **protocol** for the administration of certain medications i.e. an adrenaline loaded pen. This would be stored in his medicinal bag, as appropriate and the protocol in the medical procedure file in Surgery if necessary, and in his Elstree medical file.
- e) **Additional medical information** may from time to time be supplied by the parents, family doctor or a medical consultant. This information is stored in a filing cabinet in the Surgery.

## 17. Sources of information

The information for medical issues is held in the following places:

- a) The **Elstree/HF medical card** filled out on entry to the school. Elstree records are stored in a locked filing cabinet in Surgery.
- b) iSAMS Medical Information
- c) In addition to these records, the boy may have a **protocol** for the administration of certain medications i.e. an adrenaline loaded pen. This would be stored in his medicinal bag,

as appropriate and the protocol in the medical procedure file in Surgery if necessary, and in his Elstree medical file.

d) **Additional medical information** may from time to time be supplied by the parents, family doctor or a medical consultant. This information is stored in a filing cabinet in the Surgery.

## **18. Staff Indemnity**

Staff are not obliged to give injections, but those who volunteer to give injections in emergencies are given appropriate training by the NHS trainer which is updated on an annual basis.

## **19. QGP Guidelines and Procedures for Allergies and Asthma**

### **HELPING PUPILS AT RISK OF ALLERGIC REACTIONS AND ASTHMA**

**Anaphylaxis** is an extreme allergic reaction, which needs urgent medical treatment.

The cause is usually food; particularly nuts, fish and dairy products, but wasps and bee stings can also cause a reaction.

Symptoms of a severe allergic reaction include: a metallic taste; itching in the mouth; swelling in the face, throat, tongue and lips; difficulty in swallowing; flushed complexion; abdominal cramps and nausea; a rise in heart rate; wheezing or difficult breathing; collapse or unconsciousness.

Schools should bear this risk in mind at break and lunchtimes and in food technology and science lessons. Staff are not obliged to give injections, but those who volunteer to give injections in emergencies should be trained to use the Adrenaline loaded device for injecting adrenaline. This is preloaded with the correct dose of adrenaline.

All staff should have at least some minimum training in recognising symptoms and the appropriate measures. Schools should have procedures known to staff, pupils and parents. If this pen is used or there are any concerns regarding the severity of the reaction, an ambulance should be called.

### **Asthma**

It has been estimated that there are three or four children in each class of 30 who have asthma. When children have an attack they need to use their reliever inhaler quickly.

All staff should be aware of the signs of an attack - breathlessness and coughing are the easiest symptoms to spot - and pupils should be encouraged to sit upright or lean forward slightly and breathe deeply. Staff should be trained to get pupils to loosen their clothing if suffering. Staff should also know that such pupils should be offered a drink of water.

If the reliever has no effect after 10 minutes, staff should know that help must be called. The school should have a procedure for calling a doctor or ambulance in such circumstances.

Every school needs to have procedures that all staff and pupils know. It is recommended that parents should also know the policy.

The National Asthma Campaign has a free school pack:

[www.asthma.org.uk/about/resource07.php](http://www.asthma.org.uk/about/resource07.php) or Tel: 020 7704 5888

## **20. What is Asthma?**

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. When a person with Asthma comes into contact with something that irritates their airways (an Asthma trigger), the muscles around the wall of the airways tightened so that the airways become inflamed and start to swell. Sometimes sticky mucus or phlegm builds up which can further narrow the airways. All these reactions cause the airways to become narrower and irritated – making it difficult to breathe and leading to symptoms of Asthma.

**Examples of triggers** – Animals, Air Pollutants, House Dust Mites, Medicines, Exercise, Pollens, Moulds and Fungi.

**Asthma symptoms** can include: Coughing, Wheeze, Shortness of breath and tightness of chest.

**A person is having an Asthma attack if any of the following happen:**

- A reliever inhaler does not help the symptoms.
- The symptoms are getting worse. (Cough, Breathlessness, Wheeze or Tight Chest)
- 

**Where are the medicines stored at Elstree School?**

- Inhalers for Asthma are stored in Surgery. Each boy has his own inhaler prescribed in his name. All the boys need to do is ask Sister or her Deputies to get them out. Each boy's inhalers are sent to all away matches and sent out to games with the games staff on request.

**Treatment of Asthma – Recommended steps:**

- The following guidelines are suitable for both children and adults and are the recommended steps to follow in the event of an Asthma attack.
- Give the reliever inhaler (usually blue), immediately.
- Sit the patient down and insure that any tight clothing is loosened. **DO NOT** lie down.
- Help the child to take one puff of their reliever inhaler (usually blue) every 30-60 seconds up to a maximum of 10 puffs. This can be repeated after 15mins if the ambulance takes longer than 15mins.
- If symptoms do not improve after 10 puffs of the inhaler or you are worried – call 999.
- Please record what inhaler was used, the time(s), date given and how much was given. This can then be recorded in the appropriate Surgery Log Book.

## **21. Allergic Reactions**

- Any allergic reaction, including the most extreme form, Anaphylactic Shock occurs because the bodies' immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

### **Mild Allergy Symptoms**

- Some people find that the allergy symptoms that they experience are always mild, for example, itching in the mouth or a localised rash – nothing more. This is not serious in itself and may be treated with Oral Antihistamines.\*
- However in some cases the Allergy may become worse over time. In this case medical opinion should be sought.
- If there is marked difficulty in breathing or swallowing, and/or a sudden weakness or floppiness these symptoms should be regarded as serious and needing treatment immediately.
- \*For treatment with Oral Antihistamines, please refer to the child's individual treatment protocol. You will find this in his Allergy Treatment Pack.

## 22. What is anaphylaxis?

Anaphylaxis is a severe allergic reaction – the extreme end of the allergic spectrum. The whole body is affected, often within minutes of exposure to the allergen, or sometimes after hours. Peanuts and nut allergies are frequently severe and for that reason have received widespread publicity. Other causes may be other foods, insect bites/stings, latex and medicines but on rare occasions there may be no obvious trigger.

### What are the symptoms of Anaphylaxis?

- generalised flushing of the skin
- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of mouth and throat
- difficulty in swallowing or speaking
- alterations in heart rate
- severe Asthma
- abdominal pain
- nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse and unconsciousness

Nobody would necessarily experience ALL of these symptoms.

### The treatment of a severe allergic reaction is **ADRENALINE**.

- This comes in the form of a pre-loaded called either 'Epipen' or 'Anapen'.
- These are available on prescription for those believed to be at risk. The injection must be given as directed as soon as a serious reaction is suspected. An Ambulance **MUST** be called.

### What to do at Elstree School should this situation arise

- Each boy who has an allergy or severe allergy has his photograph displayed on the Medical Information Board in the Staff Common Room and the School Kitchen.
- At Elstree School the Adrenaline loaded pens are stored in packs in both the School Kitchen – next door to the Dining Hall – in locked boxes (the key is beside the box) and School Surgery in named bags hanging on hooks on the back of the Surgery door.
- Each boy who has an Adrenaline loaded pen has their own pack which contains:
  - their treatment protocol
  - their antihistamine
  - their Adrenaline loaded pen
  - their reliever inhaler (if they have one)
  - any other medication related to allergy or severe allergy
- Should the Antihistamine or Adrenaline loaded pens be used, please record the date and time and what medication was used in the appropriate Surgery log book. The Adrenaline loaded pen must be kept available for the Paramedics to look at. They

may dispose of this otherwise the Adrenaline pen need to go into a yellow sharps bucket or a jam jar with a lid.

The Paramedics WILL need to know what time the Adrenaline was given.

Training on the use of Adrenaline loaded pens is given to staff at both Home Farm School and Elstree School on a yearly basis by the NHS Trainer.

### **23. Procedure for Away Matches/Outings**

All boys with a known food allergy have a packed lunch prepared in the school kitchen. This food along with their allergy packs will be sent in a bag with the staff member taking the child to the away match or outing. Please make sure that you have this bag with you when you leave school and ensure that this is the food which these children eat when they are not in school.

### **24. Taking Children Out Of School For Medical Purposes**

Parents should have signed a form giving us permission to take their son(s) to emergency appointments or to Accident and Emergency departments in the event of an accident. Please check that we have such a form for the boy concerned.

### **25. Which Hospital To Go To**

- **Newbury Community Hospital Minor Injuries Unit**-for minor injuries. They can also deal with minor eye injuries.
- Tel: 01635 273508
  
- **North Hampshire Hospital (Basingstoke) Accident and Emergency Department**- for more significant injuries which can be transported by car.
- Tel: 01256 473202
  
- Ambulances usually go to -
- **The Royal Berkshire Hospital in Reading Tel: 0118 3225111**
- **Basingstoke Hospital Tel: 01256 473202**
  
- The Out of Hours Doctors service is used by phoning 111.
- We go to the **Out of Hours Doctor** service based at **Newbury Community Hospital**.

### **26. Paperwork To Take**

- Elstree School medical card which is stored in the surgery filing cabinet under each individual child's name.
- Any other paperwork, for example an X-ray card written by a G.P. or any information on a medical condition a child may have.
- Details of any medication that the child is currently on.
- **MOBILE PHONE**

## 27. Transporting The Child

Normally one person would take the child, however there are certain circumstances when it would be appropriate for two members of staff to accompany the child.

- A child with a head injury who is causing any concern at all.
  - A child with Asthma symptoms (this decision would depend on the severity of the symptoms)
  - A child with a suspected fracture who is in a lot of pain or appears shocked.
  - Any other circumstances in which you feel uneasy about travelling with the child on your own.
  - A journey to be made late at night.
- 
- If the child is feeling sick or is shocked pack a bowl, towel, disposable gloves and a blanket.
  - If an Ambulance is called, an adult will have to travel with the child as they are under 16 years of age.

## 28. Contacting Parents

- Depending on the urgency of the situation or the time of day, parents could be contacted immediately on the child's return to school. In the case of an Ambulance being called or the child being very upset, parents should be contacted immediately and if at all possible meet us at the A&E department or regular contact by phone could be kept. The member of staff will need to stay with the child until the parent/guardian arrives or the child is discharged from the A&E department.

## 29. Record Keeping

On return to school a full record of the incident should be written in the appropriate daily log book and if necessary an accident report form completed. Please also record any significant injuries or treatment on the child's individual Health Record Card which are stored in Surgery.

## 30. Requesting An Ambulance

If the decision is made that an ambulance needs to be requested to come to school in the event of illness or injury the following procedure applies:

If a school phone is used you need to dial **9** to obtain an outside line and then dial **999** and then ask to be put through to ambulance. The operator will ask for the school postcode which is **RG7 5TD**.

The operator may ask for the symptoms and age of the patient. If the patient is having an asthma attack, an anaphylactic episode, has a suspected spinal injury or is unconscious please tell the operator immediately.

After the ambulance has been requested please inform the next of kin of the patient.

It is helpful to have a member of staff standing at the nearest school entrance to allow easy access and directions to be given as to the location of the patient.

## **31. Appendix I Emergency Medical Policy**

### **1. Taking Children Out Of School For Medical Purposes**

Parents should have signed a form giving us permission to take their son(s) to emergency appointments or to Accident and Emergency departments in the event of an accident. Please check that we have such a form for the boy concerned.

### **2. Which Hospital To Go To**

- Newbury Community Hospital Minor Injuries Unit, RG18 3AS- for minor injuries. They can also deal with minor eye injuries. Open 8am-10pm every day. Tel: 01635 273300
- North Hampshire Hospital (Basingstoke) Accident and Emergency Department, RG24 9NA- for more significant injuries, which can be transported by car. Open 24 hours. Tel: 01256 473202
- Ambulances usually go to the Royal Berkshire Hospital in Reading, RG1 5AN Tel: 0118 3225111
- The Out of Hours Doctors service is used by phoning 111. We go to the Westcall service based at Newbury Community Hospital.

### **3. Paperwork To Take**

- Details of any medication that the child is currently taking.
- Any other paperwork, for example an X-ray card written by a G.P. or any information on a medical condition a child may have.
- **Mobile Phone**

### **4. Transporting The Child**

Normally one person would take the child, however there are certain circumstances when it would be appropriate for two members of staff to accompany the child.

- A child with a head injury who is causing any concern at all.
- A child with Asthma symptoms (this decision would depend on the severity of the symptoms)
- A child with a suspected fracture who is in a lot of pain or appears shocked.
- Any other circumstances in which you feel uneasy about travelling with the child on your own.
- A journey to be made late at night.

If the child is feeling sick or is shocked pack a bowl, towel, disposable gloves and a blanket.

If an Ambulance is called, an adult will have to travel with the child as they are under 16 years of age.

## **5. Contacting Parents**

Parents/guardians will be contacted as soon as practical. In the case of an Ambulance being called or the child being very upset, parents should be contacted immediately and if at all possible meet us at the A&E department or regular contact by phone could be kept.

EYFS Parents are informed of all first aid given on the same day or as soon as practicable.

## **6. Record Keeping**

On return to school, a full record of the incident should be written in the appropriate daily log book and if necessary, an accident report form completed. Please also record any significant injuries or treatment on the child's individual Health Record.

## **7. Requesting An Ambulance**

If the decision is made that an ambulance needs to be requested to come to school in the event of illness or injury the following procedure applies:

If a school phone is used you need to dial 9 to obtain an outside line and then dial 999 and then ask to be put through to ambulance. The operator will ask for the school postcode which is RG7 5TD.

The operator may ask for the symptoms and age of the patient. If the patient is having an asthma attack, an anaphylactic episode, has a suspected spinal injury or is unconscious please tell the operator immediately.

After the ambulance has been requested please inform the next of kin of the patient.

It is helpful to have a member of staff standing at the nearest school entrance to allow easy access and directions to be given as to the location of the patient.

If the patient is a child it will be necessary in the absence of a parent/guardian to accompany the child in the ambulance to hospital. The member of staff will need to staff with the child until the parent/guardian arrives or the child is discharged from the A&E department.

The necessary paperwork will need to be completed when the outcome of the incident is known.

## 32. Appendix 2 Staff Training

### *Staff Training*

All staff are given a comprehensive annual briefing on the difficulties and risks of anaphylaxis and training in the use of Epipen, Jext-pens and Emerade pens.

### **Doctor and Medical Staff**

(Dr Lennox visits on a regular basis, holding surgeries mainly for the Boarders.) Can we remove this part as he does not do any surgeries here.

### **Illness in School**

If your child becomes ill during the day, (s)he will be brought up to the Surgery or Home Farm Office, the School Sister or Matron will assess the health needs of the child and make a decision on the appropriate care and treatment whilst in school. If a child is not well enough to be in school, parents/guardians will be contacted, and the child collected as soon as possible. Whilst waiting to be collected, a sick child will remain in the Surgery.

### **Illness outside School**

If your child is unwell before coming to School please consider whether (s)he is fit enough to get through the whole school day. If you have any doubts particularly in the case of sickness or an upset stomach, it may be prudent to keep your child away from School. We have only limited facilities for convalescence, and it could be embarrassing if symptoms persist or recur throughout the day. Please also consider the risk of your child spreading infection to other pupils.

If your child has an elevated temperature, please could (s)he stay at home for **24 hours** after the temperature has normalised without the use of Paracetamol or Ibuprofen. In addition, if your child has been at home, ill with diarrhoea and/or vomiting (D and V), please would (s)he remain at home for **48 hours** after the final bout of D and V has ceased. Parents must inform the school if their child is diagnosed with any notifiable disease.

### **33. Appendix 3 Administration of Medicines Policy**

#### **1. Introduction**

The Governing Body recognises that many pupils (day or boarding) will at some time need to take medication at School. While parents retain responsibility for their child's medication, the School has a duty of care to the pupils while at School, and the governing body wishes to do all that is reasonably practicable to safeguard and promote children's welfare.

#### **2. Responsibilities**

The governing body takes responsibility for the administration of medicines during school time in accordance with the government's and LEA's policies and guidelines.

The Headmaster will implement this policy and report as required to the governing body.

Medication will normally be administered by the school Sister, or in her absence, by specially trained staff.

All staff are expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. The governing body does not require staff to administer medication.

However, some specified staff (e.g. PE and games staff, or staff taking educational visits) who volunteer their services, will be given training to administer first aid and/or medication to pupils.

#### **3. Staff Indemnity**

The governing body fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following governing body guidelines.

The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. The governing body will meet any claims in these circumstances.

#### **4. Guidelines**

##### **Records**

On admission of the pupil to the school, all parents will be required to provide information giving full details of:

- medical conditions;
- allergies;
- regular medication; • emergency contact numbers;
- name of family doctor/consultants; and
- special requirements (e.g. dietary).

At any change of circumstance, for example converting into boarding, all parents will be required to up-date the medical form.

## 5. Administration of the Medication

The School expects that normally parents will administer medication to their child(ren) except in the case of full time boarders.

Any requests for medicine to be administered must come in writing from a parent or from whoever is on the School's 'Request to Administer Medication' Form, or from a pupil (day or boarder) who is deemed to be 'Gillick Competent'† . Each request will be considered on an individual basis.

† Note: 'Gillick Competence' is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be 'Gillick Competent' if he or she has sufficient understanding and intelligence to understand fully what is proposed.

The Form will include

- name of parent;
- name of child;
- name of medicine;
- how much to give; • how it should be kept and stored;
- when to be given; and
- any other instructions.

The Form will end with the following consent statement:

"The above information is accurate to the best of my knowledge at the time of writing and I give consent to the School to administer the medication in accordance with the School policy. I will inform the School in writing of any changes to the above information. It will be signed and dated by a parent or someone with parental control or by a pupil (day or boarder) who is deemed Gillick competent."

Parents or a pupil who is deemed to be Gillick competent will be expected to notify any requests for the administration of medicines at the earliest opportunity to the school Sister who will decide whether any medication will be administered in School, and by whom. In appropriate cases the Headmaster and parents or a pupil who is deemed to be Gillick competent in consultation with the School Sister (and anyone else the Headmaster deems necessary) will draw up a healthcare plan.

EYFS parents are informed when medicine has been administered on the same day or as soon as possible.

The medication must be in its original container as prescribed by the doctor and dispensed by a chemist with the pupil's name and instructions for administration printed clearly on the label. 'Over the counter medications', eg Calpol – this medication must also be in its original container, with the pupil's name and daily dosage to be administered clearly visible – must be in date and age appropriate.

The School will not deal with any requests to renew the supply of the medication apart from repeat prescriptions for boarders.

If the pupil is required and able to administer his own medicine (eg inhaler for asthma) the school Sister will check that the pupil fully understands what has to be done, and will supervise the administration.

Normally medication will be kept under the control of the school Sister unless other arrangements are made with the parent.

Normally the administration of medication will only be done in school at surgery times and as necessary.

## **6. Intimate or Invasive Treatment**

The school will not normally allow these to take place in school, but in exceptional circumstances the head is authorised to agree to it. Two adults must be present when these take place, at least one of whom must be of the same gender as the pupil.

## **7. Long-term Medical Needs**

The governing body and Head will do all they reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents, and in most cases the family doctor. The governing body also reserves the right to discuss the matter with the school's medical adviser.

## **8. Records**

The school Surgery Log Book must be completed in every instance. It will be kept in the school Surgery.

The Form will record:

- name of the pupil;
- date and time of the administration;
- who supervised the administration;
  
- which medication;
- how much was given; and
- notes of any side-effects

The school Sister will ensure that the medical record is filled in and checked regularly.

## **9. Data Protection**

The School will treat all forms of data concerning administration of medication with the utmost respect and confidentiality and will only share such forms of data if clinically necessary with other staff or health professionals who will be providing the pupils care. This is aimed to ensure that the pupil is getting the best possible and safest care.

All forms of data concerning administration of medication will be stored in the Surgery, in each pupil's confidential file. These records will be stored in compliance with relevant data protection legislation.

Subject to certain exemptions pupils are entitled to see all forms of data concerning administration of medication and ask for a copy.

## **10. Training**

The governing body is committed to providing appropriate training for staff who volunteer to participate in the administration of medicines.

## **11. Monitoring and Review**

The Head will be responsible for monitoring the implementation of the policy, and reporting annually to a prescribed committee of the governing body.

### **34. Appendix 4 Qualified First Aid Personnel**

Josephine Anderson, School Sister RGN Paediatric Trained **completed: 'Two Day School Nursing Update,' completed: February 2016**

Our first-aiders who have completed '**Paediatric First Aid Course**' (every three years)

Pamela Dennison, Resident Matron **completed: 2016**

Sarah Wheeler, Matron **completed: 2016**

Kay Markides, Head of Home Farm School, EYFS **completed: January 2016**

Cath Kidd, EYFS **completed: January 2016**

Rachel Baxter, EYFS **completed: January 2016**

Bronwyn Wyatt, EYFS **completed: January 2016**

Vikki Thornburrow, EYFS **completed: January 2016**

Hannah Jones, EYFS **completed: January 2016**

Our first-aiders / appointed person(s) who have completed '**Three Day at work First Aid Training**' (every three years) are:

Beccy Ward, NNEB Matron **completed: February 2015**

Pamela Dennison, **completed: February 2015**

Sarah Wheeler, **completed: February 2015**

Maria Williams, Boarding Houseparent **completed: January 2016**

Olivia Inglis, Headmasters Wife **completed: January 2016**

Lara Grant, Catering Manager **completed: March 2015**

Mary Townsend, Head Chef **completed: March 2017**

Our first-aiders / appointed person(s) who have completed '**Outdoor Emergency Training**' (every two years) are:

Josephine Anderson, RGN **completed: December 2017**

Alice Owens, RGN **completed: December 2017**

Sarah Wheeler, RGN **completed: December 2017**

Beccy Ward, NNEB **completed: December 2017**

**Anaphylaxis Training, all School Staff completed: January 2018**

### **35. Appendix 5 AED's and CPR Masks**

#### **AED's and CPR Masks are located:**

Outside Staff Common Room  
Home Farm Entrance to Farmhouse (back door)

#### **First Aid Boxes and CPR Masks are located in:**

Cooper Classrooms Foyer  
Old Classrooms Foyer  
Sunley Rooms Foyer  
New Classrooms Block in Foyer  
Art Classroom + Eyewash Station  
DT Classroom + Eyewash Station  
Science Laboratory + Eyewash Station  
Science Kitchen  
Swimming Pool Pump Room + Eyewash Station  
Swimming Pool Shelter  
Kitchen + Eyewash station  
Maintenance Workshop + eyewash station  
Pump Room + Eyewash station  
Work Room  
Grounds Staff Rest Room  
Shooting Range  
Sports Hall (this is in the male staff changing room)  
Squash Court  
Bates (stored in the wooden shelter)  
1st 11 Cricket Pavilion  
Hewitt Pavilion  
Canoe Shed  
Bike Shed  
Low Ropes Course  
Home Farm New Barn  
Home Farm Old Barn  
Home Farm Farmhouse