



FIRST AID & MEDICAL POLICY

1. Scope of Policy

1.1 THIS POLICY IS APPLICABLE TO ALL PUPILS, INCLUDING THOSE IN EYFS

1.2 This policy outlines how medical and first aid care will be provided at St. Hugh's School. This document is available to all interested parties, including parents and parents of prospective pupils, on the school's website and on request from the School Office. It should be read in conjunction with the following documents: [Supervision policy](#) and [Safeguarding and Child Protection Policy](#). This document is reviewed annually by the SLT, or as events or legislation change requires.

St Hugh's School is fully committed to ensuring that the application of this policy is nondiscriminatory in line with the [Equality Act 2010: guidance - GOV.UK](#).

Further details are available in the school's [Equal opportunities policy](#)

2. Objectives

- 2.1 To ensure that there is an adequate provision of appropriate first aid at all times.
- 2.2 To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment and escalate to external services.

3. The Surgery

- 3.1 The Surgery is situated on the first floor of the main building directly above the school office. Pupils must be accompanied by a member of staff, or if they have been sent, they must ask at the reception for permission before going up the stairs. The Matron on Duty is the appointed person for First Aid. She can be contacted by calling 215 from any school phone, and she is based in the Surgery.
- 3.2 There are two main surgeries each day which the children recognise as surgery time.
 - a. 11.00am – Morning Break
 - b. 1.20pm - After Lunch

3.3 A child may come to surgery outside these times if they are hurt or unwell. A child should never be sent out of a lesson to surgery unless it is serious. If serious enough to be sent from a lesson, then the child should be accompanied by another child or an adult. Once a child has come to surgery, the Matron on duty will decide on a course of action depending on the symptoms presented.

3.4 A Matron is on duty from **0730 – 1700** every day when pupils are in school and will administer first aid and deal with accidents and emergencies or when someone is taken ill.

3.5 Responsibilities:

First Aiders:

Many staff in school are trained in First Aid, please refer to the staff list at the end of this policy. Any First Aider can triage minor injuries without sending the child to the Matron on Duty. There are first aid kits located all around school for this purpose. Any accidents and incidents are emailed to Matron immediately.

Paediatric First Aid:

Anyone administering First Aid in the Early Years and Pre-Prep is trained in Paediatric First Aid, including the Matron on Duty and staff in the Boarding House. Accidents and Incidents are recorded in the Medical Record Duplicate Book, following the guidance in this policy on record keeping. At least one member of staff holds a Full Paediatric First Aid certificate in both departments.

Staff with Paediatric First Aid in the Early Years Department also record any signs of injury when the children arrive at school, following Safeguarding Policy and Procedures.

Lead Staff in the Early Years Department may monitor temperatures and look for other signs of illness such as rashes. Following the procedures in this policy they may choose to send a child home if they are unwell. They will inform the parents and arrange for collection of the child. They will inform Matron if this happens. The child can be brought up to the Surgery so that Matron can observe and care for the child until the arrival of the parents if needed.

4. Control And Administration Of Medicines

4.1 The Matron on duty will dispense over the counter medicines and prescribed medication for both boarders and day pupils. Staff in the Early Years who are trained in the Administration of Medication and Pediatric First Aid can also dispense over the counter medicines and prescribed medication. Staff with this responsibility follow the procedures for permission, storage, recording and reporting as set out in this policy.

4.2 Any medication brought into school must be in the original container and clearly marked with the pupil's name, dosage instructions and use by date. A medicine form, which can be found at the office or in the Early Years Department must be completed by parents. This form clearly states the details of storage, dosage and the period in which the medicine should be dispensed. The school cannot make changes to the instructions regarding dosage on the container. The medication will be stored appropriately and returned to the child's parent/ guardian when the

child is collected. A record is kept for each child indicating the time and dosage administered and a copy is filed away into the pupil's record once the course is completed.

4.3 All medication is stored in a cupboard/fridge in the Surgery or in a locked box in the fridge/locked safe in the Early Years Department. Out of date medication is either returned to the parent or pharmacy.

4.4 Asthma inhalers and Epipens will be carried by a pupil when required and with permission. A list of locations and arrangements for children's medication is also displayed in the Staff Room, the Surgery and the Early Years Department.

5. Protocol For Administration Of Medicine - please ensure that only 1 medication is handled at any time and that this medication is recorded and replaced before any further medication is accessed and administered.

5.1 Before administering any **non-prescribed medication**, the medical consent forms and the identity of the child are checked. The medical consent form will give details of the consent parents have given for the following over the counter medicines:

- a. Paracetamol
- b. Ibuprofen
- c. Travel Sickness Tablet
- d. Antihistamine liquid
- e. Antihistamine cream

5.2 The pupil should take the non- prescription medication under the supervision of the person issuing it. **This person will be trained in administering medication, both prescribed and non-prescribed.** No more than the standard recommended dose should be administered in a twenty four hour period. The administration is **immediately** recorded in the Surgery Medical Record Book and on the child's profile on ISAMS and is to be signed by the member of staff administering. If a child refuses to take the medication, this will be recorded on their medical profile on ISAMS.

5.3 As a general rule, paracetamol should always be given rather than ibuprofen. (The exception to this would be for toothache or earache, when ibuprofen would be more suitable)

5.4 Ibuprofen should never be given to an asthmatic.

5.5 This dosage will not be given more than 4 times in 24 hours and a gap of at least 4 hours is left between each dose.

5.6 Details of age appropriate dosages are printed out and displayed in the surgery

5.7 Aspirin is not given to children under the age of 16, in line with Department of Health guidance unless prescribed by a doctor.

5.8 Before administering a **prescribed medication** an additional member of staff is required to counter-sign that the medication is as prescribed, that the container matches the internal packet and the packet matches the consent form of the parent. The number of tablets remaining will

also be noted on the signed form and this information will be added to ISAMS as above. Prescribed medication is administered by trained staff, following the instructions given.

6. Record Keeping

- 6.1 All injuries, minor cuts and the administration of medication are recorded in the Medical Record Book, the Sports First Aid Log, or the Early Years and Pre-Prep Medical Record Duplicate Book. If non-prescribed medication is needed to be issued, a phone call is made to parents to seek permission unless already obtained on the Medicine Form. This is also to ensure that medication was not given to the pupil by the parents that day already.
- 6.2 If a parent cannot be reached, a decision is made by the Matron or the Pediatric First Aid Trained Early Years Lead Professional after consultation with all medical records and consent forms.
- 6.3 Each record is then entered onto the pupil's individual health record on ISAMS.
- 6.4 All injuries, medicines and minor cuts administered to in the Early Years and Pre-Prep are recorded on the Early Years and Pre-Prep Medical Record Duplicate Book, one copy goes to the parent that day, the other copy is kept as part of the medical records.

7. Details of Medical Record Book

- 7.1 Entries include:
 - a. Date
 - b. Time
 - c. Name of Pupil
 - d. Ailment or Injury
 - e. Treatment or Action
 - f. Temperature
 - g. Tablet (tick and amount)
 - h. Liquid (tick and amount)
 - i. Staff members initials

8. Controlled Drugs

- 8.1 Certain drugs such as Ritalin are deemed to be controlled drugs and as such have to be stored to comply with. [The Misuse of Drugs \(Safe Custody\) Regulations 1973](#) These are stored in a wall mounted safe within the surgery. Separate records regarding the dispensing of these drugs and the parental consent forms are kept within the safe.

9. Particular Medical Conditions

- 9.1 The medical board in the staffroom and the Early Years staff room displays any medical issues concerning individual children. It contains information regarding allergies, asthmatics, serious

medical conditions and whether a child wears glasses & the frequency in which they wear them. When a medical form is completed by a parent either when joining the school or when completed during the annual update, if the Matron should identify that there is a medical condition that warrants a Health Care plan to be put into place, Matron will contact the parents (and the SENCO if deemed necessary) and arrange for a Health Care plan to be created and Medical Alerts to be published with the parents input. The Health care plans are also displayed in staff rooms.

10. Allergies

10.1 Nut Allergies

- a. The catering staff are aware of the potential problems and as such do not knowingly use nuts in school meals.
- b. Children with nut allergies are clearly identified to all staff and their pictures and specific details of their allergies are displayed in the kitchen, staffroom and surgery medical cupboard.
- c. Pupils' epi-pens are stored at school in specific areas listed on the Pupil Medical Spreadsheet. Full details are on their medical forms, which are clearly labeled with a picture of the child. The dietary spreadsheet is kept in the kitchen. If the pupil is away on school trips or sporting fixtures the epi-pen is given to the staff member in charge. An ambulance is always called if an epi-pen has been used.

10.2 Food Allergies

- a. Food allergies are becoming increasingly common in the UK, although severe allergic reactions are relatively rare and most commonly caused by only a handful of foods. It is thought that 1% to 2% of UK adults and about 5% to 8% of children are affected by food allergies. Fortunately, most allergic reactions to food are relatively mild, but some reactions can be very severe.
- b. The term anaphylaxis is used to describe severe allergic reactions. For many people with a food allergy, it only takes a minute amount of the allergen to trigger a reaction. The following food allergens have been identified as public health concerns in the UK:
 - i. Peanuts (also called groundnuts or monkey nuts);
 - ii. Nuts (almond, hazelnut, walnut, cashew, pecan, Brazil, pistachio, macadamia and Queenslandnut);
 - iii. Fish
 - iv. Eggs
 - v. Crustaceans (e.g. crab, lobster, langoustine, prawn, shrimp);
 - vi. Sesame seeds
 - vii. Milk

- viii. Soybeans
- ix. Celery (including celeriac)
- x. Mustard
- xi. Molluscs (e.g. squid, octopus, mussels, cockles);
- xii. added sulphur dioxide and sulphites at a level above 10 mg/kg; and
- xiii. Cereals containing gluten (including wheat, barley, rye, kamut, spelt, couscous, pearl barley, semolina).

10.3 **Gluten**

- a. Some people also need to avoid gluten-containing foods due to coeliac disease. Although not a food allergy, coeliac disease is a life-long auto-immune disease caused by intolerance to gluten.
- b. The only treatment is to follow a gluten-free diet for life.

11. **Guidance And Legislation**

11.1 People with food allergies are well protected under existing food and consumer protection law. Under the Food Safety Act 1990 and Food Safety Regulations 1995 kitchens must:

- a. Provide essential allergen information to their staff and children on request or where foods contain a known or common allergen. Any information given by a member of staff must be accurate and properly researched.
- b. Ensure that anyone involved in the preparation or serving of the food to customers understands the risks involved, how to avoid them and the importance of giving accurate information. Pupils' allergies are forwarded to kitchen staff. Matron puts together a colour coded table that is on display, out of view so all staff are aware of individuals' dietary requirements.

12. **Recognising Allergies - What Are The Symptoms?**

12.1 Allergic reactions vary. There can be an itching or swelling in the mouth or an itchy rash all over the body. The person affected may feel sick and may actually be sick, although remember that other conditions can also cause vomiting. The initial symptoms may not be serious in themselves, but the child should be watched very carefully in case the situation is getting worse. Symptoms usually occur after seconds or minutes and may progress rapidly. Occasionally they begin a few hours after contact with the allergenic food or substance.

12.2 Serious symptoms include a severe drop in blood pressure, where the person affected goes weak and floppy; severe asthma; or swelling that causes the throat to close. This is a medical emergency.

13. **Anaphylaxis?**

13.1 Anaphylaxis is a severe allergic reaction. A small number of people are unfortunate to suffer from a very acute allergy to food and, for these people, the issue is vital: it is literally potentially a

matter of life and death, and needs to be treated quickly with adrenaline. The whole body is affected, often within minutes of exposure to the allergen but sometimes after hours. A reaction can be triggered by a wide range of foods. Theoretically almost any food may be implicated, but the most common culprits are peanuts, tree nuts, sesame seeds, fish, shellfish, eggs and dairy products.

13.2 During anaphylaxis there can be a whole range of symptoms including those described above.

13.3 Some or all of the following may be present:

- a. flushing of the skin
- b. nettle rash (hives) anywhere on the body
- c. the feeling that something terrible is happening
- d. swelling in the throat or mouth
- e. difficulty in swallowing or speaking
- f. alterations in heart rate
- g. stomach pain, feeling sick and vomiting
- h. sudden feeling of weakness (drop in blood pressure)
- i. collapse or unconsciousness.

14. How To Minimise The Risks

14.1 The school briefs ALL staff about hazards of allergies, the emergency procedures to be followed in the event of someone suffering from an allergic reaction and about the identities of those known to suffer from severe food allergies.

14.2 The School liaises with those with a food allergy, or their parents, to ensure that details of foods to be avoided, and for the less common allergies, menus and recipes to be followed are known. In order for the school to provide meals exempt from the identified ingredients a copy of this information must be made available to the school Catering Manager before any items are prepared and issued to the child.

14.3 The school will source, as far as it is possible, foods from its suppliers for a child to cater for his or her particular allergy condition. The child's parent/guardian must accept that the school can only source according to the information it is provided with from suppliers. The school may need to seek advice from procurement, dietetics and the health and safety executive and provide catering staff with regular updates on allergy matters and sources/content of ingredients.

14.4 Ensure that catering staff identify those with severe food allergies and ensure that they supervise the meals taken by those who are at risk.

14.5 Clearly indicate, as far as possible, key allergens on the menus for the pupils by clearly naming dishes and whether certain products/ingredients have been included or may be present as trace contaminants e.g. gluten, dairy or nuts in particular.

- 14.6 Train staff to negate, as far as practicable, human error in the preparation and delivery of special diets. Assess catering practices to identify areas of potential cross-contamination. For example, use separate serving utensils for products and wash hands after handling nut or milk products. Wipe up milk spillages promptly and thoroughly. Common hazards include using tongs to handle different products and using the same knife for spreading.
- 14.7 Designated trained staff should be available at all times in order to assist children in an emergency. The child's parents must consent to staff administering remedies.
- 14.8 In respect of pre-packaged foods, the school can only provide the information given from manufacturers. The new Food Labeling Regulations 2004 have expanded the food labeling requirements of manufacturers including the requirement to list common allergens in the foods.
- 14.9 The child must be taught which allergens to avoid. School catering staff, once aware of a child's allergy problem, can assist.
- 14.10 During childhood development, allergies and their treatment may alter. If parents are advised of changes by medical practitioners, any changes that affect diet must be notified to the catering manager in a letter signed by the appropriate practitioner.
- 14.11 Other areas that need to be tightly managed when handling foods that 'may contain traces of nuts' are staff room biscuits, packed lunches (see below), field trip food, match teas, birthday cakes, bring and buy sales, and harvest festivals. With children with a severe anaphylactic reaction every avenue that food may be brought onto site will need to be addressed.

15. Emergency Action Plan

- 15.1 Most allergic reactions are minor and do not require first aid or assistance. In a number of very rare cases, a person will have a serious reaction that will result in anaphylactic shock. In these cases emergency action is necessary.
- 15.2 If the Matron or a trained person has access to the pupil's epi-pen, they are allowed to administer it.
- 15.3 **Instructions for using an epi-pen:**
 - a. With thumb nearest grey cap, form fist around epi-pen (black tip down)
 - b. With other hand pull off grey safety cap.
 - c. Hold black tip near outer thigh.
 - d. Jab firmly into outer thigh from a distance of approx. 10cms / 4" – listen for the click.
 - e. Hold firmly in thigh for 10 seconds.
 - f. Massage the injection area for 10 seconds.
 - g. Ensure that an ambulance has been called.
 - h. Ensure that parents have been informed.
- 15.4 **IT IS NOT TO BE ADMINISTERED BY UNTRAINED PERSONNEL.**

- 15.5 If an allergic pupil becomes ill, it is likely that this person - or someone with them - will say that he/she is suffering from an allergic reaction.
- 15.6 **If no trained person is available, the following procedure must be followed:**
- a. Immediately send someone to dial 999. Remind them if they need to dial for an outside line and tell them to give the following information:
 - b. Ask for the Ambulance service. "This is an emergency. A pupil has collapsed and we believe they are suffering from anaphylaxis - an allergic reaction".
 - c. Give the address and postcode "St Hugh's School, Cromwell Ave, Woodhall Spa, Lincolnshire, LN10 6TQ".
 - d. Someone should be sent to stand at the entrance of the school to direct the ambulance crew to the pupil.

16. What Is The Treatment And How Does It Work

- 16.1 Adrenaline (also known as epinephrine) is the front-line treatment for anaphylaxis. During anaphylaxis, blood vessels leak, bronchial tissues swell and blood pressure drops. Adrenaline acts quickly to constrict blood vessels, relax smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help to stop swelling around the face and lips. If a child is having an anaphylactic reaction, an injection of adrenaline could save their life. It is vital that an adrenaline injection is available at all times, and that family, friends and school staff are briefed about when and how it should be used.
- 16.2 Once an incident has taken place, a member of the senior management team must be informed immediately and an accident report filled in. Concurrently, the parents and/or guardians should be informed.

17. Diabetes

- 17.1 Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, approximately 2.9 million people are affected by diabetes. There are also thought to be around 850,000 people with undiagnosed diabetes.
- 17.2 There are two main types of diabetes, referred to as type 1 and type 2.
- 17.3 Type 1 diabetes is often referred to as insulin-dependent diabetes. It is also sometimes known as juvenile diabetes or early-onset diabetes because it often develops before the age of 40, usually during the teenage years. In type 1 diabetes, the pancreas (a small gland behind the stomach) does not produce any insulin. Insulin is a hormone that regulates blood glucose levels. If the amount of glucose in the blood is too high, it can seriously damage the body's organs. If you have type 1 diabetes, you will need to take insulin injections for life. You must also make sure that your blood glucose levels stay balanced by eating a healthy diet, taking regular exercise and having regular blood tests.
- 17.4 In type 2 diabetes, the body does not produce enough insulin, or the body's cells do not react to it. This is known as insulin resistance. Type 2 diabetes is far more common than type 1 diabetes,

which occurs when the body doesn't produce any insulin at all. In the UK, about 90% of all adults with diabetes have type 2 diabetes.

- 17.5 Diabetes can cause various symptoms. Symptoms common to both types of diabetes include:
- a. feeling very thirsty
 - b. urinating frequently, particularly at night
 - c. feeling very tired
 - d. weight loss and loss of muscle bulk
- 17.6 Treating type 1 diabetes: Diabetes cannot be cured, but treatment aims to keep your blood glucose levels as normal as possible, and control your symptoms to prevent health problems developing later. If you are diagnosed with diabetes, you will be referred to a diabetes care team for specialist treatment. Your care team will be able to explain your condition to you in detail and help you understand your treatment. They will also closely monitor your condition. As your body cannot produce any insulin, you will need to have regular insulin treatment to keep your glucose levels normal. You will need to learn how to match the insulin you inject to the food you eat, taking into account your blood glucose level and how much exercise you do. This skill needs to be practiced and learnt gradually. Many centres now provide courses to teach these skills. Insulin comes in several different forms, each of which works slightly differently. For example, some last up to a whole day (long-acting), some last up to eight hours (short-acting) and some work quickly but do not last very long (rapid-acting). Your treatment may include a combination of these different insulin preparations.
- 17.7 Treating type 2 diabetes: Diabetes cannot be cured, but treatment aims to keep your blood glucose levels as normal as possible to control your symptoms and minimise health problems developing later. If you are diagnosed with diabetes, you may be referred to a diabetes care team for specialist treatment, or your GP surgery may provide first line diabetes care. In some cases of type 2 diabetes, it may be possible to control your symptoms by altering your lifestyle, such as eating a healthy diet (see below). However, as type 2 diabetes is a progressive condition, you may eventually need medication to keep your blood glucose at normal levels. To start with this will usually take the form of tablets, but later on it may include injected therapies, such as insulin.
- 17.8 What To Do If Someone Is Someone Has A Diabetic Attack
- a. In most instances, the school knows who the diabetic children or staff are and their pictures are displayed around the school. However, a visitor to the school may also have a diabetic attack so it is sensible for all to know what to do.
 - b. Wherever possible, contact the Matron first to get help from them.
 - c. Administer Sugar. The best response to a hypoglycaemic attack is sugar. Most diabetics should carry glucose tablets with them, for just such an emergency. In the absence of glucose tablets, sweets, juice, sugary soft drinks and anything else with straight sugar will do.
 - d. Glucagon injections. Some diabetics may have their physicians prescribe glucagon. Glucagon is a hormone, produced by the pancreas, that raises blood sugar. Glucagon is

administered by injection like insulin, and the diabetic may be able to inject themselves. The Glucagon may be in a tube of gel.

- e. Call Emergency Services. If the person has lost consciousness, or if you are unable to administer sugar or glucagon, contact 999 immediately. The longer you wait, the lower the blood sugar levels will drop and the greater the risk of slipping into a coma. If the diabetic does pass out, do not administer sugar or insulin, do not inject glucagon and do not give food or liquids. Wait with them until help arrives and make them as comfortable as possible. Make note of the time of the attack because the paramedics will ask.
- f. Once the incident is complete, ensure that Matron is aware and an Accident Report has been filled in and that parents and/or guardians are made aware.

18. Asthma

- 18.1 Asthma inhalers of boarding children are generally kept upstairs in their respective areas. These are not kept in a locked cupboard to ensure that pupils can access them as needed. Day pupils either carry their inhalers with them or keep them in their personal lockers or tubs. Pupils who only require inhalers for sporting activities are allowed to keep them in their personal lockers in the changing rooms. Any parent that wishes a spare inhaler to be kept on the premises is stored in the surgery.
- 18.2 Asthma is a common long-term condition that can cause a cough, wheezing, and breathlessness. The severity of the symptoms varies from person to person. Asthma can be controlled well in most people most of the time.
- 18.3 Asthma is caused by inflammation of the airways. These are the small tubes, called bronchi, which carry air in and out of the lungs. If you have asthma, the bronchi will be inflamed and more sensitive than normal. When you come into contact with something that irritates your lungs, known as a trigger (see below), your airways become narrow, the muscles around them tighten and there is an increase in the production of sticky mucus (phlegm). This leads to symptoms including:
 - a. difficulty breathing
 - b. wheezing and coughing
 - c. a tight chest
- 18.4 A severe onset of symptoms is known as an asthma attack or an 'acute asthma exacerbation'. Asthma attacks may require hospital treatment and can sometimes be life-threatening, although this is rare. For some people with chronic (long-lasting) asthma, long-term inflammation of the airways may lead to more permanent narrowing. If you are diagnosed with asthma as a child, the symptoms may disappear during your teenage years. However, asthma can return in adulthood. Moderate to severe childhood symptoms are more likely to persist or return later in life. Although asthma does not only start in young people and can develop at any age.
- 18.5 What causes asthma? The cause of asthma is not fully understood, although it is known to run in families. You are more likely to have asthma if one or both of your parents has the condition.

- 18.6 Common triggers. A trigger is anything that irritates the airways and brings on the symptoms of asthma. These differ from person to person and people with asthma may have several triggers. Common triggers include house dust mites, animal fur, pollen, tobacco smoke, exercise, cold air and chest infections. Asthma can also be made worse by certain activities, such as hard exercise during PE.
- 18.7 While there is no cure for asthma, there are a number of treatments that can help effectively control the condition. Treatment is based on two important goals:
- a. relieving symptoms
 - b. preventing future symptoms and attacks from developing
- 18.8 Treatment and prevention involves a combination of medicines, lifestyle advice, and identifying and then avoiding potential asthma triggers.
- 18.9 In the event of children and adults having an asthma attack current guidelines are to:
- a. Alert Matron if there is time to do so
 - b. Allow the pupil to use their reliever inhaler (usually blue) straight away and try to breathe deeply and steadily
 - c. Sit down and loosen any tight clothing
 - d. If the symptoms haven't improved after five minutes, or you're worried, call 999 or see a Doctor urgently
 - e. Continue to take a puff of your reliever inhaler every minute until help arrives
 - f. Once the incident is complete, ensure that Matron is aware and an Accident Report has been filled out.

19. Epilepsy

- 19.1 A seizure happens when there is a sudden burst of intense electrical activity. This is often referred to as epileptic activity. This intense electrical activity causes a temporary disruption to the way the brain normally works, meaning that the brain's messages become mixed up. The result is an epileptic seizure.
- 19.2 The brain is responsible for all the functions of your body. What you experience during a seizure will depend on where in your brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them.
- 19.3 Epilepsy is usually treated with epilepsy medicines. These are also referred to as anti-epileptic drugs (AEDs). Epilepsy medicines act on the brain, trying to reduce seizures or stop seizures from happening. Many people with epilepsy find that when they have the right medicine, they have fewer or no seizures. In the UK, 70 percent (seven out of ten) of people with epilepsy could be seizure free with the right treatment.
- 19.4 **What to do if you see someone having a seizure?** With tonic-clonic seizures the person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A

blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

19.5 Do...

- a. Protect the person from injury - (remove harmful objects from nearby)
- b. Cushion their head
- c. Look for an epilepsy identity card or identity jewellery
- d. Aid breathing by gently placing them in the recovery position once the seizure has finished (see pictures)
- e. Stay with the person until recovery is complete
- f. Be calmly reassuring

19.6 Don't...

- a. Restrain the person's movements
- b. Put anything in the person's mouth
- c. Try to move them unless they are in danger
- d. Give them anything to eat or drink until they are fully recovered
- e. Attempt to bring them round

19.7 Call for an ambulance if...

- a. You know it is the person's first seizure, or
- b. The seizure continues for more than five minutes, or
- c. One tonic-clonic seizure follows another without the person regaining consciousness between seizures, or
- d. The person is injured during the seizure, or
- e. You believe the person needs urgent medical attention

19.8 Focal (partial) seizures. Sometimes the person may not be or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

19.9 Do...

- a. Guide the person from danger
- b. Stay with the person until recovery is complete
- c. Be calmly reassuring

- d. Explain anything that they may have missed

19.10 Don't...

- a. Restrain the person
- b. Act in a way that could frighten them, such as making abrupt movements or shouting at them
- c. Assume the person is aware of what is happening, or what has happened
- d. Give the person anything to eat or drink until they are fully recovered
- e. Attempt to bring them round

19.11 Call for an ambulance if...

- a. You know it is the person's first seizure
- b. The seizure continues for more than five minutes
- c. The person is injured during the seizure
- d. You believe the person needs urgent medical attention
- e. Once the incident is complete, ensure the Accident Report has been filled in and parents/guardian are notified.

20. Concussion

20.1 Those involved in school sport have a very important role in the prevention and management of concussion as they are in a unique position:

- a. They have a statutory duty of care to their students
- b. They have regular, sometimes daily, contact with their players
- c. The setting allows and supports opportunities for wider education around sports
- d. Teachers are key influencers of their students' attitudes and behaviour
- e. The setting should allow for the detection of missed concussions, including those occurring outside of the establishment, through the impact on educational activities
- f. The setting allows for monitoring of concussed players' recovery

20.2 Concussions can occur in the school environment any time that a student's head comes into contact with a hard object such as the floor or a desk, or another student's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE. Students may also get concussion when playing sport or other activities out of school but come to school with the symptoms and signs. It is important that these situations are recognised, as the concussion can affect their academic performance and/or behaviour, as well as

putting them at risk of more serious consequences if they sustain another concussion before recovery.

- a. Concussion must be taken extremely seriously to safeguard the safety and long-term health of students.
- b. Students suspected of having concussion must be removed from play and must not resume play in the same match.
- c. All students suspected of having a concussion must be medically assessed.
- d. Students suspected of having concussion or diagnosed with concussion must go through a Graduated Return to Play protocol (GRTP).
- e. Students must be reviewed by a doctor before returning to play.

20.3 It is important that teachers communicate with parents and clubs (where appropriate) to ensure that there is a joined up approach to supporting a student's return to play following a suspected concussion.

20.4 At St Hugh's School we take Concussion very seriously. If a child has a head injury of any type then they are given a red wrist band to alert parents. They have an accident form and are reminded to keep an eye on the child. If signs and/or symptoms persist or worsen, seek medical assistance?

20.5 Concussion is a brain injury caused by a blow to the head or body which leads to shaking of the brain. Concussion results in a disturbance in brain function that can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness. It can produce a wide range of physical symptoms and signs such as headache, dizziness and unsteadiness. Concussion often occurs without loss of consciousness. Most concussions recover with a period of physical and mental rest.

20.6 Concussion can occur during almost any physical education and sport session, physical activity, play and travel to or from school. Special attention should be paid to children involved in falls from height, fall on to hard surfaces, cycling, road traffic collisions and contact sports because of the risk of more serious injury.

20.7 THE 4 PRINCIPLES OF CONCUSSION MANAGEMENT:

20.8 RECOGNISE

- a. RECOGNISING CONCUSSION. After a fall or impact, concussion should be suspected in the presence of, or following, any one or more of the following:
 - i. Symptoms e.g. headache, dizziness, nausea
 - ii. Physical signs e.g. unsteadiness, loss of consciousness/responsiveness
 - iii. Impaired brain function e.g. being dazed, confusion, memory loss
 - iv. Abnormal behaviour e.g. change in personality

b. DANGER SIGNS:

- i. Deteriorating conscious state (more drowsy)
- ii. Increasing confusion or irritability
- iii. Severe or increasing headache
- iv. Repeated vomiting
- v. Unusual behaviour change
- vi. Seizure or convulsion Double or blurred vision
- vii. Weakness, tingling or burning in limbs
- viii. Midline or severe neck pain
- ix. Increasing or persistent difficulty with walking normally or poor balance

c. CALL 999

- i. It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed

d. IF IN DOUBT SIT THEM OUT.

20.9 REMOVE

- a. Pupils with any symptoms following a head injury must be removed from playing or training and must not return to activity until all symptoms have cleared. Specifically, they must not return to play on the day of any suspected concussion.
- b. Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and if concerned, be advised to see a doctor immediately. Head injury instructions should be provided and ideally all children with concussion should be seen by a health care professional, preferably a doctor, that day.

20.10 RECOVER

- a. The majority of cases of concussion recover fully within a few weeks but they must be given the time and opportunity to do so – this means resting the body and resting the brain.
- b. The child or young person should have complete rest until symptom free. This includes rest from physical activities, and brain activities such as; reading, television, computer, video games and smartphones.
- c. To ensure complete recovery, it is recommended that even once symptom free they have a relative rest period for a minimum of 14 days from the injury. During this time they should rest from exercise/sport, activities with a predictable risk of further head injury,

and prolonged reading and use of television, computer, video games and smart phones. If symptoms return, reduce the levels of provoking activity and re-introduce them more gradually.

- d. It is reasonable for a child to miss a day or two of school after a concussion if they feel unwell or if on returning to lessons their symptoms return. However, extended absence is uncommon.

20.11 RETURN

a. CONCUSSION AND SCHOOL STUDIES:

- i. Once symptom free, pupils should undertake a graded return to academic studies. Consideration should be given to managed return to full study days and gradual reintroduction of homework.
- ii. In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, early referral back to their GP and educational support services is advised.

b. CONCUSSION AND PARTICIPATION IN SPORT:

- i. Following the recommended rest period children and young people should return to sport by following a graduated return to play (GRTP) protocol. This should only be started when the child or young person is: - symptom free at rest - off all medication that modifies symptoms - returned to normal studies Children and young people should have an extended GRTP compared to adults and a minimum of 48 hours for each activity stage is recommended. **This means that the minimum return to play interval is 23 days from injury, unless their recovery is closely supervised by a doctor with expertise in concussion management.**
- ii. Following a concussion or suspected concussion, where possible children and young people should be reviewed/assessed by a doctor before returning to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, combat sports, skate boarding etc. As an additional guiding principle, children and young people should avoid activities that have a predictable risk of further head injury for a **minimum of 14 days** after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.
- iii. Children and young people who struggle to return to their studies or who persistently fail to progress through the GRTP because symptoms return should be referred to their doctor.
- iv. Children and young people who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying predisposition.

21. General Routine

- 21.1 Self medication - Pupils at St Hugh's do not self medicate without the prior agreement of parents, and with full knowledge of the member of staff present and Matron in charge. These instances include Asthma, Diabetes and Allergies. These are on a case by case basis, with inhalers or glucose used by the children, as agreed by parents and recorded by the Matron on Duty. Parents of children in main school who have an epi-pen with them at all times can give permission for their child to self administer antihistamines. It is understood by all staff that adrenaline is the only method of treating anaphylaxis. However parents may wish their child to have antihistamines at the first sign of any distress. A member of staff will be alerted and Matron will be informed so that further medical advice can be requested. An epi-pen is always administered by a trained member of staff.
- 21.2 Action in the event of sickness during school hours for day pupils - In the event of a child becoming sick during school hours the member of staff supervising the child will either get another member of staff to escort them to the surgery or another pupil may escort them depending on the severity of the illness. If a child is sent from class and the Matron decides that a child is not to return to class then an email will be sent to staff. The Matron on duty may decide to put a child to bed for a rest/sleep. A boarder may rest on their own bed but a day child must use the boarder's sitting room or the appropriate sick bay.
- 21.3 Action in the event of sickness for boarding pupils - If a boarder becomes ill during school hours the Matron on duty will assess the pupil and decide on what action to take, if the boarder just needs a rest they may lie in their own beds. Medical files will be checked in order to see recent illness and for consent of medication. If the matron feels it's a serious or contagious illness, there is separate accommodation for female which is situated in east wing and male which is in the west wing corridor in accordance with National Minimum Standards. Parents are informed and they are picked up at the earliest time.
- 21.4 Absence from school - If the Matron decides that a child should go home, she will ring the parents and explain the situation and ask them to come to collect their child. The Matron will let the office know, so that the register is completed correctly. An email is sent to relevant staff to inform them that the child has gone home. When the parents arrive to collect a child, the Matron on duty informs the parent of any treatments or medication given.
- 21.5 Sickness and diarrhoea - Any child suffering from sickness or diarrhoea is isolated as soon as possible, the parents contacted and arrangements made for the child to be collected from school. Boarding children who are unable to go home immediately are isolated in the appropriate sick bay for the duration of the illness. Any child who has suffered a bout of either sickness or diarrhoea should be kept off school for 48 hours after the last symptoms occur. If a child vomits, the Matron on duty will be called to initially tend to the child if needed and then to clear up and dispose of any fluids and waste appropriately. (This is double-bagged for disposal) Gloves are always worn and these are readily available in the kits for anyone to use.
- 21.6 Each kit consists of a lidded bucket containing gloves, liquid absorbing crystals, disposable bags, disinfectant, disposable cloths, disposable aprons & face masks. A list of where the kits are located is on display in the staffroom and the surgery, should the Matron be unavailable. (The

kits are located in the surgery, the kitchen, ladies and gents staff toilets, changing rooms' corridor, nursery, the disabled toilet in the Kelham Centre and in the Year One classroom).

- 21.7 Medical form and GP visits - All parents need to complete a pupil medical record for their child. Parents are asked to update the form on an annual basis. This form asks parents for existing medical problems and also asks for consent to administer ibuprofen, paracetamol and non-prescription medicines should the need arise.
- 21.8 If a boarding child is registered with a GP at either Tasburgh Lodge Surgery or the New Surgery in Woodhall Spa, then a Matron can arrange and escort pupils to appointments. If a child is registered with their own family GP and needs to see a doctor, then parents are contacted for them to make the necessary arrangements.
- 21.9 Off games - All day children wishing to be excused from games must bring a letter or send an email to school from their parent or guardian stating the reason and duration of their absence. Alternatively the parent may email either the School Office or the Matron directly.
- 21.10 Injury on the games fields - In the event of a child being injured on the Games Fields or a remote part of the school, and the child is not able to move or it is deemed by a responsible adult that the child should not be moved for their own well-being, Matron will be called and attend with a medical kit and portable school phone. An ambulance will be called if necessary.
- 21.11 Menstruation - Any girl having her period will be given an off games slip with the off swimming box ticked. This usually runs for five days initially and excuses the girl from swimming and communal showering. Matron talks to all girls at the beginning of Year 7 regarding menstruation. Occasionally when necessary she will talk to younger girls on an individual basis. Sanitary bins are provided in each girls' toilet block and are emptied regularly. Sanitary protection is always available from the surgery or the Matron.
- 21.12 Intimate care - Should the need arise whereby a child needs assistance of a personal nature, the Matron on Duty will adhere to the schools Intimate Care policy.
- 21.13 Treatment of visiting pupils - We will provide basic first aid and seek professional help but we are unable to transport them to hospital. We cannot provide routine medication, eg. Paracetamol.
- 21.14 Off-site activities - Basic first aid kits are in each minibus and staff taking pupils on outings also take a bag containing wipes etc. for pupils who may be travel sick. Further details can be found in the school's policy for organising trips and outings. Parents are responsible for providing travel-sick medication (which is kept in the surgery and administered before travel) but the school also keeps a supply.
- 21.15 First aid boxes - First Aid boxes or bags are situated in all school vehicles and at various locations around the school.
- 21.16 These are checked monthly by the surgery manager, but staff are asked to report any used items so that they can be replaced.
- 21.17 In addition to the first-aid boxes, there are eye-wash stations located around school. These contain eye wash pods, eye-wash dressings and a mirror. Expiry dates are checked monthly.
- 21.18 Staff first aid qualifications - The Matron and Boarding House Parent have a three-day full, first aid at work certificate. All other First Aid qualifications are listed in Appendix 2. Staff first aid

qualifications are updated every 3 years. Staff in the Early Years Department are paediatric first-aid trained in line with current statutory guidance. There are also staff who teach swimming that have undertaken first-aid training as part of their life-saving training and Forest School Leaders who are also trained.

21.19 Accident procedure - Minor accidents e.g. cuts grazes etc. are dealt with in the surgery and any treatments or medication recorded in the surgery book. If necessary, parents of day children are informed verbally or in writing. In the case of a boarder, the House Parent will be informed and the parents contacted if necessary. In the case of a more major accident the following procedure should be followed. Assess the situation. In all cases, send for the matron on duty, unless the injury is very minor and the child can be sent, accompanied, to the matron on duty.

a. **Is an ambulance required?** An ambulance should be called for the following reasons:

- i. Suspected lower long bone fracture
- ii. Severe allergic reactions and always if an epi-pen has been used
- iii. Asthma attacks where breathing is severely compromised
- iv. Epileptic seizures
- v. Severe open wounds
- vi. If there is any doubt about the patient's safety Dial 999 and send for Matron

b. **If an accident does not require an ambulance:**

- i. Is a visit to hospital required? If deemed necessary, two members of staff should accompany the child.
- ii. The parents or guardian need to be contacted. If possible this should be done through the Matron or school office.
- iii. The accident needs to be recorded in the accident book in the surgery.
- iv. The accident book gives clear guidance as to which injuries should be reported to RIDDOR. The member of staff should ensure that he or she has a clear grasp of the facts, insofar as they can be established and if need be, write them down.
- v. Be clear about who is in charge of the situation.
- vi. If an accident occurs away from home, for instance during a match, personal priority must be given to the needs of the injured party. Do not leave it to parents to sort matters out, or to contact the parents of the injured child.
- vii. **It is the responsibility of the Matron to monitor and report any recurring accidents to the Health and Safety Committee.**

21.20 **In accepting a place at the school, parents are required to give their consent for the Head**

- 21.21 Managing blood and body fluid spills - Body fluids such as blood, vomit, faeces, saliva, mucus and semen, potentially carry infection and transmittable diseases. It is important that all employees practice good personal hygiene, are aware of the procedure and fully comply with the controls for dealing with body fluid spillages. The Matron cleaning up spills of blood or body fluids must protect themselves with Personal Protective Equipment (PPE). A spillage kit containing gloves, plastic aprons, foot covers, goggles, masks, waste bags, scoop, 'Presept' decontamination granules and a padded bag/sock to contain larger spills can be located in the Surgery, the kitchen, ladies and gents staff toilets, changing rooms' corridor, nursery, the disabled toilet in the Kelham Centre and in the Year One classroom.
- 21.22 All body fluid spills should be cleaned up quickly to help protect students, staff and visitors from potential infections and to ensure we have a safe environment. All spillages of body fluids and material used during the clean-up should be treated as 'clinical waste' and disposed of appropriately. Yellow biohazard bags should be used to dispose of waste and should be securely tied/sealed and disposed of in the yellow bin. The bin is located in the Surgery. Mops and buckets etc should only be used once the area has been thoroughly decontaminated and should be disinfected and dried after use. Contaminated clothing should be washed separately on a hot wash. Spillages on soft furnishings, carpets and upholstery should be steam cleaned when possible.
- 21.23 Accidental exposure to blood and body fluids can occur when there is:
- a. A puncture to the skin through an object e.g. needle, instrument
 - b. Exposure of broken skin , e.g. wound of abrasion
 - c. Exposure of mucous membranes, including the mouth and eyes.
 - d. The following action should be taken immediately:
 - e. Immediately stop what you are doing
 - f. In the case of a wound, encourage bleeding by applying gentle pressure. Do not suck the wound
 - g. Wash thoroughly under running water
 - h. Dry and apply waterproof dressing
 - i. If blood or body fluids come into contact with eyes, irrigate with cold water Seek medical advice from A&E
 - j. A report should be sent to the Matron/Headmaster to be reported at the next Health and Safety Meeting.
 - k. A health and safety assessment should be carried out.

References:

A: Commentary on the Regulatory Requirements, Part 3 (www.isi.net)

B: Reference Guide to the key standards in each type of social care service inspected by Ofsted (www.ofsted.gov.uk)

C: Health and Safety at Work” Section H of the ISBA Model Staff Handbook

D: “Health and Safety and Welfare at Work” Chapter N of the ISBA Bursar’s Guide

E: “Insurance” Chapter K of the Bursar’s Guide by HSBC Insurance Brokers Ltd

F: Early Years Foundation Stage (EYFS) Checklist and Monitoring Reference for Inspectors (www.isi.net)

G: DfE "Guidance on First Aid for Schools" (www.dfe.gov.uk)

H: HSE home page, First Aid at Work (www.hse.gov.uk)

I: MOSA Guidance: "First Aid Provision and Training in Schools" (www.mosa.org.uk)

J: DfE Automated external defibrillators (AEDs) A guide for schools, September 2018

Author	Deputy Head Pastoral	ISI Doc Code	A7, B5, E4, E5
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Applicable to		Date of Next Review	Summer 2026

Appendix 1

Policy for the supply and administration of non-prescribed drugs

St. Hugh's School Policy for the supply and administration of non-prescribed drugs

RATIONALE FOR EMPLOYING A PROCEDURE FOR THE SUPPLY AND ADMINISTRATION OF NON PRESCRIPTION MEDICINES

Currently there is no legislation governing the supply and administration of medicines within the school setting by unqualified staff. However, within the National Health Service, group protocols are in place, where qualified nurses administer non-prescription medications in defined clinical settings. A group protocol is defined as:

'A specific written instruction for the supply or administration of named medicines in an identified clinical situation..... It applies to groups of patients or other service users who may not be individually identified before presentation for treatment' (DoH 1998, p.5)

This procedure has been based on group protocol and written to enable the safe supply and administration of medicines within the setting of St. Hugh's School. Its aim is to allow named persons within the procedure to dispense over the counter medications where appropriate, to pupils, staff and visiting adults. The benefits include prompt and simple access for minor health problems and enrichment of quality of care.

CLINICAL CONDITIONS TO BE TREATED

The clinical conditions to be treated are wide ranging covering simple childhood illnesses, viral, bacterial and fungal infections and minor injuries gained during normal school activities.

STAFF

In order for medications to be administered safely, this Procedure aims to provide named members of staff who may administer non-prescriptive medications. Under this Procedure the dispensing of over the counter medicines can be undertaken by the individuals named in appendix 2. "Staff who have completed the Administration Of Medication course on Educare".

STOCK MEDICATION

The following medications are used on a regular basis and are standard stock kept in a locked cupboard within the Surgery. Procedures for the safe storage and protection of medicines in school can be found in the school's medical policy.

MEDICINES USUALLY KEPT ON THE PREMISES

Painkillers
Nurofen for children 3+ months
Nurofen for children 3 months – 12 years
Paracetamol 3 months plus
Paracetamol 6 years plus
Paracetamol tablets 500mg

Paracetamol Soluble tablets 500mg
Ibuprofen caplets 200mg
Travel Sickness
Kwells 300mg tablets 10 years and over
Stugeron 15 15mg 5 years +
Creams
E45 cream
Sudocream
Cough, Cold, Sore Throat
Dry Tickly Cough Syrup Glycerin Honey & Lemon
Vicks Vaporub
Antihistamines
Boots allergy relief 1 year plus antihistamine syrup
Boots bite & sting relief antihistamine cream
Chlorphenamine 4 mg Tablets 6 years - 12

Whilst the procedure aims to cover all the products which are regularly used during each school term, it must be recognised that in certain circumstances, some over the counter products may not be available. In such cases advice will be sought from the pharmacist and a substitute product will be supplied.

REVIEW OF POLICY

The effectiveness of this Administration of Non-Prescribed Drugs Policy will be evaluated and reviewed every year (or earlier if new medication is added to the treatment regime.)

(Original stored in surgery)

Appendix 2

Staff who have completed three day full first-aid at work certificates

	Date completed	Expiry Date
Marlene Green	October 2025	August 2028
Charlotte Ellicker-Campling	October 2025	October 2028
Sarah Warwick Smith	October 2025	October 2028

Staff who have completed the Administration Of Medication course on Educare

	Date completed	Expiry Date
Sarah Warwick Smith	November 2025	November 2028
Katie Felton	December 2024	December 2027
Gareth Short	December 2025	December 2028
Marlene Green	November 2025	November 2028
Charlotte Ellicker-Campling	November 2025	November 2028
Claire Corner	Jan 2023	Jan 2026
Jo Noden	June 2023	June 2026
Karen Eldridge	June 2023	June 2026
Ann Marie Hainsworth	Jan 2024	Jan 2027
Connie Hawkins	Jan 2024	Jan 2027
Emily Mc Carroll	Jan 2024	Jan 2027
Sylvia Locke	Feb 2024	Feb 2027
Charlotte Kilby	Jan 2024	Jan 2027
Magali Clayton		

First Aid in the Workplace/Emergency First Aid at work

	Date completed	Expiry Date
Mathew Pickering	April 2024	April 2027
Bernie Costello	April 2024	April 2027
Catherine Brabant	April 2024	April 2027

Flora Bonner-Mackenzie	April 2024	April 2027
Karen Eldridge	April 2024	April 2027
Kate Waite	April 2024	April 2027
Magali Clayton	April 2024	April 2027
Mark Ferguson	April 2024	April 2027
Richard Goodhand	April 2024	April 2027
Sarah Russon	April 2024	April 2027
Georgia Futter	April 2024	April 2027
Lee Wilson	April 2024	April 2027
Viv Jeffery	April 2024	April 2027
Claire Corner	April 2024	April 2027
Lara Fish	September 2023	September 2026

Full Paediatric First Aid

	Date completed	Expiry Date
Ann-Marie Hainsworth	May 2024	May 2027
Ellie Henderson	May 2024	May 2027
Katie Felton	May 2024	May 2027
Emily McCarroll	September 2025	September 2028
Rebecca Smith	September 2025	September 2028
Louise Chapman	September 2025	September 2028
Angelia Hawkins	September 2025	September 2028
Connie Hawkins	May 2024	March 2028
Sylvia Locke	May 2024	March 2028
Lindsey Wright	May 2024	March 2028
Sue Rae	May 2024	March 2028
Charlotte Kilby	May 2024	March 2028

Eve Reynolds	November 2024	November 2027
Sarah Harvey	November 2024	November 2027
Natalie Wallis	November 2024	November 2027
Lara Fish	April 2023	April 2026
Sophie Disney	April 2024	May 2028
Marlene Green	May 2023	May 2026 Booked for April INSET
Charlotte Ellicker-Campling	May 2023	May 2026
Sarah Warwick Smith	May 2023	May 2026
Gareth Short	May 2023	May 2026
Amy Foote	May 2023	May 2026
Jo Noden	May 2023	May 2026

Lifeguarding

	Date completed	Expiry Date
Charlotte Ellicker-Campling	June 2025	June 2027
Katie Felton	June 2025	June 2027
Gareth Short	August 2024	August 2026
Sarah Warwick Smith	August 2024	August 2026
Charlotte Kilby	June 2025	June 2027
Patricia Cardiovillis	June 2025	June 2027

Forest School First Aid

	Date completed	Expiry Date
Natalie Wallis	February 2024	November 2027
Eve Reynolds	November 2024	November 2027
Sarah Harvey	November 2024	November 2027

PUPIL MEDICAL RECORD

Please complete this form as accurately as possible.

Child's Name:

Date of Birth:

Name and Address of Family Doctor:

Tel:

Has your child been immunised against:	YES	NO	Has your child had:-	YES	NO
Diphtheria, Tetanus & Polio			Influenza		
Mumps, Measles & Rubella (MMR)			Measles		
Whooping Cough			Mumps		
Hib. Meningitis			Chicken Pox		
Meningitis C			German Measles		
Pneumococcal			Scarlet Fever		
				YES	NO
Has your child ever been treated in hospital, either as an Out-Patient or In-Patient in the last twelve months?					
Does your child wear glasses? If yes, please give details:					
Does your child have an orthodontic appliance? If yes, please give details:					
Does your child suffer from hayfever, eczema or asthma? If yes, please give details:					

	YES	NO
Is your child allergic to anything (e.g. type of food, Penicillin, Elastoplast etc.) If yes, please give details:		
Are there any illnesses that run in the family? If so, please specify?		
Does your child have any specific dietary requirements (e.g. vegetarian)? Please specify:		
Does your child suffer from travel sickness? If yes, please provide suitable medication.		
Please give any further details below concerning your child's health and well-being which you think might be helpful for us to know:		

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

Signed:

Parent/Guardian

Relationship to Child:

Please provide 2 telephone numbers that the school can contact you in case of an emergency.

Tel. 1 Tel. 2:

Date:

Please return to the Office

PUPIL MEDICAL CONSENT FORM

Pupil Name: Date of Birth:

Allergies (Please specify e.g. Asthma, Eczema and Food etc.)

I hereby consent to the following medications, topical creams and dressings to be given and applied as deemed necessary by delegated staff.
(Please tick if you give consent)

Paracetamol

Antihistamine liquid

Ibuprofen

Antihistamine cream (bites, stings etc.)

Travel Sickness Tablets

Hypoallergenic Plasters

Is there any medication you do not wish your child to have?

Signed _____ (Parent/Guardian) Date _____

Health Care Plan

Child's name

Form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to