



The Blue Coat School

# **FIRST AID & HEALTH POLICY**

Approved by the Governors' Safeguarding, Health and Safety Committee on \_\_\_\_\_

Signed: \_\_\_\_\_

(K Gilmore – Chair of Safeguarding, Health and Safety Committee)

This First Aid and Health Policy was devised by the Deputy Head (Pre-Prep) and Deputy Head (Prep) in consultation with colleagues in the Health Centre and in the school.

Date of Next Review: Michaelmas 2024

## **1. AIMS**

### **1.1**

At The Blue Coat School, the health, safety and well-being of the children and staff is paramount at all times. Through the procedures set out in this Policy staff aim to:

- Promote healthy living and raise awareness of health issues throughout the school;
- Maintain accurate, confidential records of all pupils at The Blue Coat School, identifying specific medical information for each individual child together with any particular parental wishes;
- Implement an effective management system to support children with specific medical needs to ensure that they have full access to education, including school trips and physical education;
- Consult with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential;
- Maintain records of all the visits the children make to the Health Centre;
- Maintain records of repetitive health or social problems and follow these up where necessary.

### **1.2**

The Blue Coat School First Aid and Health Policy and Procedures applies to all children in the school including those in the Early Years Foundation Stage (Nursery and Reception).

### **1.3**

The Blue Coat School First Aid and Health Policy and Procedures is available for parents on the school website and in Main Reception and the Pre-Prep Office.

### **1.4**

The Blue Coat School First Aid and Health Policy and Procedures complies with the requirements as set out in the [‘Statutory framework for the early years foundation stage’](#) (September 2023) and the non-statutory DfE guidance [‘First aid in schools, early years and further education’](#) (February 2022). It also has regard to the guidance set out in [‘Supporting Pupils in School with Medical Conditions’](#) (2015); [‘Mental Health and Behaviour in Schools’](#) (2018), and [‘Counselling in schools: a blue print for the future’](#) (2016)

## **2. STAFFING AND TRAINING**

### **2.1**

The Health Centre is staffed by two qualified First Aiders; Mrs Wendy Moloney, the School Matron and her assistant, Emily Parr. A member of staff is available in the Health Centre between 8.00 am and 4 pm and on the school premises between 4 pm and 5.45 pm and is contactable by phone. Calls are automatically transferred to the School Matron’s mobile phone if no-one is available in the Health Centre.

### **2.2**

Staff receive regular training in First Aid. A list of the members of staff with First Aid qualifications is attached as Appendix 1, together with the qualification expiry dates. First Aid Certificates expire after three years. First Aid training is arranged on a regular basis to ensure that an adequate number of relevant staff have valid certificates. All of the First Aid qualifications include paediatric resuscitation. The swimming teachers have additional Lifeguard qualifications and qualifications in Swimming Rescue.

### **2.3**

At least one member of staff with a current First Aid qualification is on the site at all times when the children are present. In addition, at least one member of staff with a current First Aid qualification accompanies the children on trips, outings and off-site visits. First Aid training is renewed every three years.

### **2.4**

At least one member of staff with a current Paediatric First Aid qualification is on the site at all times when the children are present. In addition, at least one member of staff with a current Paediatric First Aid qualification accompanies the children in the Early Years Foundation Stage (EYFS) on outings. Paediatric First Aid training is renewed every three years. All newly qualified early years staff with full and relevant Level 2 or 3 qualifications must have a Paediatric First Aid qualification in order to be counted in the staff ratios. All of the Teaching Assistants for each EYFS class and most of the other Pre-Prep Teaching Assistants have a Paediatric First Aid qualification. A list of the members of staff with current Paediatric First Aid qualifications together with the qualification expiry dates is attached as Appendix 2.

### **2.5**

Staff also receive annual training in the awareness and treatment of anaphylactic shock. A list of those who have received this training and who are willing to administer emergency medication is attached as Appendix 3. The School Matron

ensures that staff (including new staff) receive training in the management of a child's medical condition as and when appropriate.

## **2.6**

Staff are given additional training by health professionals about the specific needs of individual children as and when necessary. A list of the staff members who have received asthma awareness training is attached as Appendix 4.

## **2.7**

All the relevant staff (including supply staff) are made aware of a child's condition and the ways in which they should help to meet his or her needs and they are provided with relevant training where required.

# **3. HEALTH CENTRE**

## **3.1**

The Health Centre is situated in the Viney Building (Admin). It is open from 8.00 am until 4 pm. The children's medical files are stored in here in locked filing cabinets. There is a fridge for the safe storage of drugs. There is also a locked non-portable drugs cabinet. There is a seating area for the children to use if they are unwell during the day. There is a toilet and wash hand basin as well as shower facilities integral to the Health Centre.

## **3.2**

Children and staff have open access to the Health Centre and may attend to discuss their own personal health with the School Matron at any time between 8.00 am and 4 pm with the permission of a teacher. The School Matron or her Assistant are also available on the school premises until 5.45 pm.

# **4. HEALTH RECORDS**

## **4.1**

Parents must complete a Medical Information and Consent Form and return it to the Health Centre before the child joins the school. This Form is kept in the child's medical file. All relevant information is recorded and any specific medical needs are noted in the child's individual medical file and on the school Management Information System. Parents must also complete a Medical Information and Consent Form and return it to the School Matron before the child transfers from Pre-Prep to Prep. The School Matron will discuss a child's medical condition with parents prior to admission or as and when such a need arises.

## **4.2**

Parents must inform the School Matron of any changes in their child's medical history. Parents are also asked to complete an annual medical checklist. This can be used for any changes to a child's medical history.

# **4.3 EVOLVE**

## **4.3.1**

The School uses EVOLVE accidentbook (EVOLVE) as a management tool for health records. This is managed by the School Matron and her Assistant.

## **4.3.2**

EVOLVE is used to maintain records of emergency medication including Epipens/Jexts and their equivalents, inhalers and any prescription medication. This enables the School to track expiry dates and alert parents to these. It is also used to manage completion dates for courses of treatment when appropriate. EVOLVE generates emails to parents to notify them when medication has been administered.

## **4.3.3**

EVOLVE is used to maintain records of non-prescription medications kept in school such as Piriton and paracetamol. The administration of such medications is recorded on EVOLVE and stock control and expiry dates are managed through EVOLVE.

## **4.3.2**

EVOLVE is used to record illnesses, injuries and accidents. This enables the School to track and evaluate accidents to track for frequency, location and trends for individual children. Emails are set to parents to notify them of accidents through EVOLVE. Parents are always telephoned in the case of serious accidents. Staff accidents are also recorded on EVOLVE.

## **4.4 Health Care Plans**

### **4.4.1**

The School Matron is responsible for ensuring that appropriate provision is made for children with medical conditions. Details of the procedures to be followed for some specific medical conditions are set out in Appendices 17 – 20.

### **4.4.2**

The School Matron is responsible for ensuring that individual Health Care Plans are devised and monitored when these are required. Health Care Plans are devised in partnership with the school, parents and relevant health care professionals. Pupils should also be involved where appropriate. The School Matron is responsible for ensuring that the Health Care Plan is reviewed at least annually. If a child has an Education, Health and Care Plan then the individual Health Care Plan should be linked to this. (See also SEND Policy.)

### **4.4.3**

Health Care Plans will include the following information as and when appropriate:

- the child's medical condition, its triggers, signs, symptoms and treatments;
- the child's resulting needs, including medication (dose, side effects and storage) and other relevant treatments (e.g. access to food and drink where this is used to manage a condition), dietary requirements, environmental issues such as travel time between lessons;
- specific support for a child's educational, social and emotional needs (e.g. management of medical consultations, absences, requirements for additional time in exams, arrangements for school trips or off-site visits and other school activities outside the normal school timetable);
- the level of support required including in emergencies and who will provide this support and mandatory training;
- whether or not the child is self-managing their medication and the arrangements for monitoring this; and
- emergency arrangements which will include a Personal Emergency Evacuation Plan (PEEP).

### **4.4.4**

The School Matron ensures that relevant details about children with medical conditions are included on risk assessments for trips, outings and off-site visits, and on any other relevant school activities outside of the normal timetable.

## **4.5 Medical Files**

### **4.5.1**

**The children's medical files are strictly confidential.** They are kept in locked filing cabinets in the Health Centre and can only be accessed by the School Matron or her Assistant. Only the School Matron or her Assistant may make entries in the medical files. Any information about a child's health should be passed to the School Matron. It is then entered into the child's medical file. The information in the medical file includes details of vaccinations received, visits to hospital and any particular medical needs or concerns. All information added to these cards should be clearly dated and signed by the School Matron or her Assistant.

### **4.5.2**

Information about the treatment of injuries in places other than the Health Centre is kept in the Record Books (see Appendices 5, 6 and 8) by the First Aid stations, located in The Annexe and in Pre-Prep. This information is subsequently collected by the School Matron and filed securely in a locked filing cabinet.

### **4.5.3**

**Medical information should never be kept in a child's school file for data protection reasons.**

## **4.6 Consent for treatment in school**

### **4.6.1**

The school needs written consent for the following:

- **To administer medication in school.** The term medication relates to Paracetamol, Ibuprofen, Piriton, Saline Eye Drops and Throat Lozenges.
- **To receive health screening tests in school.** These might include eye tests, hearing tests, measuring height and weight.
- **To act in loco parentis in the event of a medical or dental emergency.**

This written consent forms part of the Medical Information and Consent Form.

### **4.6.2**

Every effort will be made to obtain parental consent prior to emergency medical treatment. In the event that parental consent cannot be obtained, then parental consent is set out in the Medical Information and Consent Form for the Headmaster or one of his designated staff to act on the behalf of parents.

#### **4.6.3**

**The Medical Information and Consent Form must be checked before any of the above treatments are given to a child.**

### **5. FIRST AID SUPPLIES**

#### **5.1**

First Aid supplies are stored in various locations around the campus. A list of the contents of the kits and locations of the First Aid Stations is attached at Appendix 5. These Stations contain basic First Aid supplies appropriate to the needs of children including face shields for administering CPR. The School Matron ensures that these Stations are re-stocked every half term or whenever it is necessary. Staff can also request supplies from the School Matron.

#### **5.2**

Ice packs are stored in the First Aid cupboards in The Annexe, in the First Aid fridge in St Martin's and also in the First Aid cupboards. Vomit bowls or bags are stored in various locations around the school and in the Health Centre. All First Aid waste (used wipes, wipe wrappers, plaster wrappers, used gloves, used aprons, etc) must be placed in nappy bags or yellow clinical waste bags and placed in the clinical waste bins in the Health Centre, the disabled toilet in St Martin's and the Sports Centre Reception. In addition, there is a disposal unit for sharps in the Health Centre.

#### **5.3**

**Under no circumstances should First Aid Waste be placed in the classroom or kitchen bins.**

#### **5.4**

A defibrillator is located in the external doorway adjacent to the Health Centre entrance to the Viney Building. There is a further defibrillator in the Sports Centre located in the Reception desk area. Notices are sited in various locations around the school advising staff and visitors of the availability of this and it is registered with the Emergency Services. Some key staff have been trained in the administration of the defibrillator.

### **5.5 Off-Site Visits/Sports Matches**

#### **5.5.1**

The School Matron supplies a portable First Aid kit with First Aid supplies that are suitable to the needs of children for off-site visits and sports matches. The contents of the First Aid kits for such use are listed in Appendix 5. It is the responsibility of the person leading the off-site visit or school match to ensure that the First Aid kit is taken. The First Aid kit also includes a mouth guard for administering CPR and a Disinfection kit. Additional Disinfection kits are also available from the Health Centre. Details of the contents of the Disinfectant kits are given in the 'Infection Control' section of this policy, together with details about how to use the kit. All First Aid waste (used wipes, wipe wrappers, plaster wrappers, used gloves, used aprons, etc) must be placed in yellow clinical waste bags and brought back to school for safe disposal as above.

#### **5.5.2**

The person leading the visit/sports match must ensure that all medication required by children on the visit/sports match is taken at the appropriate time. The medication should be administered in accordance with this Policy. The Risk Assessment must make reference to the medical needs of the children and their medication. Prescribed inhalers should be taken on the off-site visit/sports match if the child usually has an inhaler in school and returned to the Health Centre afterwards.

#### **5.5.3**

Suitably trained members of staff must accompany any child(ren) with a diagnosed medical condition such as asthma, allergy, diabetes or epilepsy on trips, outings and off-site visits. The member of staff must travel in the vehicle with the child(ren) and must ensure that they have all the relevant prescribed emergency medication. Emergency medication **must** be returned to the relevant storage place after the trip, outing or off-site visit.

### **6. ACCIDENTS**

#### **6.1**

All but the most minor scratches should be referred to the Health Centre. During Pre-Prep break times these should be referred to the First Aid station where a member of the Health Centre staff will be stationed or to the First Aider on duty in the Nursery or Reception play areas. Injuries to children in Prep are usually treated in the Health Centre. Children should never be allowed to tend to the wound of another child even out of kindness.

### **6.2 Reporting Accidents/Incidents**

#### **6.2.1**

Minor injuries in Pre-Prep should be recorded in the Accident/Incident Report Books which are kept in the Pre-Prep Staff kitchen in St Martin's and by the two First Aid cabinets in The Annexe. Minor injuries in Prep should be recorded in the child's medical file. Sample pages of the Pre-Prep Accident/Incident Report Book are attached as Appendices 5 and 6. Accidents are also recorded on EVOLVE as set out in Section 4.3 above.

#### **6.2.2**

**All other accidents and injuries must be reported in the Pupil Accident Book or in the Accident Book (adults)** in compliance with the Health and Safety Executive (HSE) publication 'Reporting Accidents and Incidents at Work' (Reporting of Injuries, Diseases and Dangerous Occurrences – RIDDOR). Some accidents have to be reported under the HSE RIDDOR Guidance. Details of the accidents to be reported are available from the School Matron or on the HSE website. These will be reported under RIDDOR by the Bursar. See also Appendix 7. The person attending the injured party must record the details of the incident as soon as possible in the relevant Accident/Incident Report Book. Sample pages of each of these Accident Books are attached as Appendices 8 and 9. These Accident Books are kept in the following locations:

- Pre-Prep – Staff kitchen in St Martin's and in The Annexe (Toilets off Nursery K and Nursery R)
- Year Group Hubs – Hub kitchens adjacent to the First Aid panels
- Health Centre – Health Centre
- School Kitchen – First Aid cupboard in the kitchen
- Sports Centre – Sports Centre Office

#### **6.2.3**

The School Matron or her assistant collect these forms regularly. Staff should also ensure that the School Matron is informed about accidents. The accident may also be reported to the Bursar or to the Safeguarding, Health and Safety Committee if appropriate.

#### **6.2.4**

In the event of a serious accident, illness or injury to, or death of, any child attending Pre-Prep (including Aftercare) whilst in the care of staff at The Blue Coat School, the Independent School Inspectorate (ISI) and Ofsted will be informed within 14 days of the incident occurring, and of the action taken in respect of it. Local child protection agencies will also be informed and any advice given will be acted upon.

### **6.3 Pre-Prep Accident Record (see Appendix 7)**

The record must include:

- Name of the child.
- Place, date and time of the incident. (The time is particularly important in the case of head injuries.)
- Details of the injury/illness including any visible signs of injury, e.g. bruising. The location of marks should be stated. A check should be made during the following hour in case bruising occurs later, and the record should then be added to.
- Name of any witness to the incident.
- Details of the First Aid treatment given.
- Details of whether or not the parents/next of kin have been informed. If they have been informed details of how they were informed (by phone or letter).
- Details of how the child appears later, say after half an hour (resumed normal activities, under observation in a specified location, went home, taken to the Accident and Emergency Department). In the case of head injuries, the child should be monitored regularly throughout the following hour. Any changes to normal behaviour or demeanour should be noted and medical advice should be sought if appropriate.
- Printed name and signature of the member of staff dealing with the injury/incident.
- In the case of a head injury a 'Head Injury Advice Letter' (see below and Appendix 11) should be completed and handed to the parent/carer/guardian at the end of the day, or a telephone call should be made to the parents informing them of the injury.
- In the case of an injury being caused by another child, that child's name should not be included in the report but referred to as 'another child'. An 'Incident' report can be made for the offending child, if appropriate.

### **6.4 Pupil Accident Book (see Appendix 8)**

More serious accidents should also be recorded in the Pupil Accident Book. The record must include:

- Name of the child, year group and form.
- Name of the person reporting the incident and the date of the report.
- Place, date and time of the incident. (The time is particularly important in the case of head injuries.)

- A description of the incident, including any treatment given and any visible signs of injury, e.g. bruising. The location of marks should be stated. A check should be made during the following hour in case bruising occurs later, and the record added to. The description should also include how the child responded to the injury – e.g. upset, not concerned, etc.
- Printed name and signature of the member of staff dealing with the incident and their position.
- The action taken as a result of the incident.
- A record of whether or not the parents have been informed.
- A record of whether or not the incident is reportable under RIDDOR.

## **6.5 Accident Report Form (Adults)**

The record must include:

- Details of the person involved in the accident including the name, address and occupation.
- Details of the person completing the Accident Report Form if this is not the person involved in the accident.
- Details of the incident including the time, date and place.
- Details of how the incident occurred and the cause if known.
- Details of any injury sustained by the person involved.
- Signature of the person completing the form and date.
- Details of the person receiving the completed form and date.
- A record of whether or not the incident is reportable under RIDDOR.

## **6.6 Minor injuries**

### **6.6.1**

Qualified First Aiders may treat minor injuries as and when necessary. First Aiders should wear protective clothing when treating injuries. Disposable aprons and gloves are kept by the First Aid Stations. All First Aid waste should be disposed of safely as described above.

### **6.6.2**

A member of staff from the Health Centre covers Pre-Prep break time First Aid duties at the First Aid station. Minor injuries for Nursery and Reception children are treated by a Paediatric First Aider in The Annexe or at the First Aid station. Minor injuries for children in Year 1 and Year 2 are treated at the First Aid station. If the Paediatric First Aider, School Matron or her Assistant treating a child thinks the parents should be made aware of the injury, then an Accident in School letter should be sent home with the child. This is usually the case for EYFS parents. (See Appendix I0.) If the injury is more serious, then the child's parents will also be telephoned to inform them. The accident will be recorded on EVOLVE as set out in 4.3 above which generates an email to parents.

### **6.6.3**

The School Matron should be summoned to assist with the treatment of more serious injuries or if there is any uncertainty about the injury.

## **6.7 Head injuries**

### **6.7.1**

**Any head injury must be carefully assessed and a second opinion sought if there is any doubt at all.**

### **6.7.2**

If, after examination, further treatment is not deemed necessary, the child should be observed for a suitable period. If the child is in Pre-Prep the teacher should be made aware that a child has suffered a bump to the head. A head injury advice form should be sent home with the child at the end of the school day (see Appendix I1). The injury must be recorded in the Pre-Prep Accident Record as described above and on EVOLVE.

### **6.7.3**

A child in Prep should be observed for a suitable time in the Health Centre and should also return to lessons with a head injury advice letter to take home. Children in Lower School (Years 3 and 4) are also given a 'Head Injury' bracelet to wear for the remainder of the day to alert all the relevant staff and parents are contacted.

### **6.7.4**

The pupil's medical file will be updated by the School Matron.

### **6.7.5**

Any child that remains in school following a bump to the head should be observed for sleepiness, confusion, dizziness, severe headache or vomiting. If a child shows any of these symptoms he or she should be referred to the School Matron

immediately. **In the absence of the School Matron or if there is any doubt about a child's health an ambulance should be called.**

## **6.8 Health Centre Observation/Treatment**

### **6.8.1**

A child may be taken to the Health Centre following an accident for observation. Children retained for observation in the Health Centre will have a treatment slip to take home with them on that day. (See Appendix 12.) This will also be recorded on the child's record card in their medical file. Children are also encouraged to show the treatment slip to their teacher if they are able to return to lessons.

### **6.8.2**

The Pre-Prep Office or the School Reception should be informed if any child is being retained in the Health Centre for observation or if any child has been sent home. This is to ensure that all children are accounted for in the event of a fire.

## **6.9 Emergencies at school**

### **6.9.1**

The following procedures should be followed for emergencies with a child:

- 'Helping hands' are situated in all teaching rooms in Pre-Prep, including the Annexe, for staff to summon help in the event of an emergency and to notify the School Matron.
- The child should not be left unattended.
- First Aid should be administered by a member of staff with a valid First Aid Certificate.
- Emergency medication should only be administered by a member of staff who is suitably qualified and willing to administer such medication.
- If possible, clear all on-lookers from the area.
- Assist the First Aider or School Matron as directed.
- The child must not be taken to hospital by car.
- If the child requires hospital admission **an ambulance must be called** by dialling **999**. The following information should be to hand:
  - Telephone number: 0121 410 6800
  - Location: Somerset Road, Edgbaston, Birmingham, B17 0HR
  - Location of the casualty within the school
  - The nearest entrance to the location of the casualty
- Ensure that a member of staff meets the ambulance crew and escorts them to the casualty.
- Ensure that details of any medication that has been administered are given to the ambulance crew.
- Parents must be notified once all the relevant information has been obtained. If a child is removed to hospital the School Matron, Headmaster, Head of Prep (Prep children) or the Head of Pre-Prep will inform the next of kin.
- If parents are unavailable, the alternative emergency contact numbers should be used.
- All medical records must be taken to the hospital.
- If suitable cover can be arranged, the School Matron will accompany the child to hospital; otherwise, a responsible person, preferably with a First Aid qualification, will be asked to accompany the child. It is essential that all treatment is recorded and that this information accompanies the child. Any person accompanying the child must maintain contact with the School Matron as this forms a link with the school.
- If necessary additional adults should be asked to provide cover to maintain the correct staffing ratios.
- Other children should be distracted and reassured.

### **6.9.2**

**If an ambulance has been called for a medical emergency, then a Medical Emergency Report Form should be completed if required by the Nurse Adviser, Medical Needs in Schools.**

### **6.9.3**

Qualified first aiders will administer first aid to a member of staff, parent or other visitor if required to do so. If an adult has to be taken to hospital, an ambulance should be called and they must be accompanied. Adequate cover must be maintained in the school to comply with adult:child ratios. The next of kin of the staff member should be notified, if appropriate.

### **6.9.4**

A general information sheet giving guidelines for managing a medical emergency within the school environment is attached as Appendix 13. An Emergency Aid instruction sheet is located by telephone points. (See Appendix 14)

## **6.10 Emergencies away from school**

If a child is taken ill or injured whilst away from school, the following procedures must be followed as closely as possible:

### **6.10.1 Away Sports Matches**

- Ensure that the child receives adequate 'on the field' assessment by staff with a First Aid qualification.
- Ensure that the child remains under the supervision of a member of staff with a First Aid qualification if they are removed from the activity.
- Inform the School Matron as soon as possible in the case of a head injury if it is serious; otherwise, inform the School Matron after the activity.
- Liaise with the School Matron to ensure that the child is well enough to return to school with the team. If not, the child should be taken to hospital or the GP in line with the procedures outlined above.
- Only the child's parents or staff from either the away school or The Blue Coat School should take the child for further assessment. There are legal implications involved with other parents taking on this responsibility.
- If a child is taken to hospital, the School Matron (or, in her absence, a member of staff in the Bursar's Office) must be informed. The child's parents will be informed once all of the relevant information has been obtained. The School Matron, Headmaster, Head of Prep or Head of Pre-Prep will inform the next of kin. **Messages should not be left with other people.** The School Matron is on duty in the Health Centre between 8.00 am and 4 pm.
- On returning to school the School Matron must be informed so that a report can be made in the child's medical file and in line with Sections 6.1 – 6.7 above.

### **6.10.2 Off-Site Visits**

- Assess the child carefully.
- First Aid should be administered by a member of staff with a valid First Aid Certificate, using the First Aid kit if appropriate
- Contact the School Matron (or, in her absence, a member of staff in the Bursar's Office or a senior member of staff) at The Blue Coat School for further advice if necessary. A member of staff is on duty in the Health Centre between 8.00 am and 4 pm.
- Only a member of staff from The Blue Coat School or the child's parents should take a child for further assessment. There are legal implications involved with other parents taking on this responsibility.
- If a child is taken to hospital the School Matron must be informed. They will then ensure that the child's parents are informed once all of the relevant information has been obtained. The School Matron, Headmaster, Head of Prep or Head of Pre-Prep will inform the next of kin. **Messages should not be left with other people.**
- Groups may need to be re-arranged to ensure that the children are adequately supervised.
- On returning to school the School Matron must be informed so that a report can be made in the child's medical file and in line with Sections 6.1 – 6.7 above.

*(See also Pre-Prep Policy for Trips, Outings and Off-Site Visits and Prep Policy for Trips, Outings and Off-Site Visits.)*

### **6.11 Notification of Next of Kin**

#### **6.11.1**

Should it be necessary for the next of kin to be informed of an emergency at school, on an Away Sports Match, or on an Off-Site Visit, the following procedure should be followed:

- Contact a senior member of staff such as the Headmaster, Head of Prep or Head of Pre-Prep **before** the call is made.
- The senior member of staff will decide who should make the call and at what stage the call should be made.
- All relevant details must be available prior to making the call:
  - Time
  - Place
  - Nature of accident/incident
  - Others involved
  - Action taken.
- Document the information as soon as possible to ensure accuracy.
- Next of kin should only be contacted when a situation is well under control. These are often distressing calls to receive and are made worse by vague or incomplete information.
- Staff directly involved with an accident/incident should not be advised to make these calls.

## **7. MEDICATION**

### **7.1 Prescribed Medication**

#### **7.1.1**

All medication brought into school must be in the original container as dispensed by the pharmacist, clearly labelled with the child's name, the directions for use, dosage and storage, and, where appropriate, a dispensing spoon. Parents should be encouraged to ask the child's doctor to prescribe medicines that can be administered outside school hours wherever possible. Parents should be encouraged to discuss with their doctor and/or pharmacist the practical implications of having to take medicine into school. For example, it is sometimes possible to dispense a course of medication in two separate containers, which may help with the practicalities of having a supply of medication at home and at school.

#### 7.1.2

All prescribed medication should be handed to Main Reception or the Pre-Prep Secretary for Pre-Prep children and to Reception or the School Matron for Prep children. Medication is stored in a safe place. All parents handing over such medication must complete a School Medication Consent Form. Medication and the Medication Consent Form must be handed over by the child's parent, carer or guardian not by the child. Examples of the Medication Consent Form and the Record of Medication Form are attached as Appendix 15.

#### 7.1.3

All prescribed medication is stored strictly in accordance with product instructions. There are designated fridges in the Pre-Prep kitchen in St Martin's and in the Health Centre for medications requiring refrigeration. Medication must be clearly labelled with:

- the child's name
- the name of the medicine
- the strength of the medicine
- the quantity of the medicine
- the dosage
- when it should be given
- length of treatment where appropriate
- expiry date whenever possible.

#### 7.1.4

The procedures for the administration of medication must be adhered to at all times. These are:

- All staff administering medication must wash their hands before administering the medication unless the medication is being administered in an emergency.
- Check the child's identity (confirm with the child, where possible, his or her name, and date of birth and/or use the photo attached to the medication where appropriate OR if the child is not known to the person administering the medication confirm the child's identity with a member of staff who does know the child).
- Ensure that there is written consent from a parent/carer/guardian.
- Check that the medication name, strength and dose instructions match the details on the consent form and read the instructions on the medication. The instruction "to be taken as directed" does not provide sufficient information. Medication such as antibiotics should have been dispensed within the last three months.
- Check that the name on the medication label is that of the child being given the medication.
- That the medication is in date.
- Check the School Record of Medication document **prior to administering the medication** to check that the child has not already been given the medication.
- If there are any concerns about giving a medication to a child, then the member of staff **must not administer the medication** but should check with the parent/carer/guardian or a health professional documenting any action taken.
- Otherwise, administer the medication.
- Any equipment used must be cleaned appropriately after use.
- Wash hands and replace medication in storage location.
- Complete medication records – see below.

#### 7.1.5

A School Record of Medication Form must be signed and dated by the person administering the medication immediately after administering medication. The person administering medication will often be the School Matron, but other members of staff might, on occasions, have to administer medication. The School Record of Medication Form is kept in the medication folder, and it is completed accordingly until the child's course of medication is complete. It is also recorded on EVOLVE.

#### 7.1.6

When a medication cannot be administered in the form in which it was supplied (e.g. a capsule cannot be swallowed), written instructions on how to administer the medication must be provided by the parents/carer/guardian, following advice from a healthcare professional.

#### **7.1.7**

If a child refuses to take a medication, he or she should not be forced to do so. Refusal should be documented. Parents should be informed as soon as possible on the same day. If a refusal could result, or does result, in an emergency then The Blue Coat School will follow its emergency procedures. Reasons for any non-administration of a medication must be recorded. 'Wasted' doses (e.g. tablet dropped on the floor) must also be recorded with the reason for the wastage.

#### **7.1.8**

In Pre-Prep an additional Medication Form is completed to record the medication given (child's name and form, quantity, date and time medication administered, person administering the medication) (Appendix 16). These forms are kept in the Pre-Prep kitchen. The forms are given to parents/carers/guardians when the child is collected from school.

#### **7.1.9**

Medication that needs to be taken home each evening can be collected from a Pre-Prep member of staff, the Health Centre or the Prep or Pre-Prep Aftercare provisions. It is the parent's responsibility to deliver and collect the medication. **The school cannot accept responsibility for reminding parents that the medication needs collecting.**

#### **7.1.10**

On completion of the medication the Medication Consent Form and the Record of Medication Form are transferred into the child's medical file.

#### **7.1.11**

If medication needs to be changed or discontinued the school must be informed in writing by the parent.

#### **7.1.12**

It is the responsibility of the parent/carer/guardian to ensure that medication is replenished when necessary. Parents are also responsible for ensuring that medication has not passed its expiry date. The School Matron works in partnership with parents/carers/guardians to ensure that medication is still fit to use, and that equipment and devices are in good working order.

#### **7.1.13**

It is the responsibility of parents/carers/guardians to ensure that their child understands his or her responsibility for the use of medication if he or she carries his or her own medication (for example, an inhaler for asthma).

#### **7.1.14**

It is the responsibility of parents/carers/guardians to ensure that any medication no longer required is returned to the pharmacy for safe disposal. Medications must be returned to the child's parent/carer/guardian:

- When the course of treatment is complete
- When labels become detached or unreadable
- When instructions are changed
- When the expiry date has been reached
- At the end of each school year (or sooner if necessary).

#### **7.1.15**

The school can only accept medicines prescribed by a registered medical practitioner. Exceptionally, with the written agreement of the School Matron, other potions may be administered. The School will not agree to administer herbal or homeopathic medicines. The School Matron is not qualified to oversee the administration of such remedies.

#### **7.1.16**

Creams that have been prescribed by the GP for the treatment of eczema can be applied by the School Matron once parents have completed the appropriate Medication Record Form.

### **7.2 Trips, Outings, Off-site Visits and Away Sports Matches**

### 7.2.1

If medication is required during a school trip it should be carried by a member of staff (or the child if this is the normal practice for medication such as inhalers). The procedures as set out in 6.10 above must be followed for all trips, outings, off-site visits and away sports matches at all times.

### 7.2.2

If a child requires a travel sickness remedy, parents/carers/guardians should provide written consent and a suitable medication in its original container.

### 7.2.3

**It is essential that all members of staff who may have responsibility for the child during the day(s) of the trip, outing, off-site visit or away sports match are informed about the need for medication and what to do should a medical emergency arise.**

### 7.2.4

Parents may need to seek advice from the child's clinician or pharmacist on the timings of medication, especially such as medication for epilepsy, for trips outside the UK and for extended trips in the UK. Advice on the carriage of medication might also be required. It is the responsibility of the parent/carer/guardian to inform the school of any such advice.

## 7.3 Non-prescribed Medication

### 7.3.1

It is necessary for the school to have written parental consent for the administration of non-prescription medication in school. This consent may be given on the back of the Medical Information and Consent Form. A child must only be given Aspirin or medicines containing Aspirin if it has been prescribed by a doctor. It must not be given in any other circumstances. Non-prescription medication is for dealing with minor ailments that do not require consultation with a doctor. It includes things such as paracetamol, Ibuprofen, Piriton, Simple Linctus, Hypomellose eye drops and throat lozenges. All instructions for use, and the correct dosage to be given, must be read and noted before administering any medication. Prior to the administration of medication, the child's Health Record Form will be checked for any allergies and for consent for the administration of such medication.

### 7.3.2

The Health Centre holds a stock of non-prescription medication as follows:

EYES	Saline eye wash
HANDS	Moisturiser
SKIN	Aqueous cream, E45 and Petroleum jelly
FEET	Blister plasters
SPLINTERS	Tweezers
ANTISEPTIC	Alcohol free wipes, Antiseptic First Aid cream, Savlon cream
MUSCLES/BRUISES	Instant heat packs, instant cold packs, ice gel
BURNS	Burneze, cooling gel
ALLERGIES	Piriton syrup, Piriton tablets
STINGS/BITES	Anthisan cream
GENERAL	Body fluids disposal kits
ANALGESICS	Paracetamol suspension, Calpol, Nurofen suspension
WOUNDS/GRAZES	Various shapes and sizes of plasters, tapes, wound dressings, gauze swabs including sterile and hypo-allergenic swabs

### 7.3.3

The above medication may vary if a certain medication is unavailable. If a child has a preference this should be indicated on the Medical Information and Consent Form.

### 7.3.4

The only analgesic administered to children is Paracetamol or Ibuprofen unless specific consent has been given by a child's parents for an alternative analgesic. Wherever possible the School Matron or her Assistant checks with parents prior to the administration of an analgesic. An analgesic is not administered before lunch time without checking with parents to ensure that there is an appropriate time interval between doses. The School Matron or her Assistant follow the manufacturer's instructions adhering to any warnings accompanying the product. Parents will be informed of all medication administered to their child that day via a written note which is given to the child and verbal communication, wherever possible. (See Appendix 16)

### 7.3.5

With the exception of dressings for wounds and grazes all non-prescription medication will only be administered by the School Matron or her Assistant.

## 7.4 Emergency Medication

### 7.4.1

Emergency medication needs to be readily available in an emergency. Emergency medication includes Epipens/JEXTS (or their equivalents), asthma reliever inhalers and Glucogel Dextrose. An Allergy Flowchart for administering emergency medication in the event of anaphylactic shock is kept with the medication. In Pre-Prep emergency medication including Epipens/Jexts (or their equivalents) and asthma reliever inhalers are kept in the Pre-Prep kitchen opposite the Pre-Prep Office in St Martin's in a clearly labelled cupboard. In Prep, the children's Epipens/Jexts (or equivalents) are stored in the clearly labelled health cupboard in the Health Centre and also in the Prep Staff Room in a designated, clearly labelled cupboard. Other medication such as asthma reliever inhalers are carried by children in Prep. They should carry it with them at all times. Spare inhalers are also kept in the Health Centre. Children are made aware of the importance of keeping their medication safe and away from other children. **Children may not attend school without their prescribed emergency medication including Epipens/JEXTs (or their equivalents), Glucogel and anti-convulsant medication. This must not have passed its expiry date.** Parents must ensure that a spare asthma reliever inhaler is provided for their child. This will be kept in the Health Centre. An emergency asthma inhaler is also available in the Health Centre. This is for use by any child **provided that parental consent has been given.** This will only be administered under the direct supervision of the School Matron or her Assistant. It is planned that Asthma boxes will also be available in the Sports Centre and for 'Off-site' visits once staff have been appropriately trained. **If a child requires emergency medication to be kept in school, then this is kept in a locked cupboard. It is not carried round with the child other than on trips, outings and off-site visits as set out in 5.4.3 above.**

### 7.4.2

Supplies of emergency medication such as insulin are kept in a locked cupboard or fridge in the Health Centre. The key for this cupboard is kept by the Health Centre staff. Spare Epipens/Jexts (or their equivalents) are stored in the Health Centre. Spare inhalers are stored in the Health Centre. All medication is clearly labelled with the child's name. The School Matron is responsible for checking at least once every term that medication has not reached its expiry date.

### 7.4.3

Any child who might potentially require emergency medication will have an appropriate school alert card. This has a recent photograph of the child and provides instructions on how the medication should be administered. School alert cards are kept in the Pre-Prep classrooms. A summary card with photos of children who might require emergency medication is on display in the Health Centre, the Dining Hall, appropriate staff rooms, Year Group Hubs and the Aftercare Rooms.

### 7.4.4

Parents are responsible for ensuring that dosage requirements are regularly updated and that instructions are given to the school. Alert cards are reviewed annually.

### 7.4.5

Specialised training is required for staff to volunteer to act in emergency situations. This training must be renewed annually. The School Matron is responsible for organising or conducting training. Records of all training received are kept. Teaching staff are responsible for highlighting their own training needs.

### 7.4.6

Children with diabetes should be encouraged to keep to their required diet. Glucose in the form of drinks or snacks should be readily available to treat hypoglycaemia. If blood glucose monitoring is required, then a private room with hand washing facilities should be made available.

## 7.5 Staff Medication

Staff must seek medical advice if they are taking medication which may affect their ability to care for children, and any staff medication must be securely stored and out of reach of children at all times.

## **8. NEEDLE-STICK INJURIES**

### **8.1**

In the event of a member of staff or child piercing or puncturing his or her skin with a used needle the following procedures must be followed:

- Encourage the wound to bleed, ideally by holding it under running water.
- Wash the wound using running water and plenty of soap.
- Do not scrub the wound whilst it is being washed.
- Do not suck the wound.
- Dry the wound with a paper towel and dispose of the paper towel in the clinical waste.
- Cover the wound with a waterproof plaster or dressing.
- Seek urgent medical advice.
- Report the injury to the School Matron or her assistant as soon as possible
- Complete the appropriate accident report form.

## **9. MANAGEMENT OF ALLERGIES, ASTHMA, DIABETES AND EPILEPSY**

### **9.1**

Staff receive annual training in the awareness and treatment of anaphylactic shock. They are also given regular training on asthma awareness. Health professionals provide training in other medical needs as and when required. The Blue Coat School policies for the management of allergies, asthma, diabetes and epilepsy are attached as Appendices 17 – 20 respectively.

## **10. SEPSIS**

### **10.1**

Sepsis (also known as blood poisoning) is the immune system's overreaction to an infection or injury. Normally our immune system fights infection but sometimes it attacks our body's own organs and tissues. If not treated immediately, sepsis can result in organ failure and death. Yet with early diagnosis, it can be treated with antibiotics. Posters outlining the symptoms for children and adults are on display in the Health Centre, Pre-Prep, The Annexe and the Year Group Hubs. The emergency services will be contacted should there be any concerns about a child's health as children can deteriorate rapidly with sepsis. Parents will then be contacted wherever possible.

## **11. MENTAL HEALTH AND BEHAVIOUR**

### **11.1**

Staff recognise that it is important to promote positive mental health and good emotional wellbeing in children and to identify and address any problems at an early stage so that resilience can be built. They are aware of their responsibilities as set out in 'Mental Health and Behaviour in Schools' (Nov 2018) and they follow the guidance to support and promote mental health and wellbeing:

- **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This includes teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;
- **Identification:** recognising emerging issues as early and accurately as possible;
- **Early Support:** helping pupils to access evidence based early support and interventions; and
- **Access to specialist support:** working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

### **11.2**

The ways in which the positive mental health and wellbeing are promoted include:

- Valuing all children, allowing them to feel a sense of belonging and providing opportunities for them to talk about problems in a non-stigmatising way;
- Setting high expectations for attainment and behaviour which are consistently applied;
- Being alert to potential bullying (including cyber-bullying) and the consequent impact of bullying behaviour on the victim and the perpetrator; and
- Raising staff awareness of the potential for mental health issues.

### **11.3**

Staff are alert to emerging difficulties for children and they are also alert to concerns expressed by parents/carers. Support might be offered to the child in school through the Class Teacher, Form Tutor, Pastoral Tutor, Year Group House staff, SENCO, School Matron, Chaplain or a member of the Pastoral Team. Staff are also aware of the need for children to be offered support from other agencies where the problems are severe or where thought to be necessary. Staff aim to ensure that children and their families participate as fully as possible in decisions and that they are provided with information and support. Staff might also advise parents to seek professional advice from the child's GP. The views, wishes and feelings of the child and their parents/carers should always be considered. Referrals can also be made to Forward Thinking Birmingham via a secure online portal for children registered to a Birmingham GP. This would be done after consulting with parents and would normally be done by a senior member of staff. Childline numbers are displayed in various locations around the school.

#### **11.4**

It might be that a child has a special educational need; a wide range of mental health problems might require special provision to be made including recognised disorder such as attention deficit disorder (ADD), Attention deficit hyperactive disorder (ADHD), attachment disorder and autistic spectrum disorder (ASD). Staff are not sufficiently qualified to diagnose these disorders, but they might advise parents to seek a professional assessment of their child's needs.

#### **11.5**

Staff are alert to possible safeguarding concerns associated with a child's mental health needs. Any such concerns are referred to a Designated Safeguarding Lead. Further details about mental health in relation to safeguarding and child protection concerns are set out in the Safeguarding and Child Protection Policy.

#### **11.6**

A list of staff who have completed two-day Mental Health First Aid training is included at the end of Appendix I.

## **12. GENERAL MEDICAL PROCEDURES and ROUTINE HEALTH CHECKS**

### **12.1**

The following procedures should be followed when dealing with a child who feels unwell:

- In Prep a child can be sent to Reception or directly to the Health Centre accompanied by another child if it is felt safe to do so. The Receptionist will then contact the Health Centre.
- Contact the Health Centre by telephoning 820 from any internal phone. The call will divert to the mobile phone of the School Matron if she is not available in the Health Centre. The School Matron will then collect the child.
- The direct mobile phone numbers for the School Matron or her Assistant is **07889 809596** (8am to 5.45pm; 5pm on Fridays)
- If a child is not well after 3.30 pm (Pre-Prep), the child's parents will be contacted and the child will be supervised in Pre-Prep until his or her parents arrive. A Paediatric First Aider will monitor the child's condition and take appropriate action should the child's condition deteriorate whilst awaiting the arrival of the child's parents. If a child is not well after 5 pm in Prep, the child will be cared for by the School Matron or her Assistant in the Prep Aftercare provision and his or her parents will be contacted. If the child's health deteriorates, a First Aider will be summoned.

### **12.2 Health Centre Admissions**

The School Matron will assess children in the Health Centre and complete the medical record card, including all of the relevant details. If a child needs to go home, she will contact the parents and remain with the child until s/he is collected. She will also inform the Pre-Prep Office or the School Reception when a child has gone home, so that appropriate records can be maintained.

### **12.3 Social Problems**

In the event of a child with a social problem seeking assistance in the Health Centre the School Matron will attempt to find a solution even if it is only a temporary one. She will seek further advice if required.

### **12.4. Routine Health Checks and Vaccinations**

Routine vision checks are carried out for all Reception children by South West Birmingham Health Care Trust. The school facilitates the administration of nasal spray flu vaccinations when required.

## **13. INFECTION CONTROL**

### **13.1**

The school follows the guidance as set out in the current Public Health England publication: '[Guidance on Infection Control in Schools and Other Childcare Settings](#)' for exclusion. Children with rashes should be considered infectious

and assessed by their doctor to determine the relevant exclusion period, if any. A child must be clear of vomiting and/or diarrhoea **for 48 hours** before returning to school. This helps to stop the spread of infection to others within the school. If the child has been diagnosed as having had Cryptosporidiosis, the child should not swim for at least two weeks after the last bout of diarrhoea. Female staff might also need to be alerted to infections in case they are pregnant, in which case they might need to seek medical advice. Children do not have to remain away from school if they have conjunctivitis unless the school is advised to enforce this because of an outbreak.

### **13.2**

It is a statutory requirement that doctors report a notifiable disease to the proper officer of the Local Authority. These include German measles, measles, mumps, scarlet fever, typhoid, tuberculosis, whooping cough, diphtheria, hepatitis and meningitis. If the School has any reason to believe that any child is suffering from a notifiable disease which has not been reported, then the School Matron will seek to make such a report. The School will act on any advice given by Public Health England or any other similar body.

### **13.3**

If a child has been unwell and has been prescribed antibiotics s/he should remain at home for a minimum of 24 hours after her/his first dose of antibiotics.

### **13.4**

The school will inform ISI of any food poisoning affecting two or more children within 14 days of the incident occurring.

## **13.5 Prevention**

### **13.5.1**

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The children are actively encouraged to use liquid soap, warm water and paper towels. They are actively encouraged to wash their hands after using the toilet and before eating or handling food and after handling animals. Children are encouraged to cover their mouth and nose with a tissue when coughing and sneezing and to wash their hands after using or disposing of tissues whenever practicable. The younger children are supported in these practices by the staff.

## **13.6 Hazardous Waste**

### **13.6.1**

In the case of any spillage of bodily fluids, emergency spillage powder must be used to cover the spillage as soon as possible. Emergency spillage powder is used to disinfect the area in order to make it safe until the spillage can be cleared up. The Health Centre should then be called. It will usually be possible for the School Matron or her Assistant to come and attend to the clearing up of the spillage. In the event that it is not possible for the School Matron or her Assistant to attend to the spillage, an available member of staff should attend in accordance with the instructions below. **ALL** staff are expected to use disinfectant products to clean up Hazardous Waste.

### **13.6.2**

If the spillage is on the path, on the playground or on the grass, boiling water may be used to clean the area instead of the spillage powder. This will disinfect the area and prevent the spread of infection.

### **13.6.3**

The Health Centre is equipped with Disinfection Kits, spillage powder, antibacterial spray, a dustpan and brush, biohazard bags, aprons and gloves, which are for the sole purpose of dealing with bodily fluid spillages. Additional Disinfection Kits are also available for off-site visits and matches, and these are included in the portable First Aid packs carried by staff to these events. Any bodily fluids should be disposed of in the yellow clinical waste bins situated in the locations listed in 13.6.5 (Point 3) below.

### **13.6.4**

The contents of the Disinfectant Kits are:

- Sachet Spillage Granules
- 1 pair of disposable gloves
- 1 disposable apron
- Disposable paper
- 1 disposable cleaning cloth
- 500 ml Bioguard Spray
- 1 yellow plastic rubbish bag

### **13.6.5**

The key points in maintaining personal safety and prevention of cross infection when using a Disinfectant Kit are:

1. Good personal hygiene

Staff should wash their hands thoroughly before and after using Disinfectant Kits.

## **2. Wear protective clothing**

Gloves and aprons are provided in all Disinfectant Kits. These should be put on after hand washing and before dealing with any contaminated material.

## **3. Instructions**

To prevent the spread of infection and cross contamination the instructions on the Disinfection Kits must be followed after hand washing and wearing protective clothing:

- Spray the contents of the sachet over the spillage. This will solidify a liquid in 2 minutes. The area is then sterilized.
- Using the scoop and scraper remove the now solid spillage and place it in the biohazard bag.
- Use the response spray to disinfect the area of the spill.
- Place the used scoop, scraper and gloves in the bag and tie securely.
- Dispose of the bag and its contaminated contents in the yellow clinical waste bin in the Health Centre, in the disabled toilet area at the rear of St Martin's ground floor or in the Sports Centre Reception.

### **13.6.6**

Children's clothes contaminated with body fluids should be wrapped and sealed in a plastic bag and sent home with the child for laundering. There is a shower in the Health Centre where children can shower should this be necessary. This is equipped with non-allergenic shower gel, soap etc., and towels.

### **13.6.7**

School fabrics (cushions, blankets etc,) contaminated with body fluids should either be thrown away or washed by using the hot cycle in a washing machine.

## **14. HYGIENE**

### **14.1**

All adults working within the school ensure that normal hygiene precautions are taken to prevent and control the spread of ANY illness, whether it originates from an infestation (e.g. worms), or from a bacterial or viral source. These infections include the usual childhood illnesses, as well as Hepatitis B, Meningitis and food poisoning such as Salmonella and Listeria, or AIDS and HIV.

### **14.2**

Children attending the school will be taught the importance of basic hygiene and good habits especially with regard to washing hands before eating food and after going to the toilet, being in the garden or handling animals.

### **14.3**

**The following hygiene precautions should be carried out at all snack times and during cooking sessions:**

- Wash up thoroughly in HOT water and detergent, and rinse thoroughly using gloves routinely.
- Air-drying is best but when this is not possible, clean drying up cloths should be used and changed daily.
- Use different cleaning cloths for the toilets (RED), surfaces on which food is to be served in classrooms (YELLOW) and general cleaning including paint, paintwork, sinks, table tops, doors (BLUE). Wash and disinfect or renew these regularly. The floor mops and buckets are colour coded similarly.
- Wash hands before and after handling food.
- Wash hands after using the toilet – liquid soap is provided in all toilets.
- Fruit should be washed before eating.
- Food should be refrigerated as appropriate
- Throw away any leftovers immediately
- The tables should be cleaned ready for snack time with an appropriate antibacterial cleaner and a YELLOW cloth once the table has been cleared.
- The refrigerator should be cleaned thoroughly each week.
- The kitchen surfaces should be wiped daily and given a thorough clean each week.
- Cover cuts, whether on adults or children, with an appropriate dressing.

### **14.5**

**The following general hygiene precautions should be implemented throughout the school:**

- A large box of tissues should always be available in each class and children should be encouraged to blow and wipe their noses when necessary. Soiled tissues must be disposed of hygienically in the classroom bins and children then wash their hands.
- Children should be encouraged to shield their mouths when coughing and children then wash their hands.
- Spare laundered pants, and other clothing, are available in case of accidents – either the children's own clothes stored in their gym bags, or in the central school store of spare clothes.

- The toilets, including floors, are cleaned at the end of each day using a separate cloth/mop (RED) and appropriate cleaning agents by the cleaning staff.
- Toys and other resources are cleaned regularly.
- All rubbish bins are emptied daily and disinfected at the end of each term.
- Staff regularly update themselves with regard to good hygiene practice.
- Staff are encouraged to attend appropriate training courses.
- All 'sharps' must be disposed of in the 'Sharps' bin in the Health Centre.

## **15. HEAD LICE**

### **15.1**

If the school is informed of Head Lice by a parent, the following action should be taken:

- The School Matron will liaise with parents, ensuring that the child has been treated along with immediate family members.
- A standard letter will be distributed to all pupils in the area of school in which the infestation has been found.
- Children should be advised to return to school after the first treatment.
- Advice should be given to encourage the combing of hair with a "nit comb" for a period of **at least** 10 days.

### **15.2**

If infestation is suspected of a child while at school, the following action should be taken:

- The child should continue with the school day.
- The child's parents should be informed of the findings and advised to treat the hair and that of the immediate family. The child can return to school the following day providing the hair has been treated.
- A standard letter will be distributed to all pupils in the area of the school in which the infestation has been found.
- Advice should be given to encourage the combing of hair with a "nit comb" for a period of **at least** 10 days.

## **16. SUN SAFETY**

### **16.1**

Staff at the Blue Coat School are aware of the need for children to be kept safe in the sun. Details of the school's 'Sun Protection Policy' are set out as Appendix 21.

## **17. MONITORING AND POLICY REVIEW**

### **17.1**

This Policy should be read in conjunction with other related whole school policies including: Disability Discrimination; Equal Opportunities; EYFS; Health and Safety; Safeguarding and Child Protection; SEND; Trips, Outings and Off-site Visits. It should also be read in conjunction with the Staff Code of Conduct.

### **17.2**

This Policy will be reviewed at least annually to update the appendices, to ensure that it complies with statutory requirements and to ensure that any changes in practices are accurately reflected. It will be presented to the Governors' Safeguarding, Health and Safety Committee for approval in the Michaelmas Term each year. The minutes of this meeting will be presented to the Governors.

## **Appendix I: Qualified First Aiders**

*Qualification Expiry Dates are set out below:*

Charles Isherwood	August 2026 (Level 3 – Emergency First Aid at Work)
Helen Walker	August 2026 (Level 3 – Emergency First Aid at Work)

### **SUPPORT/ ADMIN STAFF**

Wendy Moloney (Matron)	June 2024 (3-day – First Aid at Work)
Vincent Kay	June 2025 (3-day – First Aid at Work)
Frankie Paterson	Jan 2026
Kurt Finglas	May 2026
Khalida Parvin	May 2026
Alice Reed	May 2026
Ellie Firman	May 2026

### **PRE-PREP**

Laura Sargeant	May 2026
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### **PREP STAFF**

Peter Melia	Jan 2025
Dan Protherough	Jan 2025
Sukhraaj Singh	Jan 2025
Liz Somerville	Jan 2025
Max Wood	Jan 2025
Tammy Bennett	Jan 2025
Pippa Crews	Jan 2025
Simon Gregory	Jan 2025
Nick Hill	Jan 2025
Rosie Ayub	Jan 2026
Alison Green	Jan 2026
Baden Hulbert	Jan 2026
Claire Newman	Jan 2026
Rena Patel	Jan 2026
Kelly Simmons	Jan 2026
Emma Stockton	Jan 2026
James Wood	Jan 2026
Nicki Potter	Jan 2026
Saira Barnes	Jan 2026
Natasha Buncher	Jan 2026
Jeremy Nicklin	Jan 2026
Laurie Ramsell	Jan 2026
Kiely Wilkinson	Jan 2026
Julie Wilkinson	Jan 2026
Smriti Das	Jan 2026
Emily Clifford	Jan 2026
Andrew Hutchinson	May 2026
Robbie Newman	May 2026
Jieyi Li	May 2026
Jack Matthews	May 2026
Lisa McLean	May 2026

**First Aid qualifications include paediatric RESUSCITATION**

### **National Rescue Award for Swimming Teachers and Coaches & Emergency First Aid at Work**

<b><u>Swimming and PE Teachers</u></b>	<b><u>Expires</u></b>
Dan Protherough	2.9.24
Tammy Bennett	2.9.24
Linzi Fletcher	2.9.24
Simon Gregory	2.9.24
Peter Melia	2.9.24
Elizabeth Somerville	2.9.24

### **Mental Health First Aiders**

The following completed a two-day Mental Health First Aiders course in November 2022: Sacha Benjamin-Coker

The following staff completed two-day Mental Health First Aiders courses in February and March 2020:

Lindsay James, Jules Neeson, Robbie Newman, Nicola Wingfield

## **Appendix 2: Paediatric Trained First Aiders**

### **HEALTH CENTRE STAFF**

Wendy Moloney

### **EXPIRES**

Feb 2025

### **PREP STAFF**

Charles Isherwood

Helen Walker

August 2026

August 2026

### **PRE-PREP STAFF**

Amy Phan

Joy Asghar

Michelle Smith

Anju Saxeena

Samantha Hansford

Stephanie Tiffin

Mark Darby

Vanessa Smith

Dena Meek

Laura Allen

Tracy Coyne

Siobhan McCormack

Vikki Turland

Laura Houghton

Pip Arch

Virginia Hanson

Roisin Barrowclift

Jane Blackham

Natasha Mooney

### **EXPIRES**

14.10.23

14.10.23

14.10.23

14.10.23

22.04.24

22.04.24

22.04.24

22.04.24

10.11.24

06.09.24

05.06.25

02.05.25

02.05.25

02.05.25

19.05.25

19.05.25

16.11.25

16.11.25

16.11.25

### **Appendix 3: Allergy Awareness & Adrenaline Auto-Injector Trained Staff (31.08.23)**

#### **HEALTH CENTRE STAFF**

Wendy Moloney

#### **ADMIN STAFF**

Emma Stanley  
Alison Richards  
Rachel Kearney  
Julie Wilkinson  
Ellie Firman  
Corinna Gregory  
Khalida Parvin

#### **PRE-PREP STAFF**

Julia Creaton  
Michelle Smith  
Farrah Al-Dujaili  
Tracy Coyne  
Laura Houghton  
Vanessa Smith  
Pip Arch  
Mark Darby  
Sam Hansford  
Helen Straw  
Joy Asghar  
Sukhvir Kaur  
Clare Powell  
Stephanie Tiffin  
Linzi Fletcher  
Melissa Reiner  
Roisin Barrowclift  
Katrina Glasgow  
Dean Robinson  
Rachel Vaughan  
Rebecca Grogan  
Laura Sargeant  
Helen West  
Sacha Benjamin-Coker  
Dena Meek  
Anju Saxena  
Nicola Wingfield  
Jane Blackham  
Virginia Hanson  
Natasha Mooney  
Michelle Shenton  
Stephanie Zaidane  
Tricia Ryan  
Kathryn Bourke  
Iram Yousaf  
Imogen Carter  
Siyu (Echo) Huang  
Joy Kaur  
Emily Coleing  
Faye Cooper  
Amy Phan

#### **PREP STAFF**

Noel Neeson  
Naomi Ashman  
Lindsay James

Rosie Ayub  
Judith Redfern  
Saira Barnes  
Alison Green  
Jieyi Li  
Emma Stockton  
Tammy Bennett  
Simon Gregory  
Jack Matthews  
Adele Tucker  
Elliot Brown  
Kelly Simmons  
Helen Walker  
Natasha Buncher  
Pete Melia  
Sukhraaj Singh  
Ellie Warmbury  
Rachel Whitehead  
Nick Hill  
Claire Newman  
Heidi Stacey  
James Wood  
Emily Clifford  
Baden Hulbert  
Robbie Newman  
Max Wood  
Jeremy Nicklin  
Rashda Bibi  
Michael Brookes  
Ewan Dalzell  
Victoria Fiellateau  
Ruth Hitchins  
Eden Ho-Dawson  
Andrew Hutchinson  
Shazana Ibrahim  
Rose Jones  
Bethan Lovegrove  
Stephen Martin  
Lisa McLean  
Dan Moore  
Emma Patel-Timmins  
Jennifer Price  
Dan Protherough  
Laurie Ramsell  
Liz Somerville  
Marnie Taylor  
Rebecca Turley

**Staff willing to administer emergency allergy medication (31.08.23)**

**HEALTH CENTRE STAFF**

Wendy Moloney

**ADMIN STAFF**

Emma Stanley  
Alison Richards  
Rachel Kearney  
Julie Wilkinson  
Ellie Firman  
Corinna Gregory  
Khalida Parvin

## **PRE-PREP STAFF**

Julia Creaton  
Michelle Smith  
Farrah Al-Dujaili  
Tracy Coyne  
Laura Houghton  
Vanessa Smith  
Pip Arch  
Mark Darby  
Sam Hansford  
Helen Straw  
Joy Asghar  
Sukhvir Kaur  
Clare Powell  
Stephanie Tiffin  
Linzi Fletcher  
Melissa Reiner  
Roisin Barrowclift  
Katrina Glasgow  
Dean Robinson  
Rachel Vaughan  
Rebecca Grogan  
Laura Sargeant  
Helen West  
Sacha Benjamin-Coker  
Dena Meek  
Anju Saxena  
Nicola Wingfield  
Jane Blackham  
Virginia Hanson  
Natasha Mooney  
Michelle Shenton  
Stephanie Zaidane  
Tricia Ryan  
Kathryn Bourke  
Iram Yousaf  
Imogen Carter  
Siyu (Echo) Huang  
Joy Kaur  
Emily Coleing  
Faye Cooper  
Amy Phan

## **PREP STAFF**

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Naomi Ashman  
Lindsay James  
Rosie Ayub  
Saira Barnes  
Alison Green  
Jieyi Li  
Emma Stockton  
Tammy Bennett  
Simon Gregory  
Jack Matthews  
Adele Tucker  
Elliot Brown  
Kelly Simmons  
Helen Walker  
Natasha Buncher

Pete Melia  
Ellie Warmbury  
Rachel Whitehead  
Nick Hill  
Claire Newman  
Heidi Stacey  
James Wood  
Emily Clifford  
Baden Hulbert  
Robbie Newman  
Max Wood  
Jeremy Nicklin  
Rashda Bibi  
Michael Brookes  
Ewan Dalzell  
Victoria Fiellateau  
Ruth Hitchins  
Eden Ho-Dawson  
Andrew Hutchinson  
Shazana Ibrahim  
Rose Jones  
Bethan Lovegrove  
Stephen Martin  
Lisa McLean  
Dan Moore  
Emma Patel-Timmins  
Jennifer Price  
Dan Protherough  
Laurie Ramsell  
Liz Somerville  
Marnie Taylor  
Rebecca Turley

## **Appendix 4: Asthma Awareness Trained Staff (31.08.23)**

### **HEALTH CENTRE STAFF**

Wendy Moloney

### **ADMIN STAFF**

Emma Stanley  
Alison Richards  
Rachel Kearney  
Julie Wilkinson  
Ellie Firman  
Corinna Gregory  
Khalida Parvin

### **PRE-PREP STAFF**

Julia Creaton  
Michelle Smith  
Farrah Al-Dujaili  
Tracy Coyne  
Laura Houghton  
Vanessa Smith  
Pip Arch  
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Sukhvir Kaur  
Clare Powell  
Stephanie Tiffin  
Linzi Fletcher  
Melissa Reiner  
Roisin Barrowclift  
Katrina Glasgow  
Dean Robinson  
Rachel Vaughan  
Rebecca Grogan  
Laura Sargeant  
Helen West  
Sacha Benjamin-Coker  
Dena Meek  
Anju Saxena  
Nicola Wingfield  
Jane Blackham  
Virginia Hanson  
Natasha Mooney  
Michelle Shenton  
Stephanie Zaidane  
Tricia Ryan  
Kathryn Bourke  
Iram Yousaf  
Imogen Carter  
Siyu (Echo) Huang  
Joy Kaur  
Emily Coleing  
Faye Cooper  
Amy Phan

### **PREP STAFF**

Noel Neeson  
Naomi Ashman  
Lindsay James

Rosie Ayub  
Judith Redfern  
Saira Barnes  
Alison Green  
Jieyi Li  
Emma Stockton  
Tammy Bennett  
Simon Gregory  
Jack Matthews  
Adele Tucker  
Elliot Brown  
Kelly Simmons  
Helen Walker  
Natasha Buncher  
Pete Melia  
Sukhraaj Singh  
Ellie Warmbury  
Rachel Whitehead  
Nick Hill  
Claire Newman  
Heidi Stacey  
James Wood  
Emily Clifford  
Baden Hulbert  
Robbie Newman  
Max Wood  
Jeremy Nicklin  
Rashda Bibi  
Michael Brookes  
Ewan Dalzell  
Victoria Fiellateau  
Ruth Hitchins  
Eden Ho-Dawson  
Andrew Hutchinson  
Shazana Ibrahim  
Rose Jones  
Bethan Lovegrove  
Stephen Martin  
Lisa McLean  
Dan Moore  
Emma Patel-Timmins  
Jennifer Price  
Dan Protherough  
Laurie Ramsell  
Liz Somerville  
Marnie Taylor  
Rebecca Turley

## **Appendix 5: FIRST AID RESOURCES AND FIRST AID STATIONS**

### **First Aid Cabinets**

The First Aid Cabinets marked with an asterisk must contain: a guidance sheet, 20 individually wrapped sterile adhesive dressing (assorted sizes), six medium sized individually wrapped sterile, unmedicated wound dressings, two large individually wrapped sterile unmedicated wound dressings, two sterile eye pads, four individually wrapped triangular bandages, moist wipes, six safety pins, three pairs of disposable gloves, a disposable apron, an ice pack and a face shield. All other First Aid cabinets contain the above items but the quantities of some items are reduced as there are other supplies near at hand.

### **First Aid Kits for Trips, Outings and Off-site Visits**

The First Aid kit must contain: six individually wrapped sterile adhesive dressing (assorted sizes), a medium wound dressing, one large individually wrapped sterile, unmedicated wound dressing, a sterile eye pad, two triangular bandages, individually wrapped moist cleansing wipes, two safety pins, two pairs of disposable gloves, a disposable apron, an ice pack and a face shield. A disposable bio-hazard kit and a vomit bag should also be included.

On residential trips the First Aid kit must also contain: a thermometer, an assortment of wound dressings, finger bandages, tubular bandages, steristrips, scissors, normal saline eye wash pads and eye bath, tissues, sanitary wear, gauze swabs, tape, Paracetamol, a space blanket, Medication Forms and the Trip Accident Book.

### **First Aid Kits in the Minibuses**

Following the Road Vehicles (Construction and Use) Regulations 1986 (for minibuses) advice, each school minibus contains a clearly marked first aid box containing: 10 antiseptic wipes, foil packed; 1 conforming disposable bandage (not less than 7.5 cm wide); 2 triangular bandages; 24 assorted dressings; 3 large sterile unmedicated ambulance dressing (not less than 15 cm by 20 cm); two sterile eye pads with attachments; 12 assorted safety pins; one pair of rustless blunt-ended scissors.

The School Matron is responsible for ensuring that all First Aid Stations and First Aid Kits are adequately stocked and that supplies are replenished as necessary. Staff can also request replacement supplied from the School Matron.

### **First Aid Cabinets**

#### **THE ANNEXE**

Nursery K (Toilets)	First Aid cabinet
Nursery R (Toilets)	First Aid cabinet

#### **PRE-PREP**

All Saints downstairs corridor	First Aid cabinet *
All Saints upstairs corridor	First Aid cabinet
St Martin's downstairs main toilets	First Aid cabinet *
St Martin's downstairs Nursery shower room	First Aid cabinet
St Martin's kitchen	Portable First Aid box
St Martin's upstairs corridor	First Aid station

#### **TRINITY BUILDING (YEAR 6 Hub)**

Downstairs kitchen	First Aid cabinet
--------------------	-------------------

#### **MAIN PREP BUILDING**

The Labs	Portable First Aid bag
	Eye wash station
Art/DT Room	First Aid cabinet *
	Portable First Aid Box
	Eyewash station
Saville Music Room	Portable First Aid box
Staff Room	First Aid cabinet *
	Portable First Aid box
School Hall	Portable First Aid box

#### **KITCHEN**

Dining Hall	First Aid cabinet by door
	First Aid cabinet by fire exit
Kitchen	First Aid cabinet *

## **SPORTS CENTRE**

Reception & Pool side  
PE Office  
Entrance level and Spin Room level by lifts  
Swimming Pool Office

First Aid station \*  
Portable green bag & Blue Carry sports bag  
First Aid cabinets\*  
Portable First Aid box

## **YEAR GROUP HOUSES**

### **YEAR 3**

Kitchen

First Aid cabinet and Portable First Aid box

### **YEAR 4**

Kitchen

First Aid cabinet \*

### **YEAR 5**

Kitchen

First Aid cabinet and Portable First Aid box

### **YEAR 6**

Kitchen

First Aid cabinet \*

## **MAINTENANCE**

Workshop

First Aid cabinet \*  
Portable First Aid box (carried on tractor)  
Eye wash station

## **Appendix 6**

### **Pre-Prep Accident / Incident Report Book (Sample Page)**

Name of the injured or ill			
Date:	Time:	Place of incident:	
Details of the injury / illness:			
Witness to incident:			
First aid treatment given:			
Parents Next of kin informed: Yes / No		If yes -	Telephone call: Yes / No Letter: Yes / No
What happened to the person immediately afterwards:			
Resumed normal activities: <input type="checkbox"/>		Under observation (where): <input type="checkbox"/>	Went home: <input type="checkbox"/> A & E : <input type="checkbox"/>
Printed name of person dealing with the incident:			
Signature:			

Name of the injured or ill			
Date:	Time:	Place of incident:	
Details of the injury / illness:			
Witness to incident:			
First aid treatment given:			
Parents Next of kin informed: Yes / No		If yes -	Telephone call: Yes / No Letter: Yes / No
What happened to the person immediately afterwards:			
Resumed normal activities: <input type="checkbox"/>		Under observation (where): <input type="checkbox"/>	Went home: <input type="checkbox"/> A & E : <input type="checkbox"/>
Printed name of person dealing with the incident:			
Signature:			

## **Appendix 7**

### **Reporting accidents and incidents at work: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 – reported by the Bursar to HSE**

By law any of the following accidents or injuries requires notification to be sent to the Health and Safety Executive:

Specified Injuries (Regulation 4) from RIDDOR 2013

1. Any fracture, other than to the fingers, thumbs or toes.
2. An amputation of an arm, hand, finger, thumb, leg, foot or toe.
3. Permanent loss of sight or reduction of sight.
4. Crush injuries leading to internal organ damage or damage to the brain.
5. Serious burns, including scaldings (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs).
6. Scalpings (separation of the skin from the head) which require hospital treatment.
7. Unconsciousness caused by head injury or asphyxia.
8. Any other injury resulting from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

Injuries arising from the normal participation in activities (e.g. a heavy tackle in football) are not reportable. Only those injuries arising out of, or in connection with, a work activity such as those due to defective equipment, the condition of the premises, inadequate supervision or a failing in the organisation or management of an event are reportable.

Major injuries must be reported where an employee or self-employed person is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).

Accidents causing injury requiring hospital treatment to pupils, members of the public or other people not at work will be reported as will specified dangerous occurrence, where something happened which did not result in an injury but could have done.

The death of a pupil, employee or member of the public whilst engaged on school business must also be reported.

Reportable occupational diseases are set out in RIDDOR (2013) Regulations 8 and 9. Dangerous occurrences are certain, specified near-miss events. These are detailed at [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor). **Reports must be received within 10 days of the incident.**

The Health and Safety Executive can be contacted in the following ways:

- By telephoning the Incident Contact Centre **0345 300 99 23** (Monday to Friday 8.30am to 5.00pm) (Fatal and major injuries only.)
- Online via the Health and Safety Executive website: <http://www.hse.gov.uk/riddor/report.htm> online and completing the appropriate form.

## **Appendix 8**

### **Pupil Accident Book (Sample Page)**

<div></div>	Book No.	<div></div>	Page No.	<div>/ /</div>	Date Completed	<div></div>	Person completed sheet handed to
-------------	-------------	-------------	-------------	----------------	-------------------	-------------	-------------------------------------

A SEPARATE RECORD SHOULD BE FILED FOR EACH PERSON INVOLVED. It should then be removed and handed to the person or Department noted on the front cover of the book for safe keeping.

### **Pupil Injured**

**Name**.....

**Year** ..... **Form** .....

### **Person Reporting Incident**

**Teacher** ☐ **Pupil** ☐ **Other** ☐

**Name** .....

**Dept/Form** .....

### **Incident Details**

**Date** ..... **Time** .....

**Place** .....

### **Description of Incident**

.....  
.....

**Pupil treated by** .....

**Position** .....

**Action taken** .....

.....

**Parents informed?** Yes ☐ No ☐

**Signed** ..... **Date** .....

**Initial box if incident is reportable under RIDDOR**

**Tick if risk assessment required** ☐

## Appendix 9

### Accident Book (Adults) (Sample Page)

	Book No.		Page No	/ /	Date Completed		Person completed sheet handed to
--	-------------	--	------------	-----	-------------------	--	-------------------------------------

A SEPARATE RECORD SHOULD BE FILED FOR EACH PERSON INVOLVED. It should then be removed and handed to the person or Department noted on the front cover of the book for safe keeping.

#### ACCIDENT REPORT FORM

##### 1. Details of person involved in accident. (For assistance see note 1 on page 3)

Name: .....

Address: .....  
.....

Postcode: .....

Occupation: .....

Department .....

##### 2. Details about person filing this report. (For assistance see note 2 on page 3)

If you did not have the accident but are filing the report, place your details below

Name: .....

Address: .....  
.....

Postcode: .....

Occupation: .....

Department .....

##### 3. Description of Incident (Use the back of this form if more room required.) (For assistance see note 3 on page 3)

A) Give time and date when accident occurred Date / / Time .....

B) Give place of accident (Room / Dept / Area) .....

C) Give details of how the accident occurred with cause if known: .....

D) Give details of any injury suffered by person involved: .....

E) Sign and date this record before handing to nominated record keeper whose name is at the front of book. Please also write the date and the name of the person you handed this record to in the 2 boxes at the top of the sheet. You may take a copy of this record for your own records.

Signed..... Date / /

**4. To be completed by employer only.** (For assistance see note 4 on page 3)

Only complete this section if you need to report under RIDDOR. After satisfying yourself about the facts, you should decide whether a further risk assessment is necessary and whether the accident should be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) (See note 4 on page 3) How was the report notified to HSE?

Date notified:        /        /        Name (Capitals) ..... Signature .....

**Appendix 10**

**Accident in School Letter**

**ACCIDENT IN SCHOOL**

**NAME .....**

**DATE ..... TIME .....**

**ACCIDENT**

.....  
.....

**This was dealt with in school, but we feel that you should be made aware of the situation.**

**Signed .....**

## **Appendix I I**

### **Head Injury Advice Form**

# **Bumped Head**

**Child's Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

Your child bumped his/her head at school on

\_\_\_\_\_ at \_\_\_\_\_

This was treated at school and your child has been monitored. You should continue to monitor your child closely for headaches, nausea, vomiting, pale, clammy skin, flushed, dry skin, confusion or excessive sleepiness especially for 6 hours after the bump. If your child displays any of these symptoms over the next few days they should be taken to hospital.

Signed: \_\_\_\_\_

Parents' Signature \_\_\_\_\_

Date: \_\_\_\_\_

*School Copy*

## **Appendix 12**

### **Health Centre Treatment Slip**

**NAME .....**

**TIME .....**

**ATTENDED THE HEALTH CENTRE TODAY**

**DUE TO**

.....

.....

**Signed .....**

## **Appendix 13**

### **Guidelines for Managing a Medical Emergency within the School Environment**

#### **GUIDELINES FOR MANAGING A MEDICAL EMERGENCY WITHIN THE SCHOOL ENVIRONMENT**

#### **STAY CALM AND IN CONTROL**

##### **1. STAY WITH THE CHILD & SUMMON FURTHER ADULT HELP**

(i.e. another child to fetch a member of staff from the next class)

##### **2. REASSURE AND COMFORT CHILD AT ALL TIMES**

(Whilst adult help is coming administer First Aid as necessary – note time emergency occurred.)

##### **3. ENSURE 999 CALL IS MADE (if necessary). DO NOT DELAY THIS**

Once you have dialled 999 the operator will ask for the phone number you are calling from and which Emergency Service you require.

Once your call is answered by the emergency operations centre, you will be asked a series of questions. This is to establish the seriousness of the incident. If the child's condition is life threatening an ambulance will be dispatched immediately. If this is not the case, it may be that an ambulance is not always sent but clinical advice will be given.

- Stay on the line you may be given instructions to help the child.
- Give all the information that is asked of you.

#### **AMBULANCE CONTROL WILL NEED TO KNOW:**

- The school's telephone number.
- The school's name, address and **ambulance access entry nearest to the casualty.**
- The exact location of the casualty within the school.

Inform the staff member who is with the casualty that an ambulance has been called.

Continue to administer First Aid whilst awaiting the arrival of the ambulance crew.

An adult needs to be at the access entry to meet the ambulance and to take the ambulance crew to where the casualty is within the school.

Ensure a copy of the child's personal contact details are made available for the attending ambulance crew.

##### **4. Arrange for other children to be removed to a safe location away from the incident if at all possible.**

##### **5. A further adult to notify parents.**

##### **6. After the emergency has resolved the staff involved should complete an accident/incident form as soon as possible whilst events are still fresh in the mind.**

##### **7. Review the emergency and the procedures followed with the staff involved, the School Matron and the School Health and Safety Officer and amend practices as necessary.**

##### **8. Ensure that any other agencies are informed as required.**

Other important factors to remember are the care of the pupils who have witnessed the emergency situation. Afterwards time will be needed to simply explain the situation and to ease their anxieties about their class mate. Remembering any information relating to a child's medical condition cannot be shared without prior permission from the child and the child's parents/carers/guardians.

Medical Emergencies can occur **Anytime, Anywhere, to Anyone.**

**EMERGENCY AID**

**DIAL 999 AND REQUEST AN AMBULANCE**

**TO: THE BLUE COAT SCHOOL**

**BE READY WITH THE FOLLOWING INFORMATION:**

**1) YOUR TELEPHONE NUMBER 0121 410 68 \_ \_**

**2) GIVE OUR EXACT LOCATION AS FOLLOWS:**

**SOMERSET ROAD, EDGBASTON, BIRMINGHAM. B17 0HR  
A TO Z REF: Page 88 ID**

**3) GIVE A BRIEF DESCRIPTION OF THE MEDICAL EMERGENCY**

For example                      A child having an anaphylactic reaction  
   A child having an acute asthma reaction  
   A child fallen in the playground with an injured leg

**4) GIVE EXACT LOCATION OF THE CASUALTY IN SCHOOL**

**5) GIVE YOUR NAME**

**6) INFORM AMBULANCE CONTROL TO ENTER SITE  
THROUGH THE MAIN GATE OPPOSITE THE GREEN MAN  
PUB CAR PARK**

**7) DIRECT A MEMBER OF STAFF TO MEET THE AMBULANCE  
CREW AND TAKE THEM TO THE CASUALTY**

**SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT  
INFORMATION IF ASKED**

**NOTE: THE CALLER MAY BE REQUIRED TO STAY ON THE  
PHONE TO RECEIVE ADVICE FROM AMBULANCE CONTROL**

**During School Hours you should also alert:**

- **School Matron (if you have not already done so): 820 (07889 809596)**
- **Reception: 800**
- **Bursar: 803 (07594 088396)**

## **Appendix 15**

### **SCHOOL MEDICATION CONSENT FORM**

**Child's Name** .....

**Child's Date of Birth** .....

**Class/Tutor Group** .....

**Name and strength of Medication** .....

**How much to give (i.e. dose to be given)** .....

**When to be given** .....

**Start date of medication course from GP** .....

**Completion date for medication** .....

**Reason for medication** .....

.....

**Any other instructions** .....

**Number of tablets/quantity given to school** .....

(NB MEDICATION MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST)

**Telephone no. of parent/carer** .....

**Name of G.P.** .....

**G.P.'s telephone Number** .....

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.**

**Parent/Carer's signature** .....**Date:** .....

**Print Name** .....

**If more than one medication is to be given a separate form should be completed for each.**

# **SCHOOL RECORD OF MEDICATION**

Name of pupil.....

DoB..... Class.....Date: .....

Name and strength of medication:

.....

Final date of course of medication .....

Dose and frequency of medication.....

Date				
Quantity received				
Quantity returned				
Staff signature				
Print name				

Date									
Time Given									
Dose Given									
Staff signature									
Print name									

When receiving medication, please record the number of days for the course (usually 5, 7 or 10 and strike out any remaining days when the medication will not be needed.

## **Appendix 16**

### **Medication Form – School Copy**

Child's name:	
Form:	Date:
Medication:	
Quantity administered	
Time administered	
Person administering medication	
Print name:	Sign:

### **Medication Form – Parent's Copy**

Child's name:	
Form:	Date:
Medication:	
Quantity administered	
Time administered	
Person administering medication	
Print name:	Sign:

## **Appendix 17: Procedures for the Management of Allergies**

### **1. NEW DIAGNOSES OR ADMISSIONS**

#### **1.1**

If a child has been diagnosed with an allergy, it is the responsibility of the parents to inform the school on the Health Record Form if the diagnosis was prior to the child starting at The Blue Coat School, or directly to the School Matron, the child's Class Teacher or Form Tutor if the diagnosis is received whilst the child is at the school. The School Matron, Class Teacher or Form Tutor will then meet with the parents to discuss the management of the allergy at school.

#### **1.2**

**Children may not attend school without their prescribed emergency medication, including Epipens/ Jexts (or equivalents). This medication must not have passed its expiry date.** It is the Parents/Carers/Guardians responsibility to provide the school with the appropriately prescribed medication for their child.

#### **1.3**

In Prep, the children's Epipens/Jexts (or their equivalents) are stored in the clearly labelled health cupboard in the Health Centre and also in the Prep Staff Room in a designated, clearly labelled cupboard. In Pre-Prep the children's Epipens/Jexts (or their equivalents) are stored in a clearly labelled cupboard in the Pre-Prep kitchen opposite the Pre-Prep Office in St Martin's. Also, for children with any Epipens or Jext who are based in the Annexe, these are stored in the relevant classroom in a cupboard out of reach from the children. This cupboard is clearly labelled.

#### **1.4**

Spare Epipens/Jexts (or their equivalents) are accessible at all times and are stored in the Health Centre

### **2. ALERT CARDS**

#### **2.1**

A summary card with photos of children who might require emergency medication is kept in the Health Centre, the kitchen area of the Dining Hall, the Nursery Dining Hall, the Hub kitchen, Prep and Pre-Prep staff room, Hubs, the Sports Centre Office, the Pre-Prep Gym and The Annexe. This is to alert any members of staff who have contact with the pupil. Allergy Plan cards are kept with the child's medication.

### **3. TRIGGERS**

#### **3.1**

Allergic reactions usually occur within minutes of exposure to the trigger. Triggers can include insect stings; latex; medication such as penicillin; and foods such as peanuts, tree nuts, dairy products (eggs or milk), fish, fruits such as kiwi, or sesame seeds. The symptoms usually occur within minutes of contact with the trigger.

### **4. MILD REACTIONS**

#### **4.1**

A mild allergic reaction could present with any of these symptoms:

- Itchy skin
- Nettle rash, flushing, hives, wheals
- Tickly throat
- Swelling (e.g. of face, lips or eyelids)
- Abdominal pain, nausea or vomiting.

### **5. SEVERE REACTIONS - ANAPHYLACTIC SHOCK**

#### **5.1**

If a child has an allergy it is possible that he/she may at one time suffer from an anaphylactic reaction. In the most severe cases the child may only need to be in the same room as the product they are allergic to, e.g. nuts, eggs, milk.

#### **5.2**

A severe allergic reaction could present with any of these symptoms:

- Swelling inside the mouth especially the tongue
- Swelling of the throat (hoarse voice, feeling of throat closing, feeling of choking)
- Swelling of the airways (difficulty in breathing, wheezing, tight chest, bark like cough)
- Drop in blood pressure (feeling faint, floppiness, loss of consciousness, collapse)
- Itchy, prickly, red blotchy rash (like a nettle rash)

## **6. TREATING AN ALLERGIC REACTION**

### **6.1**

**Under no circumstances should the child be moved or asked to walk during an allergic reaction.**  
**ALWAYS** take the medication to the child.

### **6.2**

Under no circumstances should a child be left alone. Another adult must be sent for to assist.

### **6.3**

For a **minor** allergic reaction the child should be asked to sit down and the prescribed dose of antihistamine should be administered. The parents/carers/guardians should then be contacted and the School Matron should be informed.

### **6.4**

If the child's symptoms become worse **OR** if the symptoms are severe straight away then:

- Someone should be sent to dial (9) 999 to request a paramedic ambulance. He or she should also ensure that the Office staff are informed and the School Matron.
- The child should be put in the most appropriate position – sitting upright if fully conscious, lying on the back with legs raised if feeling faint or floppy, or in the recovery position if the child is unconscious. The child should be monitored closely and should be placed in the recovery position if he or she shows signs of feeling sick or vomiting.
- The Epipen/Jext (or equivalent) should be administered in the outer part of the thigh, midway between the hip and the knee following the instructions on the packaging. The area should be rubbed after administration. The Epipen/Jext (or equivalent) should be placed in the container immediately after use and this should be handed to the paramedics on arrival. The time of administration should be noted and reported to the paramedics.
- If the child has been lying down, do not allow him or her to sit up until the paramedic ambulance arrives.
- Once the situation is under control the child's parents should be contacted.
- Details of the incident should be fully recorded using the relevant document.

### **6.5**

If, after 5-10 minutes, the symptoms have not begun to subside and help has not arrived, a second Epipen/Jext (or equivalent) may be administered.

## **7. MANAGEMENT ISSUES**

### **7.1**

Avoidance is the key to good management. If a child avoids contact with their trigger then an allergic reaction will be avoided.

### **7.2**

Parents/carers should remind their child on a regular basis, of the need to refuse any items of food offered to them by other children.

### **7.3**

Staff should take all reasonable steps to ensure the child does not eat any items of food unless they have been approved by parents/carers. Particular vigilance must be paid for lessons involving tasting, preparation, cooking or experimentation with food and ingredients.

### **7.4**

Staff must ensure that the required emergency medication is taken on all trips, outings and off-site visits (including fixtures, musical events, etc) for all of the children for whom they are responsible as set out in Section 5 of this Policy.

## **8. TRAINING**

### **8.1**

Staff at the Blue Coat School receive allergy awareness training from a specialist nurse together with the School Matron. This training is updated on an annual basis and a record is kept of those staff who have been trained. Any new staff should book an appointment with the School Matron for training. A list of staff trained in allergy awareness is attached at Appendix 3 together with a list of those staff who are willing to administer an adrenaline auto-injector such as an Epipen, Jext (or their equivalents) A list of qualified First Aiders is displayed at all the First Aid points in Pre-Prep and also in Pre-Prep Gym and by the First Aid cabinets in The Annexe. This list includes those who have been trained in administering Epipens and Jexts (or their equivalents) and are willing to administer them in an emergency. The School

Matron is available to any member of staff who feels they would like to refresh their knowledge, or to any parent who would like to discuss their child's medical needs.

## **Appendix 18: Procedures for the Management of Asthma**

### **1. PRINCIPLES**

#### **1.1**

At The Blue Coat School we recognise that asthma is the most common long-term condition affecting children and young people in the UK. However, with the right healthcare, management and support from schools, children can lead full and active lives.

### **2. WHAT IS ASTHMA?**

#### **2.1**

Asthma is a condition that affects the airways of the respiratory system. It is caused by variable or intermittent narrowing of these airways. Children with asthma have hypersensitivity of these airways. Symptoms of asthma include cough, breathlessness, chest tightness and wheeze or a combination of these.

### **3. NEW DIAGNOSES OR ADMISSIONS**

#### **3.1**

If a child has been diagnosed with asthma, it is the responsibility of the parents to inform the school on the Health Record Form if the diagnosis was prior to the child starting at The Blue Coat School or directly to the School Matron, Class Teacher or Form Tutor if the diagnosis is received whilst the child is at the school. The School Matron, Class Teacher or Form Tutor will then meet with the parents to discuss the management of the asthma at school. Pupils with asthma are encouraged to participate in PE and swimming lessons. Some children may need to use their reliever inhaler before exercising.

#### **3.2**

**Parents must ensure that a spare asthma reliever inhaler and spacer is provided for their child. This will be kept in the Health Centre.**

### **4. TREATMENT OF ASTHMA**

#### **4.1**

PREVENTION – is managed with Cortico-Steroids. These are usually Brown, Orange, Cream, Purple or Red inhalers, usually given twice a day. This treatment can be managed at home. They make the airways less sensitive and less likely to react to trigger factors thereby reducing the number and frequency of the attacks suffered.

#### **4.2**

RELIEVERS – are Bronchodilators. This is the Blue inhaler which must be given at any time that a child experiences any asthmatic symptoms. Any child who has asthma should have immediate access to a blue inhaler at all times. The Blue inhaler should work almost immediately and they are normally effective for up to four hours. However, if a child needs to use their reliever inhaler more often, they should be allowed to do so but always inform the parents/carers immediately as the child will need a medical review that day. Reliever inhalers work on the tightness or spasm in the airways that occurs during an asthma attack. Reliever inhalers should be used whenever the child is experiencing asthma problems. They can also be used prior to exercise and must be available during exercise if needed.

### **5. MANAGING AN ASTHMA ATTACK**

#### **5.1**

During an asthma attack the three typical symptoms are breathlessness, wheezy breathing and coughing. Some children may also complain of a tight chest. A **mild** attack may involve an increase in coughing and a slight wheeze but the child has no difficulty in speaking and is not distressed. During a **severe** attack the child may be anxious and in distress, gasping or struggling for breath. They may be unable to complete a sentence. They may be pale and sweaty and may have blue lips. Sometimes a child's asthma can deteriorate to a point where the child is no longer obviously wheezy and distressed but the child has become unusually quiet and appears extremely unwell. When managing an asthma attack:

- Stay calm, give reassurance, and allow the child to sit upright or lean forward, not lie down.
- Encourage him/her to try to breathe slowly and steadily.
- Ensure any tight clothing is loosened.
- Help the child to take his/her Reliever (blue) inhaler)
- Stay with the child until the attack has resolved.

Usually 2 – 4 puffs (ideally given individually through the spacer device, if available) are enough to bring the symptoms of a mild attack under control. However, do not be afraid to give more if needed – Reliever medication is very safe.

If the symptoms are improved but the child is not completely better, repeat the dose. Document what you have done for the child and inform their parents.

Ensure that the parents/carers are informed immediately if the child requires repeat reliever medication within four hours.

## **6. WHEN TO CALL FOR AN AMBULANCE**

- If there is no significant improvement in 5 – 10 minutes after the child has used the reliever inhaler.
- If the person is distressed and gasping or struggling for breath.
- If the person has difficulty in speaking more than a few words at a time.
- If the person is pale, sweaty and may be blue around the lips.
- If the person is showing signs of fatigue or exhaustion.
- If the person is exhibiting a reduced level of consciousness.
- If there is any concern about the person's condition at any time.

**Whilst the ambulance is on its way continue to administer the reliever as needed until the symptoms resolve. Alternatively, if the child has a spacer device and reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff). If the child's condition is not improving and the ambulance has not arrived this may be repeated. Contact parents/carers/guardians, once the emergency situation is under control and the ambulance has been called.**

## **7. STORAGE OF INHALERS IN SCHOOL**

### **7.1**

Pre-Prep inhalers are kept in a labelled cupboard in the Pre-Prep kitchen opposite the Pre-Prep Office in St Martin's. A spare inhaler is kept in the School Health Centre. If the child uses his/her reliever together with a spacer device, e.g. volumatic, at home, that spacer device should also be available in school.

### **7.2**

Prep children must carry their inhalers on their person at all times. Children are made aware of the importance of keeping their medication safe and away from other children. If the child uses their reliever together with a spacer device, e.g. volumatic, at home, that spacer device must also be available in school. All inhaler devices must be clearly labelled with the child's name and date of birth.

### **7.3**

An emergency salbutamol inhaler is also available in the Health Centre. This is for use by any child **provided that parental consent has been given**. This will only be administered under the direct supervision of the School Matron or her Assistant. Its use will be recorded and parents will be informed. Asthma boxes are taken on 'Off-site visits'. Asthma boxes are available in the Sports Centre.

### **7.4**

Parents will be informed if the reliever has been used during the school day.

### **7.5**

The School Matron may be asked to check a child's inhaler technique if staff have any concerns about their ability to self-administer.

### **7.6**

If pupils leave the premises for any activity, outing, trip or off-site visit their reliever inhaler must go with them. This will be the joint responsibility of staff and parents.

### **7.7**

All inhalers must be sent home at the end of each academic year. It is the parent's responsibility to ensure a new and in-date inhaler containing sufficient medication comes into school on the first day of the next academic year.

### **7.8**

Inhalers left in the Health Centre are checked at the end of every term to ensure that they have not expired. The School Matron will inform parents of the need to replace out of date inhalers.

## **8. TRAINING**

### **8.1**

All staff are encouraged to access asthma awareness training, which should be updated regularly. The School Matron is also available for any advice or support.

## **Appendix 19: Procedure for the Management of Diabetes**

### **1. PRINCIPLES**

#### **1.1**

At The Blue Coat School we welcome children with Diabetes and encourage them to fulfil their potential in all aspects of school life. Our procedures ensure that children receive individualised care, which will enable them and their family to manage their condition successfully whilst incorporating school life. Members of staff receive training and guidance in the management of diabetes, as well as in the administration of emergency medicines.

#### **1.2**

These procedures have been developed using the Department of Health guidelines, *Supporting Pupils at School with Medical Conditions* (December 2015).

### **2. WHAT IS DIABETES?**

#### **2.1**

Diabetes is a condition where the level of glucose in the blood rises. This is due either to lack of insulin (Type 1 diabetes) or to the insulin not working properly (Type 2 diabetes). About one in 550 school-age children have diabetes.

### **3. NEW DIAGNOSES OR ADMISSIONS**

#### **3.1**

If a child has been diagnosed with diabetes, it is the responsibility of the parents to inform the school on the Health Record Form if the diagnosis was prior to the child starting at The Blue Coat School, or directly to the School Matron, the child's Class Teacher or Form Tutor if the diagnosis is received whilst the child is at the school. The Class Teacher or Form Tutor will then meet with the parents to discuss the management of the diabetes at school. The School Matron may also attend the meeting to discuss any concerns regarding managing diabetes as well as managing an emergency.

#### **3.2**

The School Matron will liaise with other health professionals involved with the pupil's care.

#### **3.3**

**Children may not attend school without their prescribed emergency medication, including Glucogel. This must not have passed its expiry date.**

### **4. SCHOOL MANAGEMENT OF A CHILD WITH DIABETES**

#### **4.1 Record Keeping**

##### **4.1.1**

Anyone with diabetes should have an individualised care plan which has been guided by the diabetes specialist nurse from the diabetes centre that provides care for that person.

##### **4.1.2**

Staff should be notified of any changes to the pupil's condition. Any medical events will be written in the pupil's medical file.

#### **4.2 Alert Cards**

##### **4.2.1**

With permission of the parents green alert cards showing the child's photo will be placed in a file in the Health Centre, in Pre-Prep classrooms. A summary card with photos of children who might require emergency medication is on display in the Health Centre, the Dining Hall, appropriate staff rooms, Hubs and the Aftercare Rooms. This is to alert any members of staff who have contact with the pupil. An example of an diabetes alert card is at the end of this Appendix.

### **5. MILD REACTIONS**

#### **5.1 Medicines and Control**

### **5.1.1**

Parents should provide the school with a box of emergency supplies. This should be clearly marked with the child's name and photo. It is the parent's responsibility to check the contents of this box, which should be done at least once each term.

### **5.1.2**

The box should include:

Glucose tablets  
Few mini bars  
Small bottle of lucozade  
Packet of plain biscuits  
Glucogel (formerly known as Hypostop)

The box should also contain guidelines for use and emergency contact numbers.

## **5.2 Insulin**

Younger children may require insulin twice a day. This can be administered out of school hours. If a dose is required during school hours the School Matron will administer this. Alternatively, any staff willing to administer insulin will have had adequate training. The school Health Centre is available for privacy. Alternatively, children may be taking their insulin through an insulin pump rather than through standard insulin injections. If so, then note that the pump runs continuously in order to provide the insulin they need. If the pump were to be taken off or come off accidentally, then replacement insulin will be required to be injected with a pen. An individualised plan should be made for each child and guided by the hospital diabetes centre that provides care for that child.

## **5.3 Blood glucose monitoring**

### **5.3.1**

Children with diabetes must monitor their blood glucose levels. This can usually be done at home using a small monitor and taking a very small sample of blood. Occasionally this may have to be done in school. If this is the case, any staff who agree to carry out blood glucose testing or insulin injections will be trained by an appropriate health professional. Some children will be wearing a continuous glucose sensor which is continuously measuring glucose levels. This should provide a reliable reading of the blood glucose but should be checked with the finger prick monitor if there is any doubt of the accuracy.

Some sensors now have the ability to control the insulin infusion rate such that the child's diabetes is controlled with a semi 'artificial pancreas'. This technology should be discussed with the diabetes specialist nurse that usually cares for the child but the over-riding principles of managing diabetes remain the same.

## **5.4 Diet**

### **5.4.1**

A child with diabetes will be allowed to eat regularly during the day. This may include snacks during class time or prior to exercise.

### **5.4.2**

Children may have school meals. The School Matron will liaise with the School Catering Manager to ensure that the child's dietary needs are monitored and met. However, it is important that the child is supervised during lunch times to ensure that the food provided is eaten.

## **5.5 School Trips**

### **5.5.1**

School trips will be discussed in advance with the parents, teacher and the Diabetes Specialist Nurse involved with the care of the pupil. This is to prevent any problems occurring.

### **5.5.2**

Arrangements for ensuring that the required emergency medication is taken on all trips, outings and off-site visits (including fixtures, musical events, etc) will be discussed prior to the event with parents to ensure that appropriate provision has been made. The information to be discussed will include:

- Duration of trip
- Journey plans

- Timing of activities
- Timing of meals
- Provisions available
- Administration of medication

A plan will be put in place prior to the trip to ensure the child's safety.

Older children will be encouraged to carry glucose tablets. Staff will carry appropriate supplies for younger children.

## **6. MANAGEMENT OF A HYPOGLYCAEMIC ATTACK (Hypo)**

### **6.1**

Hypoglycaemia is the most common problem likely to be experienced in school. Symptoms include:

Sweating	Pallor	Trembling	Anxiety
Weakness	Headache	Confusion	Sleepiness
Slurred speech	Blurred Vision	Personality change	Hunger
Pins and needles	Nausea	Vomiting	

The problem must be treated immediately with glucose. This may be given as any of the following:

Dextrose tablets (appropriate number to manage the Hypo)

50mls Lucozade

2 teaspoons of sugar in a drink

### **6.2**

The procedure will be repeated after 3-4 minutes if the child is no better. If there are still no signs of improvement, the procedure will continue to be repeated.

### **6.3**

When the child begins to recover, additional carbohydrate will be given in the form of a biscuit, sandwich, crisps or fruit.

### **6.4**

If the child is unco-operative Glucogel will be rubbed on their gums as instructed by the School Matron/parents. Once the child is able to co-operate the above procedure will be followed.

### **6.5**

Once the child has recovered the parents will be informed. A child should never be left alone during a hypo.

### **6.6**

An ambulance will be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious.

### **6.7**

The procedures for Managing a Medical Emergency are outlined in the First Aid and Health Policy.

**If ever in doubt, treat as a hypo.**

## **7. MANAGEMENT OF A HYPERGLYCAEMIA (High Blood Glucose Level)**

### **7.1**

If a child is monitoring their blood glucose levels at home, high levels should be identified and information should be passed on to the School Matron.

### **7.2**

Symptoms of high blood glucose are those which precede diagnosis. These are thirst, passing urine frequently, and lethargy.

### **7.3**

If a child suffers from nausea, vomiting, laboured breathing, or is giving off a smell of pear drops or acetone, this may be a sign of ketosis and dehydration.

### **7.4**

IMMEDIATE medical advice must be sought. Parents will be contacted and informed of any medical problems concerning their child.

## **8. MANAGEMENT OF GENERAL ILLNESS**

### **8.1**

If a child with Diabetes is vomiting or is unable to eat his/her meals due to nausea, his/her parents must be informed immediately.

### **8.2**

While waiting for his/her parents to arrive the child will be cared for in the school Health Centre and will be encouraged to sip small amounts of Lucozade to prevent low blood glucose.

This pupil has diabetes:

Attach child's photograph here

**Name:**\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Form:** \_\_\_\_\_

**Daily management:**

**Emergency treatment:**

**Emergency contact numbers:**

IF THIS CARD IS TO BE USED ANYWHERE ELSE OTHER THAN IN THE CLASS REGISTER, PARENTAL  
CONSENT MUST BE OBTAINED

## **Appendix 20: Procedure for the Management of Epilepsy**

### **1. PRINCIPLES**

#### **1.1**

At The Blue Coat School we recognise that epilepsy is a condition which affects both adults and children. At this school we welcome children with this condition. The school supports children with epilepsy and encourages them to fulfil their potential in all aspects of school life. Members of staff receive training about epilepsy and the administration of emergency medicines.

#### **1.2**

These procedures have been developed using information provided by Epilepsy Action, the DfE, the Local Education Authority, the school health service, parents and pupils.

### **2. NEW DIAGNOSES OR ADMISSIONS**

#### **2.1**

If a child has been diagnosed with epilepsy, it is the responsibility of the parents to inform the school on the Health Record Form if the diagnosis was prior to the child starting at The Blue Coat School, or directly to the School Matron, the child's Class Teacher or Form Tutor if the diagnosis is received whilst the child is at the school. The Class Teacher or Form Tutor will then meet with the parents to discuss the management of the epilepsy at school. The discussion should include any implications for learning, play, social development, after school activities, school trips and away matches. The School Matron may also attend the meeting to discuss any concerns regarding emergency medication or managing a seizure.

#### **2.2**

The School Matron will liaise with other health professionals involved with the pupil's care.

#### **2.3**

**Children may not attend school without their prescribed emergency medication, including epilepsy medication. This must not have passed its expiry date.**

### **3. SCHOOL MANAGEMENT OF A CHILD WITH EPILEPSY**

#### **3.1 Record Keeping**

##### **3.1.1**

A record will be kept of the pupil's learning and health care needs. A Health Care Plan will be developed which will be agreed by parents, teachers and health care professionals.

##### **3.1.2**

Staff will be notified of any changes in the pupil's condition. Any medical events will be written in the pupil's medical file.

#### **3.2 Alert Cards**

##### **3.2.1**

With permission of the parents, yellow alert cards showing the child's photo will be placed in a file in the Health Centre. A summary card with photos of children who might require emergency medication is on display in the Health Centre, the Dining Hall, appropriate staff rooms, Year Group Hubs and the Aftercare Rooms. This is to alert any members of staff who have contact with the pupil. An example of an epilepsy alert card is at the end of this Appendix.

#### **3.3 Medicines**

##### **3.3.1**

A Health Care Plan will be drawn up in conjunction with parents, teachers, and the School Matron. This Plan will be agreed and signed by all those who have contact with the pupil, and by the parents.

##### **3.3.2**

The Plan will identify any medicine or first aid issues of which members of staff need to be aware. In particular, if a pupil requires emergency medication, the Plan will specify which medication has been prescribed, Rectal Diazepam or Buccal Midazolam.

### **3.3.3**

The Plan will also contain the names of those staff trained to administer this type of medication.

### **3.3.4**

Medication should be kept in a locked cupboard but be known and accessible to those able to administer it. It is taken on trips, outings and off-site visits by the Trip Organiser or the person with direct responsibility for the child and who is trained in its administration. It must be returned to the locked cupboard immediately after the trip, outing or off-site visit. A second dose is kept in the medicine cupboard in the Health Centre. This medication must be named and expiry dates should be checked; directions for administration should also be on the label.

## **3.4 First Aid**

### **3.4.1**

First Aid procedures will be included on the pupil's Health Care Plan, and staff will receive basic training on first aid. The following procedure should be followed if a child has a seizure:

1. Stay Calm
2. If the child is convulsing, place something soft under his/her head.
3. Protect the child from injury by moving any harmful objects from nearby.
4. NEVER try and put anything in their mouth or between their teeth.
5. Try and time how long the seizure lasts - if it lasts longer than what is usual for that pupil or continues for more than 5 minutes, seek medical assistance and administer emergency medication.
6. When the seizure is complete, stay with the child and give reassurance.
7. Do not give him/her food or drink until he/she has fully recovered.
8. Sometimes a child may become incontinent during a seizure. If this happens, put a blanket around them to aid privacy and avoid embarrassment.

## **3.5 Learning and Behaviour**

### **3.5.1**

The Blue Coat School recognises that children with epilepsy may have special educational needs because of their condition. The teacher will monitor the pupil's progress, and if the pupil requires any extra help a discussion will take place between parents and the school's Special Educational Needs Manager (SENCo). If necessary, Individual Target Sheets will be developed.

## **4. SCHOOL ENVIRONMENT**

### **4.1**

The Blue Coat School recognises the importance of having a school that supports the needs of children with epilepsy. The Health Centre is available, equipped with a bed in case a pupil needs supervised rest following a seizure.

### **4.2**

The above procedures apply equally within the school and at any out of school activities organised by the school. This also includes activities taking place on the school premises.

### **4.3**

Any concerns held by the pupil, parent or staff will be addressed prior to any activity taking place.

This pupil has Epilepsy:

Attach child's photograph here

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Form:** \_\_\_\_\_

**Emergency contact numbers:**

**Management of Seizure:**

**Emergency Medication Prescribed Yes/No:** (delete where appropriate)  
**If Yes, please record type of Emergency Medication here:**

**Emergency medication kit is kept:**

IF THIS CARD IS TO BE USED ANYWHERE ELSE OTHER THAN IN THE CLASS REGISTER, PARENTAL  
CONSENT MUST BE OBTAINED

**NAME:** ..... **DOB** ..... **CLASS**.....

- What does the seizure look like?
- Is there any warning?
- How often do the seizures happen?
- How long does the seizure usually last?
- Is there a pattern to the seizures?
- How long does the child take to recover?
- Is there a known trigger?
- Management issues: e.g. swimming, special precautions needed, alerting parents

Date Developed:

Review Date:

Parent's signature: ..... Date: .....

Matron's Signature: ..... Date: .....

## **Appendix 21: Sun Protection Procedures**

### **1. PRINCIPLES**

#### **1.1**

At The Blue Coat School the importance of protecting children and staff from harmful sun's rays during the summer months is recognised whilst providing opportunities for staff and pupils to enjoy the sun safely.

#### **1.2 Why is sun protection important?**

##### **1.2.1**

Skin cancer is one of the most common cancers in the UK. The majority of these cases can be prevented through appropriate sun protection. Children who are exposed to the sun now are storing up problems for the future. 80% of sun exposure is gained by the age of 21, and much of this exposure occurs at school. Staff at The Blue Coat School recognise their responsibility to ensure that children are protected as much as possible.

##### **1.2.2**

Although fair skinned people are at more risk of sun damage, sun protection is relevant to both fair and dark skinned children.

#### **1.3 Be Sun Smart**

The five key skin care messages are:

**S** stay in the shade as much as possible between 11 am and 3 pm

**M** make sure your skin never burns

**A** always cover up - wear a t-shirt and sunglasses

**R** remember children burn more easily

**T** then use factor 50 + sunscreen

At The Blue Coat School staff work with pupils and parents to ensure a safe environment through education and protection.

### **2. Education**

#### **2.1**

Prep children have at least one sun protection lesson per year. Sun protection is discussed with Prep children in assemblies at the start of the summer term.

#### **2.2**

Parents are sent a letter at the start of the summer term explaining what the school is doing about sun protection, and how they can help.

### **3. PROTECTION**

#### **3.1 Shade**

##### **3.1.1**

Trees have been planted around the playing areas. Shade canopies are erected before such summer events as Sports Days.

#### **3.2 Clothing**

##### **3.2.1**

Children are encouraged to wear appropriate hats during the summer months. School sun hats are available for purchase at the start of the summer term. Children are asked to wear t-shirts that cover the shoulders and tops of arms during summer sports.

#### **3.3 Sunscreen**

##### **3.3.1**

Children are encouraged to wear sunscreen on school trips. A small supply of sunscreen is held in the school Health Centre. Letters are sent home encouraging parents to provide sunscreen for their child to apply. Sunscreen should be clearly labelled with the child's name and it will not be used for anyone else.

## **Appendix 22: Glossary**

Anaphylactic shock – severe allergic reaction requiring emergency medication (see also Appendix 18)

Buccal Midazolam – drug to control prolonged seizures (see also Appendix 21)

Epipen/Jext – emergency adrenalin auto injector for treating anaphylactic shock (see also Appendix 18)

EYFS – Early Years Foundation Stage (for children in Nursery and Reception)

Glucogel – emergency medication used for treating hypoglycaemia

Helping hands – red or yellow cards in the shape of a hand giving the name of the room where help is needed. To be used by a child to summon help in the event of an emergency.

Hepatitis B – liver disorder

Hypoglycaemia – low blood sugar usually linked to diabetes and requiring emergency medical intervention (see also Appendix 21)

Hypomellose eye drops – eye drops for sore or irritated eyes (Tel 0207 600 0100)

ISI – Independent Schools Inspectorate, CAP House, 9 – 12 Long Lane, London EC1A 9 HA

Listeria – a type of gastro enteritis (food poisoning)

Meningitis – inflammation of the membranes covering the brain and spinal cord requiring emergency medical treatment.

Ofsted – Office for Standards in Education, Children's Services and Skills, Royal Exchange Buildings, St Ann's Square, Manchester M2 7LA (Tel: 0300 123 1231)

Piriton – antihistamine medicine used for treating hay fever or minor allergic reactions

Salbutamol – a fast acting inhaled medicine which is used in the treatment of asthma and bronchospasm

Salmonella – a type of gastro enteritis (food poisoning)

Sepsis – a serious condition resulting from the immune system going into 'overdrive' and releasing harmful microorganisms into the blood stream which can result in the malfunctioning of various organs, shock and death