



APPLEFORD SCHOOL

FIRST AID, ADMINISTRATION OF MEDICATION INCLUSIVE OF MEDICAL PROTOCOLS & CARE OF BOARDERS WHO ARE UNWELL

This policy applies to the whole school

The Policy is available to the school staff via Staff Room (R) Appleford Policies

This policy also encompasses the care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of prescribed and non-prescribed medication.

First Aid (Part 1) Administration of Medications: Protocol and Practice inclusive of Chronic Medical Conditions (Part 2)

Scope: All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours, including activities away from school. All new employees and volunteers are required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the Policies Register.

Legal Status: Complies with The Education (Independent School Standards) (England) Regulations, the National Minimum Standards (NMS) for residential special schools and Keeping Children Safe in Education (KCSIE) (DfE: currently in force).

Related documents:

- Safeguarding (Child Protection) Policy:
- Positive Mental Health and Well-being Policy:
- Boarding Pupils & Parents Handbooks

Monitoring and Review: These arrangements are subject to continuous monitoring, refinement, and audit by the Co- Chair of governors, who will undertake a full annual review, inclusive of its implementation and the efficiency with which the related duties have been implemented. This review will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the updated/reviewed arrangements and it will be made available to them in writing or electronically.

Policy Agreed:	September 2025
Date Published (including on website):	September 2025
Next Review:	September

2026 Signed:

Dr Peter Gardner
Directing Lead and Proprietor

Mr David King
Headmaster and Non-Executive Director

Policy Statement: Appleford School will undertake to ensure compliance with all the relevant legislation with regard to the provision of [First Aid for pupils, staff, parents and visitors](#) alongside [supporting pupils with medical conditions](#). We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with Appleford School's Health and Safety policy, Safeguarding children Policy, Boarders' Health and Wellbeing Policy and our Mental Health Policy. It will be reviewed at least once per year. The School complies with the Guidance on First Aid for School Best Practice Document published by the DfE, along with the NHS First aid and Health A-Z <https://www.nhs.uk/conditions/>. We have a full time Medical and First Aid Administrator.

Care of Boarders:

Medical Centre Procedures Pupil Attendance: If a pupil is feeling ill in the morning, he/she should report immediately to the Medical and First Aid Administrator or Head of Pastoral Care who will make an assessment and decision about whether the pupil should return to the boarding house and convalesce in their own room.

If a pupil is unwell during lesson time, then the teacher will refer them to the surgery where the Medical and First Aid Administrator take appropriate action.

Local Doctor, Dentist and Optician: Boarding pupils are encouraged to register with the local GP surgery and dentist who they may be referred to if appropriate. Appleford School also has local opticians who pupils can go to if required.

Routine dental treatment should ideally be carried during School holiday time. If a pupil develops an emergency dental problem during boarding, the House Parents will make an appointment for the pupil to see a dentist. It is likely that expenses will not be covered by the National Health Service (NHS) so any expenses incurred will be payable by parents.

For those pupils who wear prescription glasses should bring two pairs with them to boarding. It is very important that a pupil's medical history is made clear to the School and exactly what type of medical condition or illness they currently suffer from or are prone to, and what medications they are currently on, include dosage. This should all be conveyed through the application process and completing the relevant forms. Failure to disclose a serious medical or mental health condition could put a child at significant risk. The school has an established relationship with the local GP practice, dentist and opticians.

Part 1 – First Aid

First Aid can save lives and prevent minor injuries becoming major ones. Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the School in the same way that parents might be expected to act towards their children. At Appleford School we provide the necessary equipment and facilities to ensure that adequate first aid cover is available to staff, pupils and visitors. This provision is available at all times while people are on the school premises, and also off the premises whilst on School visits. This provision is supplemented with a risk assessment to determine any additional provision that may be necessary. First aiders at the School must be voluntary. It is our responsibility to ensure that adequate first aid provision and that there are sufficient enough trained personnel and equipment on the premises or during School visits or events. All staff have a duty of care towards pupils and should respond when a situation arise. All new staff know where first aid resources can be located and who the first aiders are.

Through this policy and according to The Health and Safety (First-Aid) Regulations 1981 and the Diseases and Dangerous Occurrences Regulations 1995, the School is committed to:

- recording all incidents where first aid is administered;
- providing the necessary training and resources to staff to administer first aid;
- reviewing the arrangements (annually) for training and resources;
- establishing a procedure for managing accidents; and
- undertaking risk assessments of first aid requirements in the school.

Introduction: This policy is designed to ensure that all children can attend School regularly and participate in activities. This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. In order to comply with this best practice document, the School has a requirement for a minimum of three trained First Aiders who have satisfied the requirements of the 'First Aid at Work' course. However, staff are aware they should NEVER perform any First Aid Procedures that they have not been adequately trained to do. All companies are required by The Health and Safety (First Aid) Regulations 1981 (as amended and currently in force) to provide trained first aid human resources and treatment for our staff in the event of injury or ill health at work. Although the regulations only require the employer to provide cover for staff, it is the School's policy to extend this cover to children and visitors.

The School will provide:

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- practical arrangements at the point of need;
- the names of those qualified in first aid and the requirement for updated training every three years;
- at least one qualified person on site when children are present;
- how accidents are to be recorded and parents informed;
- access to first aid kits;
- arrangements for pupils with particular medical conditions (for example asthma, epilepsy, diabetes);
- hygiene procedures for dealing with the spillage of body fluids;
- guidance on when to call an ambulance;
- reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which School are required to report to the Health and Safety Executive (telephone 0845 300 9923).

Methodology - This First Aid Needs Assessment will consider the following topics inclusive of:

- the nature and distribution of the workforce, work undertaken, the hazards and the risks;
- the current classification of first aiders;
- the School' history of accidents and illness;
- excursions/sports fixtures/lone workers;
- the remoteness of activities from emergency medical services;
- the assessment of the number of first aiders required.

Our aims arrangements are in place for the provision of first aid;

- ensure that all staff are aware of their roles and responsibilities in relation to the provision of first aid treatment;
- ensure employees know where first aid kits are located and the names of trained first aiders/appointed persons and to keep employees and volunteers informed of any change;
- ensure that first aid facilities should be clearly identified, e.g. on the staff room, office and medical room notice board; ensure that first aid provision is available at all times while people are on School premises, and also off the premises whilst on School visits;
- provide First Aid treatment where appropriate for all users of the School (with particular reference to pupils and staff);
- provide or seek secondary First Aid where necessary and appropriate;
- treat a casualty, relatives and others involved with care, compassion and courtesy.

Policy on First Aid in the School: All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid. During the School day first aid is administered by the Medical and First Aid Administrator; or one of the First Aiders if an accident occurs in the School grounds and first aid is required, then one of the staff on duty can assist if they are qualified, or if they are not qualified, they should come to Surgery or School Office and request the assistance of the designated first aider. The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available in the Surgery, and elsewhere in the School. Any action taken must be recorded in the Treatment Book, which is kept in the Surgery, and parents should be informed by telephone or in writing of any accidents which occur. Any first aid or medical assistance given must be reported to the School Medical and First Aid Administrator. All injuries, accidents and illnesses, however minor, must be recorded in the School Management Data Base and Accident Book, which are available in the Surgery. If an injury or illness involves spillage of body fluids gloves should be worn. If there is any concern about the first aid which should be administered then the School Medical and First Aid Administrator or a qualified first aider must be consulted.

The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents. The number of designated first-aiders will not, at any time, be less than the number required by law. This is determined by risk assessment (Local Authority guidance). Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence. The School Medical and First Aid Administrator is responsible for ensuring that a sufficient back-up stock is held on site. Notices will be displayed in prominent locations throughout the establishment identifying how to summon first aid in an emergency, who the first aiders are and their contact and location details. All first aid -signs and containers must be identified by a white cross on a green

background. A written record will be kept of all first-aid administered either on the School premises or as a part of a School related activity.

We believe it is essential that this policy clearly identifies and outlines the roles and responsibilities of all those involved in the procedures and arrangements that are connected with this policy. In order to ensure adequate First Aid provision:

- There will be sufficient numbers of trained staff and appropriate equipment available to ensure a rapid response when the schools are occupied.
- All staff undertake first aid training that includes Adrenaline Auto Injectors (AAI) and Automated External Defibrillator (AED) training and since October 2023 Paediatric First Aid Training is updated every 3 years.
- Training will be delivered by appropriately qualified professionals.
- A First Aider is always available during both school and boarding hours.
- All staff and regular volunteers have updated Child Protection training.

Objectives are to:

- appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School;
- provide relevant training and ensure monitoring of training needs;
- provide sufficient and appropriate resources and facilities; and to
- inform staff and parents of the School's First Aid arrangements.

The School will ensure that:

- adequate resources are available for the implementation of this policy;
- this policy and procedure are effectively communicated;
- an assessment is made to ensure that suitable first aid facilities are provided;
- arrangements are made for the provision suitable first aid facilities;
- an assessment is made to ensure that suitable first aid facilities are provided;
- employees with first aid responsibilities receive adequate training; and that
- arrangements are made for the periodic monitoring of performance against these standards.

Definitions:

- **First Aid:** The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.
- **Full First Aider:** A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive and holds a current certificate.
- **Full Paediatric First Aider:** A person who has completed a full (2-day) course of first aid training with a training establishment approved by the Health and Safety Executive and holds a current certificate.
- **Appointed Person:** A person who is in charge of the first aid arrangements, which in our School is the health and safety officer.
- **Medical Conditions:** Pupils' medical needs may be broadly but not limited as being two types:
 - Short-Term: for example, an ear infection, a short course of medication.
 - Long-Term: potentially limiting their access to education and requiring extra care and support (deemed special medical needs) e.g. anaphylaxis, asthma, epilepsy. generally, a health care plan (hcp) is required.

First Aid Facilities: The Headmaster must ensure that the appropriate number of first-aid containers are available according to the risk assessment of the site are available. See Health and Safety Executive (HSE) guidelines on recommended and mandatory contents.

- All first-aid containers must be marked with a white cross on a green background;
- First aid container always accompany the children when using any specialist facilities and during any offsite activity/education visit. First aid containers must accompany Physical Education (PE) teachers off-site;

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- All vehicles carry a first aid kit;
- First aid containers should be kept near to hand washing facilities;
- Spare stock should be kept in School;
- Responsibility for checking and restocking the first-aid containers is that of the First Aider Officer. The First Aiders must notify to the offices or the First Aid officer any necessity of restocking of the First Aid boxes.

The Boarding Accommodation has suitable accommodation for children who are ill. Staff are always available on call. The Houseparents will administer medication and extra drinks, organise meals, and take medical observations to chart progress. If progress in a pupil's recovery is not satisfactory, he/she is referred to the school GP.

First Aid Room: The School provides an area where treatment can be administered. This is controlled by the Appointed Person. The designated area is the Surgery located within Oak. The Surgery is equipped with:

- a sink with hot and cold running water;
- drinking water and disposable cups;
- disposable vomit pulp bowls;
- soap and paper towels;
- a store for first-aid materials;
- foot-operated refuse containers, lined with yellow, disposable clinical waste bags or a container suitable for the safe disposal of clinical waste;
- a chair;
- bio-hazard first aid kit;
- a record book for recording incidents attended by a first-aider or appointed person;
- a controlled, lockable drug cabinet. The key for the lockable drug cabinet is held in lock safe within medical room.

First aid kits: There are 12 First Aid kits provided throughout the school and each boarding house is provided with a first aid kit in the night duty room. These are controlled and checked by the Appointed Person and are located throughout the School as outlined in Appendix 2 (Page 10). These are checked termly by the Appointed Person and they are asked to alert the School Medical and First Aid Administrator of any missing items. The kits are checked and replenished routinely at the beginning of each term by the Surgery staff. Any time a staff member uses a First Aid kit they must inform the Surgery staff. The person responsible for checking the first aid provision is Mrs Karen Mills (Medical and First Aid Administrator), and in their absence, Mrs Iona Gray (who is Head of Pastoral Care). One First Aid kit is provided to each group for First Aid qualified staff to take to the sport's fixtures and school visits off site. These kits are kept in Surgery when they are not in use. The contents of the First Aid kits comply with HSE recommendations and standards. Although there is no specific requirement on what should be in any first aid box, the School has a series of British Standard BS 85991 Compliance First Aid kits.

Training: First Aid courses are organised by the School and run by HSE Approved training organisations or other approved body depending on availability. Within the School we aim that each department has at least one qualified first aider. Staff may also attend other recognised training courses in first aid. Staff are advised of the medical protocol during their induction training. It is very important that all staff in the School are aware of the individuals are trained in first-aid and the whereabouts of the first-aid kits. The First Aid Officer is a Fully First Aid trained and have had specific instruction regarding some other health conditions. The list of staff with current First Aid Certificates is available in the School Office, the Staff Room and Medical Rooms. A list of First Aid qualifications is saved at the end of this policy. All First Aid qualifications are updated every three years in accordance with regulations. A *full first aider* will always be on the premises. First aid kits are available on the premises, in vehicles and for educational visits and offsite activities.

The Role of the Head of Medical: the nominated person will:

- ensure all school personnel are trained in first aid arrangements and hold a valid certificate of competence that is valid for three years;
- ensure all school personnel receive refresher training every three years;
- organise and maintain the medical room as suggested by HSE:

- a sink with hot and cold running water; ○ drinking water and disposable cups; ○ soap and paper towels; ○ a store for first-aid materials; ○ foot-operated refuse containers, lined with yellow, disposable clinical waste bags or a container suitable for the safe disposal of clinical waste;
- a chair; a telephone or other communication equipment; and a record book for recording incidents attended by a first-aider or appointed person.
- Fridge for medication only
- ensure that there are adequate stocks of first aid requirements
- ensure first aid kits are British Standard BS 8599 and contain what is suggested by HSE as seen below in 'Offsite Activities and Trips'
- position and maintain first aid containers at appropriate locations around the school;
- ensure all accidents and injuries are recorded and reported;
- ensure that pupils and school personnel with specific health needs and disabilities are given specific consideration;
- ensure the appropriate medical resources (asthma inhalers, insulin, EpiPen's) are available for those pupils with specific health needs at all times;
- ensure school personnel are aware of the specific health needs and disabilities
- determine the level of provision: ○ at breaktimes and lunch times ○ when school personnel are absent ○ for all educational visits and sporting activities ○ for curriculum activities
- ensure first aid kits are taken on educational visits or off-site sporting activities;
- ensure there is a designated medical room that is kept well stocked and free from clutter;
- ensure school personnel follow basic hygiene procedures and have access to disposable gloves and hand washing facilities;
- inform parents of any accident especially head injuries and of any first aid administered;
- ensure first aid notices are displayed in the appropriate places;
- provide guidance and support to all school personnel; • keep up to date with new developments and resources;
- review and monitor this policy for updates.

The Role of Surgery Personnel: all school personnel must:

- have an up to date file of consent forms for every pupil in each year and ensure that these are readily available for staff responsible for school outings.
- ensure that First Aid cover is available throughout the school week;
- be aware of first aid arrangements;
- be trained in First Aid to level of 'First Aid at Work'
- be suitably trained in identifying pupils with expected medical problems
- At the start of each academic year, provide staff with details of any pupils who are known to be asthmatic, anaphylactic, diabetic, epileptic, have any allergies or any other serious illness.
- report any concerns they have on the medical welfare of any pupil;
- undertake training in first aid, administration of medicines and awareness of medical problems in pupils; (Updated to include Paediatric First Aid training)
- report and record all accidents and first aid treatment administered.

The role of the Appointed Person: The Appointed Person at Appleford School is Mrs Karen Mills (Medical and First Aid Administrator), and in her absence, Mrs Iona Gray (who is Head of Pastoral Care). All medical matters and first aid issues should be directed to them. The Appointed Person will take charge when someone is injured or becomes ill. They are also responsible for the first aid equipment and for restocking the first aid containers. They will ensure that an ambulance or other medical help is summoned when appropriate. Record keeping is also an important role of the Appointed Person. Records are kept in the School Accident book or in a First Aid log of any important incident just in case the incident turns out to be more serious at a later date or someone develops complications.

The role of the First Aider: All first aiders will have completed a training course approved by the Health and Safety Executive. In the event of an injury or illness, the first aider should give immediate help to the casualty. If necessary, he/she should send for the School Medical and First Aid Administrator or the emergency services. All First Aiders must: All First Aiders must:

- ensure that their qualifications are always up to date;

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- always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible; This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services;
- help fellow First Aiders at an incident and provide support during the aftermath;
- act as a person who can be relied upon when the need arises;
- insist that any casualty who has sustained a significant head injury is seen by professionals at a hospital;
- ensure that a pupil who is sent to hospital by ambulance is either accompanied in the ambulance or followed to a hospital by a member of staff to act in loco parentis;
- inform parents immediately;
- keep a record of each pupil attended to, the nature of the injury and any treatment given, in the book provided in the Surgery record. In the case of an accident, the Accident Book must be completed by the appropriate person;
- ensure that all spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately (always wear disposable gloves) using disposable paper towels. Discard clinical waste in a yellow bag for contaminated/used items and seal tightly before disposing of the bag in a bin;

Trained First-Aiders:

- Ensure that employees are aware that they can only give first aid if they hold a current first aid certificate. This treatment can be provided to employees, individuals, visitors and any other people who are within The School's control;
- Provide sufficient First Aiders on the site, to take account of shifts and absences.
- Ensure that each first-aider holds a current Certificate of Competence in First Aid Work issued by an HSE approved organisation. Re-training is required every 3 years, i.e. before the expiry date.

First Aiders' Responsibilities:

- To give first response treatment and to summon an ambulance through the School office, when necessary;
- To inform the School office when pupils are too unwell to stay at School. The School Medical and First Aid Administrator or the School office will contact parents to collect their child and, when required, inform them of the accident and the hospital to which their child is being taken and to keep a legible written record of attendances, with dates, times and treatment given.

Responsibilities of the Employer: Under the Health and Safety Act 1974 the employer has a series of specific responsibilities relating to Health and Safety in the workplace. Insurance cover must be in place in order to cover possible claims against the School, which should be covered under Employers' Liability and Public Liability. The employer must also arrange for adequate training to cover the number of staff and pupils at the School, as well as coverage off-site and on educational visits.

Contacting First Aid Personnel: The Appointed Persons can be contacted in Reception or on their mobile. These numbers are displayed near every phone. First aiders can be contacted through the School Office or directly by phone.

Administering First Aid:

- First aid will only be administered by a trained first aider and copies of first aid certificates will be systematically filed.
- For minor injuries which are within the first aider's capability, appropriate treatment should be provided. Otherwise, the injured person should be made comfortable until the emergency services arrive.
- Ensure that contaminated waste is safely disposed of and any blood or body fluid spillages are safely removed.
- Record any first aid treatment in the Treatment Book/ Boarding Treatment books.

The First Aiders' procedure for dealing with sick or injured pupils:

- Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness;
- Comfort or advise as necessary. This may be sufficient and child can return to class or break. Inform staff member of nature of any concerns if appropriate. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists;
- Record action taken in the School Management database. If pupil is then well enough he/she will return to class;
- If a severe illness or injury is suspected then the most appropriate member of staff will take the pupil to hospital or the emergency services will be called and administrative staff will contact a parent/guardian to inform them. No pupil will travel in an ambulance unaccompanied;

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- If any issue arises during treatment or discussion with the pupil that the School Medical and First Aid Administrator or First Aider feels should be taken further, she/he will telephone or speak to the parents and/or the Designated Safeguarding Officer or most appropriate member of staff. First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. They are not, however, medically qualified and hence cannot give medical advice.

Personal Accident Insurance: All pupils are covered by adequate personal accident insurance, the premium of which is paid for by the School, Leaflets with details of the policy can be provided upon request.

Hygiene/Infection Control/HIV Protection: Staff take precautions to avoid infection and will follow basic hygiene procedures. Single-use disposable gloves are to be found in all first aid containers. Staff have access to single-use disposable gloves and hand-washing facilities/hand sanitiser, which are used when dealing with any blood or other bodily fluids. Staff will take care when dealing with such fluids, and when disposing of dressings or equipment, along with making sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to be sufficiently cleaned: *Source: 'Guidance on First Aid for School: A Good Practice Guide' (adapted).* All School staff take appropriate precautions to avoid infection and must understand and follow basic hygiene procedures. These procedures are detailed in the School's health and safety policy. The School has a **bio-control kit for spills**, which is available in the medical room and all boarding houses.

Supporting Sick or Injured Children: Any pupils unwell during the day can be cared for in the surgery, until feeling better and able to return to their boarding house. Only trained staff will administer first aid and first aiders will not administer medication unless medication training has been completed. Parents are welcome to contact the School Medical and First Aid Administrator at any time if they have concerns about their child, and they will liaise if they or other staff have their own concerns. Initial medical information is gathered via the Medical Questionnaire form which must be completed for all children before their start date. Important information e.g. about allergies is disseminated to all staff on a need-to-know basis.

With reference to sick children and medicine we:

- make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues via Public Health England (www.gov.uk);
- contact the School health professional for advice if we are unsure about a health problem;
- isolate a child if we feel that other children or staff are at risk;
- ring emergency contact numbers if the pupil cannot be sufficiently cared for by the Medical and First Aid Administrator, boarding parents.
- make every effort to care for the child in a sympathetic, caring and sensitive manner;
- keep other parents informed about any infectious diseases that occur;
- expect parents to inform the office if their child is suffering from any illness or disease that may put others at risk.

Confidentiality: Information given by parents regarding their child's health will be treated in confidence and only shared with other staff when necessary or appropriate. Further information regarding confidentiality of medical and nursing records can be found below in Part B of this policy.

Monitoring: Accident report forms can be used to help the Head of Pastoral Care (Mrs Iona Gray) to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. The Chief Operating Officer (Mrs Claire Cooper) regularly reviews the accident records.

Reporting to HSE: statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The Health and Safety Manager will keep a record of any reportable injury, disease or dangerous occurrence, as well as any first aid treatment given by first aiders. This should be on the official HSE form which can be found in Operations office, Oak. This will include:

- the date and method of reporting;
- the date, time and place of the event;
- personal details of those involved;
- a brief description of the nature of the event or disease and the first aid given;
- what happened to the person immediately afterwards;

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- the name and signature of the first aider or person dealing with the incident.

This record can be combined with other accident records. Copies should be given to the School Medical and First Aid Administrator.

The following accidents will be reported to the HSE involving employees or self-employed people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence);
- accidents which prevent the injured person from doing their normal work for more than three days;
- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work i.e. if it relates to any School activity, both on or off the premises;
- the way the School activity has been organised and managed;
- equipment, machinery or substances, the design or condition of the premises.

HSE will be notified of fatal and major injuries and dangerous occurrences without delay. The Proprietor is responsible for ensuring this happens but may delegate the duty to the Health and Safety Officer. The Chief Operating Officer (COO) will report the incident to HSE and also to our insurers.

Record keeping & Statutory accident records: The Medical and First Aid Administrator (Karen Mills) will ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. The Medical and First Aid Administrator will also ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This will include:

- the date, time and place of incident and the name (and class) of the injured or ill person;
- details of their injury/illness and what first aid was given and what happened to the person immediately afterwards along with the name and signature of the first aider or person dealing with the incident.

Reporting: All injuries, accidents and illnesses, however minor, are recorded in the School Management Database and Accident Book. An Accident Report Form will be completed on the same day or as soon as possible for all accidents and all serious accidents will be reported in the Accident Report Book. All entries in the Accident Book, kept in the medical room, are given to Medical and First Aid Administrator (Karen Mills). The Medical and First Aid Administrator is responsible for ensuring that the accident procedures are recorded correctly and that parents and HSE are kept informed as necessary. Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Proprietor if necessary. This may be in person, by telephone or in writing. Parents are always informed if there is a Head injury, no matter how apparently minor.

Accidents involving Staff: Work related accidents resulting in death or major injury (including as a result of physical violence) will be reported immediately to RIDDOR <https://www.hse.gov.uk/riddor/> (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs). Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days will be reported within 10 days. Cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents Involving Pupils or Visitors: Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises) and the way a School activity has been organised or managed (e.g. the supervision of a field trip);
- equipment, machinery or substances and the design or condition of the premises;

Need to be reported without delay to HSE, followed by Form F2508. For more information on how and what to report to the HSE, please see <https://www.hse.gov.uk/riddor/index.htm> It is also possible to report online via this link.

Off-site Activities and Trips: The member of staff in charge of the activity or trip should obtain a first aid container from the Appointed Person. He/she should ensure that he/she has any specialist equipment that may be required as detailed in the activity risk assessment. *Appleford School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.*

It will be ensured that one member of staff has a current first aid qualification. It is the responsibility of the person organising the activity or trip to ensure there is adequate cover. Mobile first-aid kits are available for staff and will be taken on trips.

The HSE recommends that, where there is no special risk identified, a minimum stock of first aid items for travelling first aid containers is:

- a leaflet giving general advice on first aid;
- individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- sterile eye pads;
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile individually wrapped un-medicated wound dressings;
- medium-sized sterile individually wrapped un-medicated wound dressings;
- disposable gloves.

Accompanying will also carry and/or be aware of details for relevant pupils, including:

- contact details for parents/guardians;
- details of any medical conditions;
- details of any medications being currently taken or relevant equipment;
- details of allergies;
- dietary requirements;
- any other relevant information - including anxiety and other mental health/psychological issues.

Head Injury: Head injury as defined by NICE 2014 is defined as any trauma sustained to the head. All pupils who sustain a head injury will be seen by the Medical and First Aid Administrator immediately, who will assess the injury, complete an accident form, and inform the parents/guardians/carers.

Out of School Hours: During out of School hours, staff/pupils on trips or activities will have access to first aid equipment. Those on trips have a dedicated telephone to ensure that they can be contacted or make calls, but all trip and activity organisers will have a mobile first aid kit with them. Should a more serious incident occur that requires medical attention, our staff are instructed to seek professional medical help from the relevant authorities (ambulance, paramedic, doctor, etc.).

Risk Assessment and Hazards: It is important that Appleford School is aware of general and specific hazards on its premises. For example, the science laboratories and art room represent a higher risk environment potentially than other parts of the building owing to nature of task and activities that take place within them. Our School's risk assessment takes hazards and perils posed on these sites very seriously and take appropriate steps. For example, an eye wash is available in the laboratories as well as provision to deal with burns or scalding from apparatus or general accidents. Cuts from accidents with sharp instruments are a specific concern in the art room and appropriate first-aid provision will be made available.

An annual risk assessment is made and the chair of governors hazards and perils currently are considered:

- **art room:** cuts from knives, inhalation of sprays, eye contamination from materials, slippage;
- **science laboratories:** cuts and lacerations from broken glassware, eye injuries from glass or chemicals, burns from flames, strong acids, alkalis, other chemicals. inhalation of fumes, eye injuries and slippage;
- **stair case:** falling and slippage;
- **canteen** – choking, slippage, allergic responses;
- **sports hall** – physical strain injury, slippage, dehydration, infection control/hygiene;
- **general** – pupil (or staff member) who currently has an underlying health issue and may be on medication, may need quick access to medicines on their person or securely held for them at the school; • **showers**- infection control, slippage;
- **all restricted areas.**

First Aid Information: Basic first aid and CPR techniques are displayed in areas of the School as deemed necessary. These are regularly updated. The School Human Resources is in charge of continuing professional development (CPD) training at the School using the donated BHF demonstration equipment

Risk Assessment: This will be reviewed annually or at any time after an injury has occurred. Heads of Department in high- risk areas are responsible for their own first aid risk assessment, which will be carried out with the help of the School Medical and First Aid Administrator. The Co-Chair of governors and the School Medical and First Aid Administrator should carry out the School first aid risk assessment in associated with the Appointed Person.

Initial Medical Assessment of Boarders when they Arrive: Before they depart from their homes to the boarding facility, parents of boarders are asked to inform the School of any immunisation history and illness records/medications through the medical form. Upon arrival, within the first week of joining the school, the School Medical and First Aid Administrator will aim to establish a medical and mental health background including any concerns that the pupil or parent have. The Medical and First Aid Administrator will be inquiring about any prescription medication they may be taking. Pupils are asked to declare all their medicine and supplements during this assessment as the Medical and First Aid Administrator will have to screen and approve them against the UK's legislations and School Policy.

Care of Unwell Boarders: All boarders who feel unwell or who are ill must be seen by the School Medical and First Aid Administrator as soon as possible. The School Medical and First Aid Administrator will conduct standard checks on the boarder and ask a series of questions to try and ascertain what might be the cause of the illness or feeling poorly. They will factor into their questions whether a pupil has additional mental issues or more complex SEND issues.

Upon completion of her review of the boarder, the School Medical and First Aid Administrator will make a judgment as to the severity of any condition/illness based on symptoms and checking of vitals and other procedures and the responses from the boarder about how they feel. Once the School Medical and First Aid Administrator is satisfied that the boarder is not a critical care case or in need of immediate hospital assessment, the boarder can remain within the boarding house and be looked after. Some boarders may present with a common cold or Headache or very general every-day conditions. In this instance, the boarder will be advised to try and continue with their school timetable and see how they cope; paracetamol or other OTC medications may be given and recorded by the School Medical and First Aid Administrator.

If the boarders feels a general malaise and seems unable to cope with study or may be highly infectious, then they will be asked to stay in their rooms. The houseparent will check on the sick boarder every 50 minutes or as appropriate. If the boarder is really quite ill or they have a condition that requires absolute continuous monitoring (e.g. persistent hypertension, feel disorientated) they must stay in the Surgery with School Medical and First Aid Administrator and be continuously monitored within Oak. A second pupil could also be monitored in the adjacent rest room, if necessary.

- Monitoring of pupils should be conducted every 50 minutes or as medical condition dictates.
- The Medical and First Aid Administrator will always seek visual sight of the boarder and where necessary, may check on temperature, blood pressure, etc.
- Pupils would have access to their mobiles to call the School Medical and First Aid Administrator or any of the House Parents or Reception in the main School should their condition at any time start to worsen.
- Boarders would be informed of what to do to seek attention between intervals of being checked.
- Sick bowels and other necessary precautions would be given to pupils and checks would be made to see that they remain hydrated.
- Appropriate PPE would be used and disposed of as required.
- Infection control would also be observed and actioned.
- Where necessary, a medical risk assessment would be carried out on the boarder, especially for handover to the House Parents. • The School Medical and First Aid Administrator has the right to consult with the School Doctor at any time
- Breakfast, lunch and dinner would be taken to all sick boarders. Boarders would be asked if they have preference for foods, e.g. soups etc.

When the House Parents come on duty (after school hours), the School Medical and First Aid Administrator/Matron will do a handover and provide them with relevant safety netting advice. This will include, but is not limited to, explaining what to do if signs of deterioration occur, what medications to administer (if any) and the appropriate way to report the concern.

Physical assessments may be necessary depending on the nature of the health concerns, but this should be kept to a minimum where appropriate and should always be recorded. Ideally, if a boarder has to be moved or a more invasive treatment or action is required, two trained staff should be involved.

In line with the NMC guidelines, when talking with sick boarders, it is important to remember confidentiality and treat people as individuals and uphold their dignity.

Night Duty: Night duty responsibilities are undertaken by House Parents and night duty staff on a rota system, with male staff on duty in the boys' boarding house and female staff in the girls' boarding house. Boarding Staff are always on call during the night for visits and verbal consultations. A first aid kit is kept in each of the night duty rooms and the boarding staff is made aware by Surgery Staff of any pupils requiring the attention or medication during the night.

Chaperone: If at any point the pupils requires a Chaperone for medical reviews, one will be arranged via the School to ensure the pupil is comfortable and well looked after.

Access to Male/Female Doctor: pupils have access to a male or female doctor.

General Practice (GP): It is important that all our pupils have access to healthcare. Appleford has a doctor's surgery within the village for emergency appointments. Parents' are advised to enrol their child with this surgery.

Medical Needs: Pupils with extra medical needs at school may require a Health Care Plan (HCP) this ensures that we can meet the medical needs of individual pupil and staff are able to take appropriate action should an emergency occur. The Health Care Plan (HCP) can be found in the Surgery and the School reception. Conditions which might require a care plan include allergies, Diabetes, Asthma, and Epilepsy. It is the parent's responsibility to notify the School of any changes to their children's health as it could alter the care pathways. Care plans are developed in collaboration with the pupil, parents (if pupil is under 16), carers, health care professionals, School nursing service and appropriate school staff such as the SENCO or the Mental Health Lead. Further information about medical needs can be found in Part B of this policy.

Supervision and Ratios: Currently the School has maximum number of 46 boarders. The School Medical and First Aid Administrator can successfully manage up to 2 sick boarders in any one day; above this, then a House Parent or the Head of Boarding needs to work alongside the School Medical and First Aid Administrator to help out in the supervision and checking. Ultimately, it will be the School Medical and First Aid Administrators role to judge and assess each pupil's progression with the feedback from others. If there was serious outbreak of illness in the boarding house, then all House Parents would be required to work, irrespective of their boarding rotas until a steady state could be achieved.

Taking a Boarder to A&E: Should a pupil be injured as a result of an accident; initial treatment would be carried out by the surgery staff or first aiders. However, In the event where a pupil requires urgent care that cannot be facilitated at the School, arrangements will be made for the pupil to go A&E. During the day 8.30am-16.30, if a Medical and First Aid Administrator is available and there are no other sick boarders, they will accompany the pupil during the hospital visit. However, if this cannot be facilitated, another member of staff will accompany them instead. After school hours 16.30, the house parent will accompany the pupil to A&E and cover will be arranged by Head of Boarding at the Boarding house. The Medical and First Aid Administrator or Head of boarding will notify the parents / guardians about their children's condition and care plan. All emergency treatment, i.e. bone fractures, bad sprains or open wounds, are treated under the NHS, at the Salisbury District Hospital, which is the nearest 24 hour Accident and Emergency Centre. If the injury is potentially serious, the parents would be informed and consulted on treatment. For minor injuries, patients can be taken to the Andover Minor Injury Unit. The school also has an AED machine (Automated external Defibrillation) which is situated outside the main administration building, which can be used by anyone on site.

COVID 19: Pupils that display Covid19 like symptoms they will be offered a lateral flow test. If the results come back positive, the pupil will be advised to isolate for 3 days. If they are a boarder, they are required to isolate in their boarding rooms avoiding use of communal areas. Pupils will be supplied with face masks and all meals. House Parents will check regularly on them throughout the day to meet the needs of the pupils as appropriate. After pupils have recovered from the symptoms/ when the pupil is no longer infectious, the room will be thoroughly cleaned. Anti-bacterial wipes (sporicidal wipes) will be used to wipe down the surfaces. Pupils have the right to refuse lateral flow test. However, if the pupil appears infectious or very unwell, they will be sent back home/boarding to rest.

Diarrhoea & Vomiting: As per NHS guidance, if a child have an episode of diarrhoea or vomiting they will remain in the boarding facilities until 48 hours after the last episode to prevent spreading any infection to other. The School Medical and First Aid Administrator will assess pupils on individual basis to establish the best care going forward.

Sanitary Products: Sanitary products are freely available from the Medical Room to pupils. We support ending period poverty at this School.

Pupils with Special Medical Needs: At our school, this is especially important given that we are a school for children with dyslexia and associated learning difficulties, and as such nearly all of our pupils have a Education and Healthcare Plan (EHCP). Pupils at Appleford School with medical conditions must be properly supported where a pupil has a Healthcare Plan (HCP) arrangements and coordination are in place so that teachers, the boarding team and other staff are aware of a child's condition and what should be done to help them if they are in distress or ill. It is important that in this process, issues such as SEND and language barriers are factored in. Any educational health care plan should be reviewed annually.

The Appointed Person (Karen Mills) with the help of the School Admissions Officer should draw up an individual education, healthcare plan (EHCP) for pupils with medical needs. The Appointed Person will give specialist training where required to staff willing to administer medication or take responsibility for other aspects of support. Parents are responsible for supplying information about medicines that their son or daughter needs to take while at School, and for making the School aware of any changes in the prescription or the support needed. The parent or doctor is aware they must provide written details including:

- name of medication;
- dose;
- method of administration;
- time and frequency of administration;
- other treatment required;
- any side effects; and the
- temperature at which medication is kept.

In addition, parents must provide written consent for the treatment and administration of medication by a member of staff. During admissions, it is the responsibility of the School to ask questions about the medical history of any prospective pupil and if they are on any medication. Parents and Guardians also have a duty to inform the School of the medical situation of their child or ward. The School will make arrangements for the following information:

- triggers, sign and treatment of any condition;
- arrangements on whether a child can self-administer medicine;
- what to do in an emergency, who to contact, etc.

Dental Care: Parents are encouraged to take their child to regular dental check-ups during the school holiday. Any necessary treatment (including orthodontics) can be carried out at the local practice (Amesbury Dental Practice), or the pupil can choose for treatment to be done at home during the holidays.

Emergency Dental Treatment: dental accident and emergency cover is provided by Amesbury Dental Practice.

Parent Contact: We will contact the Parents/Guardians when a pupil is admitted to the surgery and when the pupil has recovered enough to return to their dormitory and back to their lessons. If does not recover completely from their illness for an extended period of time we will email/phone regular updates to their parents/Guardians (The schools policy is to isolate a pupil when they have high temperature.) We will always contact Parents/Guardians when there is concern about the pupil's condition (i.e. skin condition weight loss, resting in dormitory more often than before) emails are sent after hospital appointments. The Surgery welcomes calls/emails from Parents/ Guardians and will endeavour to respond to emails as quickly as possible.

Further Considerations:

- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances.
- The School can only accept medicines from parents that are in-date, properly labelled, and provided in the original container as dispensed by the pharmacist or doctor, with appropriate instructions.

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- Once the drug is no longer required it must be returned to the parents and safely disposed of.
- A child who has legally been prescribed a drug may have it in their possession, if they are competent to do so, but passing it to another child is a serious offence.
- Careful consideration and arrangements should be made for those pupils who have medical concerns (and who may also have SEN issues) and who go on School trips and activities. It is crucial that during a risk- assessment stage, proper checks are made on the need of any pupils, what medicines they may, take, dosage, frequency, nature of conditions and symptoms.

PLEASE NOTE: The following is information about certain conditions, but any actions based on the information below that is taken should be done so by a trained person, ideally a qualified Medical and First Aid Administrator that is employed by the School.

Annex A:

Basic First Aid: Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- keep calm. if people are seriously injured call 999 / 122 immediately; contact the school Medical and First Aid Administrator or a first aider.
- make sure you and the injured person are not in danger and assess the injured person carefully and act on your findings using the basic first aid steps below. Keep an eye on the injured person's condition until the emergency services arrive.

Unconsciousness/Non-responsive	Bleeding (If nothing is embedded)
If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, Commence CPR while you wait for the emergency services.	Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing, if continues apply another dressing pad firmly bandage do not remove the original pad . Lay the person down, reassure them, keep them warm and loosen tight clothing.
Burns	Broken bones
For all burns, cool with water for at least 20 minutes. Do not apply dry dressings, use cling film loosely if available- keep the patient warm and call an ambulance.	Try to avoid as much movement as possible.

Embedded Objects and Splinters: An object embedded in a wound (other than a small splinter) should not be removed as it may be removed as it may stemming bleeding, or further damage may result- If bleeding create pressure either side of object with bandages. In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

Annex B: Anaphylaxis

What is anaphylaxis?

Anaphylaxis is a severe allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). An adverse reaction can be very fast and life-threatening. Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

Medication and control

While “allergy” medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs. The use of adrenaline as an injection into the muscle is safe and

can be life-saving. ***It is vital that key staff in our School are aware of the Pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.***

It is not possible to overdose using an Auto Adrenaline Injector (AAI) as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back. All pupils who have anaphylaxis will require an Allergy Action Plan which parents or guardians should complete prior to starting at Appleford School.

This will be kept with the pupil's medication in the Surgery/Medical Room or on the person. Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in the Medical Room in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted. AAI's are Guidance on the use of adrenaline auto-injectors in School https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_School.pdf

Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

Managing pupils with anaphylaxis

- All staff are aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis. Staff will ensure that all pupils who have an AAI prescribed to them, have their medication on them at all times. A list is available of all pupils with Allergies and where the medication is kept.
- Staff will ensure that they completed the Anaphylaxis training within Educare (Tes). Staff to seek advice from the School Medical and First Aid Administrator or a First Aider. If a pupil feels unwell, the School Medical and First Aid Administrator or a First Aider will be contacted for advice.
- A pupil should always be accompanied to the Medical Room if sent by a member of staff.

Away trips:

- A member of staff trained in the administration of medication will accompany the trip, taking responsibility for the safe storage of pupil's medication, if the pupils cannot carry it themselves (See Health Care Plan.)
- Staff supervising the trip are aware they must be alert to the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning: Pupils with anaphylaxis are encouraged to participate as fully as possible in all aspects of School life. It is not possible to ensure that a pupil will not come into contact with an allergen during the School day but Appleford School bears in mind the potential risk to such pupils in the following circumstances and seek to minimize risk whenever possible.

What are the main symptoms? Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness.

What to do if a pupil has an anaphylactic reaction: Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present. You should administer the pupil's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector. **IF IN DOUBT, GIVE ADRENALINE.** After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised.

If breathing is difficult, allow the pupil to sit. Administer salbutamol if someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards. **ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.**

Annex C: Asthma

What is Asthma? Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. It affects 1 in 11 children. People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest. Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time. Asthma can be life threatening.

Medication and control: Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff will ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name. Spare inhalers are located in the surgery but can only be given to those who have a diagnosis of Asthma and a signed consent form.

Pupils with asthma must have immediate access to their inhalers when they need them: It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers are clearly labelled with the pupil's name and stored in the Surgery in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All asthmatic pupils will require an Asthma Action Plan which parents or guardians should complete prior to starting at Appleford School. The Asthma Action Plan provides the basic details and indicates whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School.

This will be kept with the pupil's medical file in the Surgery. Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use. Following discussion with the pupil and his/her parents' individual decisions will be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

Managing pupils with asthma

- Staff are aware of those pupils under their supervision who have asthma. Games staff ensure that all pupils with asthma have their salbutamol inhaler prior to commencement of a session. A list is available of all pupils with Asthma and where the medication is kept.
- Staff will ensure that they have some knowledge of what to do if a pupil has an asthma attack. (Staff to seek advice from the School Medical and First Aid Administrator).
- If a pupil feels unwell, the School Medical and First Aid Administrator or a First Aider will be contacted for advice. A pupil will always be accompanied to the Medical Room if sent by a member of staff.

Issues which may affect learning: Pupils with asthma should be encouraged to participate as fully as possible in all aspects of School life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma are encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. **However, they are not forced to take part if they feel unwell.**

What are the main symptoms?

- coughing, wheezing, tight chest, inability to speak properly and difficulty in breathing out.
- what to do if a pupil has an asthmatic attack.
- keep calm and reassure the child.
- encourage the child to sit up and slightly forward.
- use the child's own inhaler – if not available, use the emergency inhaler.
- remain with the child while the inhaler and spacer are brought to them.
- immediately help the child to take two separate puffs of salbutamol via the spacer.

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- if there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs. • stay calm and reassure the child. stay with the child until they feel better. the child can return to school activities when they feel better.
- if the child does not feel better or you are worried at any time before you have reached 10 puffs, call 999 for an ambulance.
- if an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- liaise with the school Medical and First Aid Administrator and office staff about contacting the pupil's parents/guardians. **Annex D:**

Diabetes

What is diabetes? Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and control Diabetes can be treated effectively by injections of insulin/tablets and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require a Healthcare Plan. In most cases pupils will have their insulin injections before and after School but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at School he/she will know how to undertake the procedure without adult supervision. However the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. Our staff are aware they must allow pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. Appleford School will always establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All diabetic pupils will require a Health Care Plan which parents or guardians should complete prior to starting at Appleford School. This will be kept with the pupil's file in the Surgery/Medical Room. Following discussion with the pupil and his/her parents' individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

Managing pupils with diabetes

- All staff at Appleford School are aware of those pupils under their supervision who have diabetes. A list with all diabetic pupils and where the medication is available
- Games staff will ensure that all pupils with diabetes have a Lucozade bottle or dextrose tablets with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- All of our staff will ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from the School Health Professional for training).
- If a pupil feels unwell, the School Medical and First Aid Administrator or First Aider will be contacted for advice.
- A pupil will always be accompanied to the Medical Room if sent by a member of staff.

Away trips: A member of staff trained in the administration of medication will always accompany the trip, taking responsibility for the safe storage of pupils' medication, if the pupils cannot carry it themselves (See Individual Health Care Plan). Staff supervising the trip will be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning: Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level: Encourage the pupil to eat or drink

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some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia, after the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the pupil is unwell or the pupil has experienced an episode of vomiting.

Common symptoms are:

- Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration, sweating
- i. Get someone to stay with the pupil - call for the School Medical and First Aid Administrator / First Aider/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse.
- ii. Give fast acting sugar immediately (the pupil should have this), e.g.:
Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, glucose tablets, honey or jam, 'Hypo Stop/Glucogel' (discuss with parents / houseparent's whether this should be taken on trips off site)
- iii. Recovery usually takes ten to fifteen minutes. iv. Upon recovery give the pupil some starchy food, e.g. couple of biscuits, a sandwich.
- v. Inform the School Medical and First Aid Administrator and parents of the hypoglycaemic episode.

NB. In the unlikely event of a pupil losing consciousness, call an ambulance (122 or 999) and the School Medical and First Aid Administrator / First Aider.

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

Care of pupils in a hyperglycaemic episode:

- Do not restrict fluid intake or access to the toilet
- Contact the School Medical and First Aid Administrator and/or parents if concerned.

In both episodes, liaise with the School Medical and First Aid Administrator / First Aider about contacting the pupil's parents/guardians.

Annex E: Stroke

What is a Stroke? A stroke is a life-threatening emergency. It happens when the blood supply to part of the brain is cut off, this in turn kills brain cells and can cause brain damage. This damage to the brain can affect how the body moves, your emotions and how you think. The effects of a stroke depend on where it takes place in the brain, and how widespread the damaged area is. There are three types of stroke ; Ischaemic stroke, Haemorrhagic stroke and Transient ischaemic attack or TIA. Strokes can occur across all ages

What are the Symptoms of Stroke? If

stroke is suspected think FAST:

- **F**acial weakness: Can the person smile? Has their mouth or eye drooped?
- **A**rm weakness: Can the person raise both arms?
- **S**peech problems: Can the person speak clearly and understand what you say?
- **T**ime to call 999: if you see any of these signs.

Hemiplegia: Hemiplegia is a condition caused by brain damage or spinal cord injury that leads to paralysis on one side of the body. Children with hemiplegia may also take longer to reach developmental milestones than their peers. They may also use only one hand when playing or keep one hand in a fist.

If any children with Hemiplegia are admitted into the School, it will be ensured they have a Healthcare Plan

Annex F: Cleaning up body fluids from floor surfaces

Spillage kits can be located in the Surgery. Sweep up the fluid and dispose of in a yellow waste bag. Take to the Surgery for disposal. The area will be disinfected with diluted with an anti-bacterial spray. All surfaces in the area must be treated with spray to reduce the risk of spread of infection by droplets. Soiled clothing/ bedding to be put into a plastic bag, sealed and sent to be thoroughly washed and returned to the boarding house. Inform a member of the Cleaning staff of the spillage is on a carpet so they can be steam cleaned and all areas cleaned with a disinfectant solution.

All staff managing any spillages will ensure that:

- all cuts and lesions are covered with a waterproof dressing;
- personal protective equipment (PPE) e.g. disposable gloves and apron and wear eye/face protection is donned if there is a risk of splash;
- the most appropriate product is used for the spillage;
- all products are in date and replenished after use;
- hands are decontaminated using soap and water/hand wipes or hand rub if not visibly contaminated.

Bleeding and blood spillages: Anyone dealing with a pupil who is bleeding will:

- wears gloves at all times that there is a risk of contact from blood;
- avoid blood coming in contact with any cuts or open abrasions of the skin;
- avoid contact with oral and mucus membranes and eyes. - if there is any contact then these will be flushed immediately with water and the GP surgery contacted if there is any risk of transfer of infection.
- blood injury during sport- pupil to be taken off and treated and wound covered prior to be allowed to continue if appropriate.
- any wounds/cuts/abrasions should be covered at all times when dealing with pupils to avoid infection being transferred.

Annex G: RIDDOR

(Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013)

Our school is required to report to the Health and Safety Executive (Tel: 0845 300 99 23). We will report: deaths, major Injuries, over three-day injuries, accidents causing injury to pupils, accidents causing injury to members of the public or people not at work, specified dangerous occurrences where something happened which did not result in an injury but could have done. Refer to Health & Safety Handbook for full details. <https://www.hse.gov.uk/riddor/index.htm>

The nature of the work, the hazards and the risks: The following table, compiled using information from the Health & Safety Executive, identifies some common workplace risks and the possible injuries that could occur:

Risk	Possible injuries requiring first aid	Assessed risk to employees, pupils and visitors/contractors	Remarks
Manual Handling	Fractures, lacerations, sprains and strains (mainly pertains to kitchen/cleaning and maintenance staff).	Low	Never perform MH unless trained to
Slip and trip hazards	Fractures, sprains and strains, lacerations. (mainly pupils)	Low	Always assess environment for risk
Machinery	Crush injuries, amputations, fractures, lacerations, eye injuries – there are very few machines within the School which are capable of causing amputations and fractures.	Low	

Work at height	Headmaster injury, loss of consciousness, spinal injury, fractures, sprains and strains – working at heights is restricted to adults, below one metre an adult can work alone; over one metre a full-size ladder or scaffold tower is used with 2 or more people present at all times.	Low	
Risk	Possible injuries requiring first aid	Assessed risk to employees, pupils and visitors/contractors	Remarks

Workplace transport	Crush injuries, fractures, sprains and strains, spinal injuries – it is unlikely that workplace transport injuries will occur as the minibus is only used for people carrying.	Low	
Electricity	Electric shock, burns – all hardwiring is tested every 5 years and PA 100% every 3 years, there is also an annual visual H&S self-audit which should identify any shortcomings and these would then be rectified, couple to this is the appointment of H&S reps who are responsible for monitoring all H&S matters within their area of responsibility.	Low	Ensure all testing is compliant do not use any equipment within School that has not been tested.
Chemicals	Poisoning, loss of consciousness, burns, eye injuries – all chemicals are kept under lock and key and their issue and use is supervised by qualified adults/personnel.	Low	Refer to COSHH

Part 2 - Administration of Medications: Protocol and Practice

COVID-19: Please refer to the Management of General Health and (Suspected) Cases of COVID-19 Procedure along with our risk assessments. Please note that this policy is subject to adaptation under COVID-19 measures, where government guidance is applicable to the situation and there is a risk to staff or pupils. At all times, the safety of pupils and staff is paramount. Details will be issued in line with the current situation as it changes. As COVID-19 presents a low risk to children and young people, combined with high vaccination rates in the population, there are no longer specific rules relating to it in schools, colleges, childcare and other education settings. There are now no COVID restrictions implemented by the UK government.

Provisions: There is a designated Surgery in the School (that mirrors the provision in the boarding house). The Surgery is open when the School Medical and First Aid Administrator is on site from 08.30am to 16.30. The AED is kept on the outside wall of the sports hall. The asthma inhaler kits are kept within the medical room in the event of an emergency.

A stock of over the counter (OTC) medications is kept in the surgery along with dressings, plasters. The controlled drug cabinet and record book are also kept in the surgery. First Aid Kits are available around the School site, a plan of which is available from the School office or see First aid policy.

Guidance: Most pupils and young people will at some time have a medical condition that may affect their participation in School activities. For many, this will be short term; perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having long term medical needs. The majority of pupils with medical needs can attend School regularly and, with some support from Appleford School staff, can take part in most normal School activities. However, School staff may need to take extra care in supervising/making adaptations to some activities to make sure that these pupils, and others, are not put at risk.

Pupils with medical conditions are encouraged to take an active role in managing their condition and to feel confident with the support they receive from School staff to help them do this. Appleford School aims to be an inclusive environment for all pupils including those with a medical condition for all School activities, wherever possible. Parents of pupils with medical conditions should feel secure with the care their children receive at Appleford School. The School ensures all staff understand their duty of care to pupils and are confident in knowing what to do in an emergency.

Appleford School understands that certain medical conditions are serious and can be potentially life-threatening, particularly if poorly managed or misunderstood. Staff receive regular training on the impact and management of medical conditions and the effect this can have on pupils psychologically. The Medical Protocol and Practice Policy is understood and supported by the whole School community. A Health Care Plan (HCP) if required, helps to identify the necessary safety measures to support pupils with significant medical needs and ensure that they and others are not put at risk. These will be drawn up in consultation and partnership with the Parent/Guardian/Carer.

Roles and Responsibilities: Parents/carers have prime responsibility for their child's health and should provide Appleford School with appropriate, relevant information to allow the School to act in their child's best interests. Information will be provided at enrolment on the medical questionnaire, but any changes must be notified to the School as soon as possible. Appleford School aims to work together with appropriate bodies to ensure pupils with medical needs are supported, as well as to provide appropriate support to School staff. Where it is felt that a formal referral (than on Child Protection grounds) should take place, the School will seek Parent/Guardian/Carer consent and this will be coordinated by the School Medical and First Aid Administrator.

Our School's Proprietor and the Headmaster fulfil their responsibility to:

- ensure the health and safety of their employees and anyone else, on the premises or taking part in school activities (this includes all pupils). this responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips;
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions;
- make sure the medical protocol and practice policy is effectively monitored and evaluated, and regularly updated;
- report to parents, pupils and school staff about the successes and areas for improvement of Appleford school's medical protocol and practice policy
- ensure the school has a robust system for dealing with medical emergencies and critical incidents any time pupils are off-site or on field trips; and

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- adhere to the children's and families act 2014 while making arrangements for supporting pupils with medical conditions.

The Proprietor, Headmaster and the Leadership Team will:

- ensure the school is inclusive and welcoming and that the medical protocol and practice policy is in line with local and national guidance and policy frameworks.
- liaise between interested parties including pupils, school staff, pastoral support/welfare, teachers, school Medical and First Aid Administrator, parents, and local emergency care services.
- ensure the policy is put into action, with good communication of the policy to all.
- ensure every aspect of the policy is maintained.
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place.
- ensure pupils confidentiality (see note below).
- assess the training and development needs of staff and arrange for them to be met.
- ensure all supply teachers and new staff know the Medical Protocol and Practice policy.
- monitor and review the policy at least once a year, with input from the Governors, pupils, parents and staff, and in accordance with review recommendations and recent local and national guidance and legislation.
- ensure records are maintained in accordance with the regulations and standards.

All Appleford School staff have a responsibility to:

- hold, and renew as appropriate, a current First Aid Certificate including Medical emergencies.
- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- understand the School's medical protocol and practice policy.
- know which pupils in their care have a medical condition and if necessary be familiar with the content of the pupil's Individual medical Risk Assessment.
- allow all pupils to have immediate access to their emergency medication.
- maintain effective communication with parents including informing them if their child has been unwell at School.
- ensure pupils who carry their medication with them have it when they go on a School visit or out of the classroom.
- know the telephone numbers of the School senior leadership team and School Medical and First Aid Administrator if there is a need to seek assistance in the event of an emergency.
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- understand the common medical conditions and the impact they can have on pupils (pupils should not be forced to take part in any activity if they feel unwell).
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- follow universal hygiene procedures if handling bodily fluids.

Teaching staff also have a responsibility to:

- ensure pupils who have missed School due to medical reasons are given every opportunity to catch up on missed School work;
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it in liaison with the SENCO;
- liaise with parents and/or the pupil's Health Care professionals if a child is falling behind with their work because of their condition;
- use opportunities such as PSHEE and PE to raise awareness to pupils about the impact of medical conditions and health.

The School Medical and First Aid Administrator has a responsibility to:

- help update the School's Medical Protocol and Practice and First Aid policies;
- help provide regular training for School staff in managing the most common medical conditions at School;
- generate, update and circulate Individual medical Risk Assessments for pupils, as appropriate, (to include signs and symptoms and emergency medical procedures for those with known conditions);
- oversee the day-to-day health care of pupils when in the School's care;
- ensure School staff are informed about any pupil with a condition or disability that might lead to their being placed at risk in certain activities, e.g. defects of vision or hearing, epileptics, diabetics, asthmatics, etc;

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- ensure teaching, pastoral and kitchen staff are notified of significant allergies, e.g. nut allergy;
- ensure that pupils' medication is within expiry dates;
- provide information about where the School can access specialist training;
- complete update training as required in order to maintain RCN/NMC registration.

First aiders at Appleford School have a responsibility to:

- be aware of the location of first aid kits;
- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school;
- when necessary ensure that an ambulance or other professional medical help is called; • ensure their training is updated as appropriate;
- be aware and adhere to the First Aid policy.

Pastoral support/welfare staff at Appleford School have the responsibility to:

- know which pupils have a medical condition and which have special educational needs because of their condition;
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Please note, there is no legal duty that requires teaching staff to administer medication; this **is a voluntary role**. Teachers' conditions of employment do not include giving medication or supervision of a pupil taking it, although staff may volunteer to administer medication in exceptional/emergency circumstances where the School Medical and First Aid Administrator is unavailable or whilst on a School trip, after receiving appropriate training.

If staff follow the Schools' procedures, there is an indemnity for them should there be unforeseen complications as a result of undertaking an agreed procedure. First Aiders supervise pupils taking medication and record it. They do not administer it unless they have been trained to do so e.g. AAI's. Individual medical Risk Assessments are drawn up by the Medical and First Aid Administrator for pupils with significant medical needs (e.g. AAI users). Training is given to teaching and support staff and is updated annually, along with the medical risk assessments, with Parent/Guardian/Carer consent. Individual medical risk assessments are electronically circulated to all teachers who teach the pupils.

The pupils at Appleford School have a responsibility to:

- treat other pupils with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- let any pupil take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect.
- never share or swap medicines.
- know how to gain access to their medication in an emergency.
- ensure a member of staff is called in an emergency situation.

The parents have a responsibility to ensure:

- that on enrolment and yearly thereafter, the school has a complete and up-to-date medical questionnaire for their child, including details of medical conditions, allergies, vaccinations, medications etc;
- that the school is promptly made aware of any changes to their child's health, medical condition or medications;
- the school is provided with in date prescription medication in its original packaging and labelled accordingly along with a doctor's letter explaining why it is required, how it is administered and in what dose;
- that an appropriate future supply of prescription medication is made available or that the school are advised how to obtain it in consultation with the pupil's GP;
- to ensure that day and boarding pupils do not bring non-prescription or over-the-counter medicines into the school or acquire them without strict prior approval from and arrangement with the school Medical and First Aid Administrator. Where these medicines are required they will be dispensed by the school Medical and First Aid Administrator;
- regular dental checks are carried out during the holidays with the family dentist;

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- a parent/guardian/carer is available to be contacted in the event of a medical emergency.

Administration of Medication: The School has clear guidance on the administration of medication at School. A Pupil's emergency medication is readily available to those who require it at all times during the School day or at off-site activities. Staff administering medication are appropriately trained and certified to do so and have completed Educare (Tes) online training (Medical Awareness course for school). No pupil under 16 will be given any medication without written Parent/Guardian/Carer consent.

Prior to administration, the following will be checked:

- the pupil's name,
- the pupil's date of birth
- the written instructions provided by parents/guardian or doctor
- the prescribed dose
- the last time the pupil had the medication
- the frequency of the medication
- the route of administration
- any allergies or existing medical conditions that may contradict the medication
- the expiry date of the drug
- the circumstances in which the drug is to be administered
- their own ability/training needs to administer the drug
- the possible side effects of the drug and what to do if they occur.

Drug Errors/Incorrect Administration of Medicine: In the event of a mistake being made when administering medication, the School's Medical Officer should be informed. A record of the error, the circumstances and any actions taken should be documented in the individual's care notes and incident book. If the individual becomes unwell or is unconscious the emergency services should be called.

Consent to Administer Medicines: Parental consent for the School to administer both prescribed and non-prescribed medications is requested on the Medical Questionnaire and Permission Form completed at enrolment; please see the section below on 'Record Keeping' for further details. Medicines will only be accepted for administration if they are:

- prescribed (see also section below regards non-prescribed medications);
- in-date;
- labelled (with the pupil's name);
- provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. (the exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container);
- accompanied by a letter from a doctor.

Self-Administration of Medication: When pupils who are over 16 request to self-administer medicines, they are encouraged to do so. Pupils under 16 years of age need parents' permission to self-administer medicine. The pupil is required to sign a self-administer form wherein they agree to keep all medications (except emergency medicine: i.e. salbutamol, AAI) in a locked drawer in their room. Failure to comply with self-administration of medicine rules will result in their right to self-administer medicine being withdrawn. Risk assessments and the 'Gillick Competence method' will be used by Surgery staff to check pupils' competency when required.

If a Day Pupil or Boarder wishes to bring medication from overseas: Any medication brought into the School from overseas should be accompanied by the original doctor's prescription in English and a follow-up letter from the Parent/Guardian/Carer permitting for their child to take this in the UK. Most importantly, the drug must be licensed in the UK. If not, a UK equivalent should be sourced which must be verified by a UK doctor. Any medicines from overseas must be brought into the UK in their original packaging and must name the recipient. Where medication does not fulfil these criteria, it will be retained by the School Medical and First Aid Administrator and returned to the Parent/Guardian at the end of term. The School Medical and First Aid Administrator will collect and manage the administration of all such medication.

Drug Storage and Administration:

Controlled Drugs: Some prescription medicines are controlled under the Misuse of Drugs legislation in the UK (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. The Misuse of Drugs Regulations 2001 has a full

list of controlled medicines, see: <http://www.legislation.gov.uk/uksi/2001/3998/schedule/1/made>. Medications within this category commonly used in Schools include drugs used in the treatment of Attention Deficit Disorder ADHD. If a pupil is prescribed a drug which is a controlled drug, a Controlled Medications Form should be completed, supported by a doctor's letter detailing diagnosis, medications, frequency, dose, route and when to administer. The name and address of the prescribing physician must appear on the pupils' Controlled Medications form. If there is any doubt about the nature of the medication, the GP is consulted about the appropriate action to take. Any controlled drug which needs to be administered will be stored in a locked cabinet within the main locked cabinet in Surgery. The key to this must be held in a secure key safe. When administering, two members of staff, who have received training in 'Over the counter medicine training' must witness and also sign in the 'Controlled Drug Register' to record the dosage, time and other details necessary such as how much of this drug remains. In the instance that any controlled medication must be chilled, this will be locked in the Surgery fridge. Additionally, each week two members of staff (one of whom will be the School Medical and First Aid Administrator), who have received training in 'Over the counter medicine training' (see below), must carry out a weekly stock check of how much of each controlled drug remains, which should match the records in the controlled drug book. This check should be signed and dated by both members of staff. If any discrepancies are found, these should be reported to the Medical and First Aid Administrator and escalated to the Head of Pastoral Care (Mrs Iona Gray), who will safeguard the incident, along with contacting the police. When new medicines come into the School, they must be checked, counted (if controlled) by two people and added into the Controlled Drug book detailing the pupil's name, medication name, dosage, lot number, expiry date, quantity. If controlled drugs leave the premises, these must be counted out and signed out of the book to show that the School no longer has responsibility for this drug. Parents are urged to collect all unused controlled drugs for their child when no longer needed. It is recommended that the School only store 30 days' worth of medication. All pupils' own medication is recorded on Schoolbase under the pupil's record.

Prescription Only Medication (POM): All prescription medication which is bought onto the School premises will be stored in the locked cabinet within the surgery/Medical Room. They must come in the original packaging, in the pupil's name, with clear instructions as to the dosage and instructions for administration. A Medication Consent form must be filled in by parents/guardians/carers before administration. Medication will be recorded in the surgery room as per the type, amount and expiry date. Any POM will be administered to pupils only by the Registered Medical and First Aid Administrator on-site. If the Medical and First Aid Administrator is unavailable it can be given by the advanced first aiders who have undertaken the medication training. In the instance that any prescription medication must be chilled (for example insulin).

Non-Prescription or Over-the-Counter Medicines (OTC) inclusive of those issued as first aid: Any OTC medication which is bought onto the School premises will be stored within the medical room. They must come in the original packaging, in the pupil's name, with clear instructions as to the dosage and instructions for administration. A Medication Consent form must be filled in by parents/guardians/carers before administration. Medication will be recorded in the surgery as per the type, amount and expiry date. OTC administered to pupils will be given only by the Registered Medical and First Aid Administrator on-site; if unavailable it can be given by the advanced first aiders who have undertaken the medication training.

Adequate supplies of non-prescription or over-the-counter medication are kept in the medical room in the boarding house to be administered to pupils by the School Medical and First Aid Administrator as required. Appropriately trained boarding staff will administer this medication if the Medical and First Aid Administrator is unavailable at any time. If a Boarder urgently requires any medicine we do not have on site we can speak with a Doctors surgery or pharmacy to source this. Therefore we request that Boarders do not arrive at the School in possession of any of this medication (e.g. paracetamol, ibuprofen, antihistamine).

Alternative Remedies and Supplements: Alternative, homeopathic medicines and supplements are allowed as long as they are accompanied by instructions for dosage. These remedies and supplements will be treated the same as any other medication. They must be declared to the School Medical and First Aid Administrator (Mrs Karen Mills) who will review and approve as appropriate. If approved, they must be stored in the lockable space in boarder's rooms. The School reserves the right to refuse permission for any Boarder to keep remedies and supplements.

Refrigerated medicines:

- all refrigerated medication is stored in an airtight container and is clearly labelled;
- refrigerators used for the storage of medication are in the surgery, inaccessible to unsupervised pupils;
- the drug fridge must be kept locked and regular checks of its temperature recorded. if the temperature is outside the normal limit (2-8°C) this will be reported to the School Medical and First Aid Administrator.

Asthma, Anaphylaxis, Epilepsy, and Diabetes Medication: In the cases where pupils require specific medicines for epilepsy, diabetes, anaphylaxis or asthma, this medication will be kept on the pupil at all times, who will self-administer if deemed Gillick Competence, or will be supported by a Medical and First Aid Administrator/first aider. Medication for pupils who are non-competent is kept in the locked medical cupboard. Inhalers can be found within the medical room.

- **Asthma:** All children with Asthma will have Asthma Action Plan. These pupils are encouraged to carry and take responsibility for their own Salbutamol inhaler; if this is not appropriate the Surgery will hold one for them. The School holds spare Salbutamol Inhalers for emergency situations such as in the event of a pupil forgetting an inhaler and to take on fixtures, however, these can only be used on pupils with a diagnosis of Asthma and written consent from parents/guardian/carer. The emergency inhalers should only be administered by the School Medical and First Aid Administrator/ Advanced first aiders.
- **Anaphylaxis:** All children with Anaphylaxis will have an Individual medical Risk Assessment. These pupils are encouraged to carry and take responsibility for their own AAI; if this is not appropriate the First Aid and Medical Room will hold one for them. The emergency AAI should only be administered by the School Medical and First Aid Administrator/Advanced first aiders.
- **Epilepsy:** All children with Epilepsy will have an Individual medical Risk Assessment. These pupils are encouraged to carry and take responsibility for their own rescue medication; if this is not appropriate the First Aid and Medical Room will hold one for them. All staff working with pupils with Epilepsy will be trained on dealing with seizures and the administration of rescue medication.
- **Diabetes:** All children with Diabetes will have a Diabetes Care Plan from their hospital. These pupils are encouraged to carry and take responsibility for their own diabetic medication including Glucose I; if this is not appropriate the surgery will hold one for them. All staff working with pupils with Diabetes will be trained on dealing with and recognising diabetic emergencies and the administration of rescue medication.

Safe disposal:

- if pupils do not pick up their medication at the end of the term, parents/guardians/carers are to be contacted via email;
- any expired medication is to be taken to a pharmacy for disposal by the Medical and First Aid Administrator and school base updated;
- the Medical and First Aid Administrator is responsible for checking the dates of medication and arranging for the disposal of any that have expired;
- sharps boxes are used for the disposal of needles. All sharps boxes in Appleford school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis;
- if a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or the school or the pupil's parent/guardian/carer;
- collection and disposal of sharps boxes are arranged with the local authority's environmental services.

Medical Procedure for Pupil injured in the Sports Hall during Physical Education: If a pupil is injured playing sports in the Sports Hall or on the playing field, the PE teacher will decide if the pupil is fit to return to the sporting activity or further assessment is required from the Medical and First Aid Administrator. If the injury requires checking by the Medical and First Aid Administrator, the PE teacher can either:

- release a member of staff to escort the pupil to the surgery or
- call the First Aid and Medical Room and ask for the Medical and First Aid Administrator to come to the scene.

If the Medical and First Aid Administrator is not available and the PE teacher cannot release a staff member, the Head Of Medical/Pastoral should be called to look after the injured pupil. Under no circumstances should an injured pupil be left to make their own way (without a member of staff) to the First Aid and Medical Room, even if accompanied by other pupils. The PE teacher will complete an accident form.

Emergency Procedures: In the case of a severe accident or incident, the School Medical and First Aid Administrator or First Aider will be called. The situation will be assessed. The School office will also be made aware of the problem and if not already carried out at the incident, an ambulance called from there. The School's responsibility ceases as the pupil is entrusted to the care of the NHS ambulance personnel, however, should the casualty be taken to hospital, they will be accompanied by two members of staff who will take the pupil's medical file. At the hospital, the doctor must be asked for notes on the hospital visit form and also a printout of the prognosis if possible. A member of the School staff cannot permit any treatment at A&E; the hospital staff will decide on questions like blood transfusions, haemophilia etc. In all cases, parents/guardians/carers will be contacted as soon as possible.

Pupil Consent to Treatment: A pupil's ability to consent to, or refuse, medical treatment is acknowledged by the School. This is judged on "Gillick competency" and not age. If a pupil is not deemed 'competent', parental consent or the consent of a person with parental responsibility is required, unless it is an emergency. Children under 16 years of age are not automatically assumed to be legally competent to make decisions about their health care but will be deemed competent to give valid consent to a particular intervention if they have "sufficient understanding and intelligence to enable them to understand fully what is proposed". Consent is a patient's agreement for a Health Care professional to provide treatment or care and may be indicated non-verbally, orally or in a written format.

Prevention of Spread of Illness/Medical Exclusion: Appleford School follows the guidelines in 'The Spotty Book (notes on Infectious Diseases in Schools)' published by NHS England when recommending exclusion from School. If a pupil has suffered vomiting and/or diarrhoea they should be kept off School. Pupils with these conditions should only return 48 hours after their symptoms disappear. Most cases of vomiting or diarrhoea get better without treatment, but if symptoms persist, parents are advised to consult their GP. Parents are advised that if a child has a raised temperature they should remain off School until their temperature has returned to normal for 24 hours and they are feeling fully improved. Further information about preventing the spread of disease or illness can be found above in 'Hygiene/Infection Control/HIV Control' in Part A of this Policy. See chart in Appendix 2 for infectious diseases.

Notifiable Diseases: Where School staff are made aware of a notifiable disease amongst either staff or pupils or where there is an outbreak of infectious disease the Chair of Governors will contact the local Health Protection Team as appropriate. The Health Policy Triangle Framework (HPT) can advise on the circumstances in which pupils with infectious diseases or illness should not be in School, and the action to be taken following an outbreak of an infectious disease or illness. (See Appendix 2 for full list).

Allergic Reactions: Severe allergic reactions are relatively rare and most commonly caused by only a handful of foods. The following food allergens have been identified as public health concerns in the UK:

- | | |
|-------------------------|-------------|
| • Peanuts | • Tree Nuts |
| • Lupin | • Gluten |
| • Shellfish/Crustaceans | • Soya |
| • Molluscs | • Celery |
| • Sesame | • Mustard |
| • Eggs | • Sulphites |
| • Milk | |

Symptoms of allergic reactions may 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 pupils should be watched very carefully in case the situation becomes worse. Symptoms usually occur after seconds or minutes and may progress rapidly. Occasionally they are a few hours after contact with the allergenic food or substance. 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. Details on anaphylaxis (a severe allergic reaction) can be found above in the Annex of Part A of this Policy.

Pupil Return after Illness: Children vomiting and/or with Diarrhoea should only return 48 hours after their symptoms disappear, at the Medical and First Aid Administrator's recommendation. If a child has a raised temperature they should remain off School until their temperature has returned to normal for 24 hours and they are feeling fully improved.

Weekly Stock checks: Stock taking is appropriate and will take place in the Surgery and of provisions in the Boarding House and as medication is given. A weekly stocktake will be done by the Medical and First Aid Administrator (Mrs Karen Mills) and a trained witness in the surgery, of Controlled Drugs, Prescription medicines and over the counter medicines.

Record-Keeping: The School has clear guidance about record-keeping: Records are kept of any medication or treatment administered to a pupil or member of staff, whilst under the care of the School and the Headmaster is aware of the system. Records are kept of all accidents and are recorded on an accident form. For each visit, a log is kept on Schoolbase including any medication that is administered. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reported as necessary. The School has written protocols for the administration of medication and policies for asthma, diabetes, epilepsy and anaphylaxis. The School records contemporaneous non-NHS medical records for all pupils, which are liable for inspection and monitoring.

Medical Records are kept up to date and are stored in a locked filing cabinet. Whilst the majority School's medical records are electronic, some are also handwritten, and there is also a controlled drug book for use as appropriate. Day to day medication given to pupils is recorded on our new ISAMS Medical system which is linked to each individual pupil. These items are kept locked away at night and during the day. The Surgery is locked when it is left unattended. Boarding pupils' NHS records are kept at the GP surgery. Significant accidents, especially those that might have been preventable, will be documented in an Accident Report. An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury. As much detail as possible should be supplied when reporting an accident. **The accident book is kept in the medical room and all staff are aware of its location.** The purpose of this is to identify avoidable risks so that appropriate action can be taken by the schools' Health and Safety committee, which meets termly. Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Enrolment forms/Medical Questionnaire/Parental consent records: Parents/guardians/carers of pupils wishing to attend the School are required to complete a Medical Questionnaire and Permission Form as part of the enrolment form. This questionnaire asks about past medical history, existing medical conditions and known allergies. Parents should update the School as necessary with any changes, including any surgery, injuries or current medications being taken.

If a pupil requires regular prescribed or non-prescribed medication at the School, parents are asked to provide consent on their child's Permission Form giving the pupil or staff permission to administer medication on a regular/daily basis, and in an emergency, if required. The medical questionnaire also asks parents to confirm whether their child can manage, carry and administer their own emergency medication and for permission to share pupil details with medical professionals or third parties, if appropriate.

Healthcare Plans – Information: If pupils have specific long-term conditions, such as Asthma or an allergy, these conditions will be recorded on the pupil's individual medical Risk Assessment and will be issued to the relevant school departments so that staff are aware of pupils' needs. Additionally, if a pupil is suffering from mental health problems, a mental health plan will be drawn up to support the pupil with appropriate provision. These plans will remain both online within Staff Room (R), and in paper form within the Pastoral office, where staff can view if required.

Individual Medical Risk Assessments: The School will generate an individual medical risk assessment for pupils identified as having a long-term medical condition. The individual medical risk assessment will record important details about individual pupil medical needs at School; their triggers, signs, symptoms, medication, other treatments and emergency actions. Further documentation can be attached to the individual medical risk assessment is required. If pupils have specific long-term chronic conditions, such as asthma or an allergy (see above), these conditions will be recorded on the pupil's Asthma Action Plan and/or individual medical risk assessment and will be issued to the relevant School departments so that staff are aware of pupils' needs. This medical individual risk assessment is written with advice from the pupil's Health Care professionals, such as consultants, ad/or specialist Medical and First Aid Administrators. Additionally, if a pupil is suffering from mental health problems, an Individual Safeguarding Risk Assessment will be drawn up to support the pupil with appropriate provision. These plans will remain in the Pastoral room where staff can view if required.

When generated, a copy of the pupil's Medical Individual Risk Assessment, accompanied by an explanation of why and how it is used, is sent to the pupil's parents. This is sent:

- at enrolment;
- at the start of the term;
- when a diagnosis is first communicated to the School. And updated annually.

Ongoing communication and review of medical records: Parents are regularly reminded to update their child's medical information. The School will inform parents if a pupil has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Every pupil with a medical individual risk assessment as their plan discussed and reviewed.

Use of medical individual risk assessment: Medical Individual Risk Assessments are used by the School to:

- Inform the appropriate staff about the individual needs of a pupil with a medical condition in their care
- Remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- Identify common or important individual triggers for pupils with medical conditions at School that bring on symptoms and can cause emergencies. This information is used to help reduce the impact of common triggers

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- Ensure that all medication stored at the School is within the expiry date
- Ensure the School's local emergency care services have a timely and accurate summary of a pupil's current medical management and Health Care in the event of an emergency
- Remind parents of pupils with medical conditions to ensure that any medication kept at the School for their child is within its expiry dates. This includes spare medication.
- Aid staff in an emergency of medical processes.

Other record-keeping: the School keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded, and parents are informed as soon as possible. All of our staff who volunteer to administer medication are provided with training. The School keeps a register of staff that have completed the relevant training. An up-to-date list is kept of members of staff who have agreed to administer medication and have received the relevant training. The School ensures that the whole School environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

Confidentiality: In accordance with the School Medical Officer's professional obligations, medical information about pupils, regardless of their age, will remain confidential. Pupils should be aware that they can discuss any matter with the School Medical and First Aid Administrator in complete confidence. Medical information about pupils, regardless of their age, will remain confidential. However, in providing medical care for a pupil, it is recognised that, on occasions, the School Medical and First Aid Administrator or First Aiders will need to liaise with the Headmaster, Managing Director, other staff, parents, carers or guardians, or medical professionals, and that some information will need to be passed on as necessary; ideally with the pupil or parent's prior consent. However, in the rare event that the School Medical and First Aid Administrator/staff consider that it is in the pupils' best interests or necessary for the protection of the wider School community, a staff member may breach confidence and pass information without a pupil or parent's consent. Any breach of confidence would be discussed with the pupil first to explain why it is judged that the health of other pupils was at risk or why it was in the pupil's own interest to share the information.

Parent Contact: information regarding contact to parents/guardians of pupils who have been admitted to the surgery can be found above under this named section in Part A of this policy.

Vaccinations: Parents are asked to fill in immunisation records in the admission form. Surgery staff will check pupils' vaccination records and encourage parents to up to date immunisation as advised by both the UK government prior to admission to the school. This is for the pupil's own protection and for that of other pupils. The School will make arrangements with Virgin Care to provide the routine schedule of flu, HPV, Tetanus and MENACWY vaccines. Any requests outside of the primary schedule for pupils will be signposted to the appropriate professionals.

Health Promotion and Education: This is provided both informally by the School Medical and First Aid Administrator and via the School's Personal, Social, Health, Economic Education (PSHEE) and Citizenship programme. We operate a no smoking/ vaping policy on site. Where a member of staff suspects that a pupil is consuming alcohol, smoking, vaping, or taking illegal substances the Headmaster must be informed immediately. He, or his Deputy, would then interview the pupil with the assistance of another member of staff, preferably one of the School's Surgery staff, and a course of action would be agreed after consultation with the pupil's parents. Serious transgression will result in at least temporary suspension from the School and, in the extreme, total exclusion. Sexual activity between pupils is forbidden, and would result in expulsion of both parties. The School's Independent Person are Jackie and Philip whose telephone number is displayed prominently by the public telephone and is printed in the Pupil's Handbook. Jackie and Philip will answer any questions asked on a one to one basis are answered clearly and honestly. Pupils are also given counselling if experiencing difficulties with School work, studies or friendships, or any other problems.

Social Interactions: Appleford School ensures that the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after School. The School ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended School activities such as School discos, School productions, after School clubs and visits. All staff are made aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the School's anti-bullying and behaviour policies. Opportunities such as personal, social and health education lessons are used to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Education and Learning: The School ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided. If a pupil is missing a lot of the time whilst at School, they have limited concentration, or they are frequently tired, all teachers understand that this may be due to their medical condition. Pupils are briefed as to what to do in the event of a medical emergency.

Exercise and Physical Activity: The School understands the importance of all pupils taking part in sports, games and activities for their social, mental and physical well-being. Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum that is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE should be included in their medical individual risk assessment. Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary.

The School ensures that:

- all classroom teachers and pe teachers make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils;
- all classroom teachers and pe teachers understand that pupils should not be forced to take part in an activity if they feel unwell;
- pe teachers are aware of the relevant medical conditions of pupils in their care and/or who have been advised to avoid or to take special precautions in particular activities;
- all PE and classroom teachers are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers and action appropriate emergency plans (as detailed in the medical individual risk assessment);
- all pupils have the appropriate medication or food with them during physical activity and take them when needed;
- all pupils with medical conditions are actively encouraged to take part in out-of- school clubs and team sports;

Hospital/Home Tuition: If a pupil is unable to attend School for a lengthy period due to a medical reason, the Headmaster will provide work for them to help ensure they do not fall behind.

Educational Visits: If appropriate, the School encourages children and young people with medical needs to participate in educational visits, whenever safety permits. Short-term medical needs can occur, in a situation where pupils are taking part in an educational visit. On any educational visit, except those in the immediate vicinity e.g. inter-school matches etc, the Medical and First Aid Administrator will need to be asked to give their approval for the visit and indicate any special considerations, which will include medical needs. Sometimes the School may need to take additional safety measures for outside visits. Staff supervising excursions must always be aware of any medical needs and relevant emergency procedures. If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils on an educational visit, they should seek medical advice from the Medical and First Aid Administrator. First Aid Kits and Traveling First Aid Kits are maintained and checked by the Medical and First Aid Administrator. Staff in charge of relevant departmental visits should check that they have the correct and sufficient First Aid materials.

All parents of pupils with a medical condition attending a School trip or overnight visit are asked for consent, giving staff permission to administer medication if required. The residential visit form also details what medication and dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away. Risk assessments are carried out before any out-of-School visit and medical conditions are considered during this process. Factors considered include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. The School understands that there may be additional medication, equipment or other factors to consider when planning residential visits.

Unacceptable Practice: As recommended by DFE 2015, and good standards of practice; although School staff should use their discretion and judge each case on its merits with reference to the pupil's individual HCP it is not generally acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal School activities, including lunch, unless this is specified in their individual Health Care plan;
- if a pupil becomes ill, send them to the School office or First Aid and Medical Room unaccompanied or with someone unsuitable;
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

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- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend School to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the School is failing to support their child's medical needs; or
- prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of School life, including School trips, e.g. by requiring parents to accompany their child.

Complaints: Any individual wishing to make a complaint about the School's actions in supporting a pupil with medical conditions should discuss this with the School in the first instance. If the issue is not resolved, then a formal complaint may be made, following the complaints procedure for the School.

Staff Medications and Medical Conditions: Any member of staff who is taking regular medications requiring administration during the School day must take individual responsibility to keep these medications secure and away from pupils. If a member of staff has any concerns about their medication they must seek advice from their own GP and inform the School Medical and First Aid Administrator (or Headmaster). If the medication or the medical condition is likely to affect the staff members ability to fulfil their job role, the staff member should not come to School and must seek guidance from their doctor. It is recommended that any staff member undergoing invasive medical treatment such as chemotherapy notify the nursing team for support and guidance. If a female member of staff becomes pregnant during the course of her employment, it is suggested that they inform the School Medical and First Aid Administrator so they can be supported in the workplace and notified of any health concerns around the School that could affect them or their unborn child.

Staff can be provided with over-the-counter medications (OTCs) by the School Medical and First Aid Administrator. Staff are encouraged to complete details of medical issues and next of kin contact details, via an information form completed on arrival, and updated annually. These are stored securely and confidentially by the HR Officer for use in an emergencies

Appendix 1 – Daily and Weekly Routines

Stock Checks: There is a weekly stock check of all medicines (inclusive of controlled drugs, prescription medication and over the counter medicines) undertaken by the Medical and First Aid Administrator (Mrs Karen Mills) and witnessed by a responsible adult.

Controlled Drugs:

- Controlled drugs are administered by the School Medical and First Aid Administrator and one responsible witness; • They are stored in the **Surgery** in the locked controlled drugs cabinet, inside the main locked medicines cabinet;
- Their administration is recorded in the controlled drugs book.

Prescription medication:

- Prescription medication is administered in the Surgery;
- They are stored in a locked medicine cabinet in the Surgery;
- Their administration is recorded in the pupil's medical record notes on the medicine audit sheet.

Over the counter medicines:

- Over the counter medicines are kept in a locked medicine cabinet in the Surgery;
- They are administered in the Surgery;
- Their administration is recorded in the pupil's individual card and medicine audit sheet .

Appendix 2: List of Notifiable Disease**EXCLUSION TABLE:**

Infection	Exclusion period	Comments
Athlete's foot	None	Athletes' foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	Diarrhoea is defined as 3 or more liquid or semi-liquid stools in 24 hours
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of pupils are affected. Exclusion may be considered in some circumstances
Headmaster lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood-borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period

Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP
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Infection	Exclusion period	Comments
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.NHS.uk).Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.NHS.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.NHS.uk). Promote MMR for all pupils and staff.
Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.NHS.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local HPT
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.

Slapped cheek /Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for pupil and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment

*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). Health Protection Agency (2010) Guidance on Infection Control in Schools and other ChildCare Settings. HPA: London. PHE publications gateway number 2016692Crown Copyright 2017

Infection	Exclusion period	Comments
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

* Fully Qualified First Aider **Appendix 4: Location of First Aid Boxes (as of 10th September 2025):**

Oak House:

Reception	Large kit
Kitchen	Medium kit (catering blue), burns kit

Forest School:

(located in Left side door Orchard)	Medium kit
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Elm house:

Elm boarding (Top floor)	Medium kit (medical room)
Food Tech room (ground floor)	Medium kit + Burns kit
Exit doorway	Medium kit
1st Floor landing (on window sill)	Large box

The Rookery:

Corridor	Medium kit Science lab (R1)
	Medium kit
Sports Hall:	
Disabled toilet	Medium kit and travel sports bag

The Willows:

By Art classroom	Medium kit
Willows Boarding House	Medium kit (medical room)

The Beeches:

Main entrance	Medium kit
Food Tech classroom	Small kit (catering blue) and Burns kit
Boarding House	Medium kit (medical room)

Maddington House:

Maddington Boarding house medium box	Vehicles:
Minibus 1	small kit and PSV kit bag
Minibus 2	small kit and PSV kit bag
	Minibus 3
	small kit and PSV kit bag
Car 7-seater	small kit and medium motor kit (boot)

Please tick in boxes below for
Appleford School:

Appendix 6: Consent Form for Commonly Used Home remedies to be administered at

	Medication	Indication	Child Dose	Maximum Daily Dose
	Paracetamol tablets 500 mg	Mild to moderate pain including period pain	Over 12 years - 1 to 2 tablets every 4 to 6 hours	4 doses in 24 hours
			Paracetamol Liquid Mild to moderate pain Child over 6 years -1 to 4 5ml spoonful's dependant on 4 doses in 24 hours age every 4 hours	
	Cold & Flu Hot Drink	Cold & Flu Symptoms	Over 12 years - One Sachet every 4 to 6 hours	4 doses in 24 hours
	Ibuprofen tablets 200mg	Mild to moderate pain	Over 12s only – 1 to 2 tablet every 4 hours	3 doses in 24 hours
	Ibuprofen 100mg/5ml OR 200mg/5ml oral suspension	Mild to moderate pain	Per manufacturer's instructions based on age.	Per manufacturer's instructions based on age
	Ibuprofen 5% w/w gel	Mild to Moderate Pain	Children over 14 - 1-4 cm 3 times per day	4 doses in 24 hours
	Travel Sickness tablets	Motion sickness	Per manufacturer's instructions based on age.	3 doses in 24 hours
	Teething Gel	Mild oral lesions	From 2 months - 16 years Massage a small amount of teething gel on to the sore area every 3 hours	No more than 6 applications in 24 hours
	Cough linctus (paediatric)	Dry or painful cough	6 - 12 years 5 - 10 ml	3 doses in 24 hours
	Antihistamine Syrup	Allergic reaction and Hayfever	Per manufacturer's instructions based on age.	Per manufacturer's instructions
	Antihistamine Cream (Bite	Allergic reaction and Hayfever	Per manufacturer's instructions based on age.	Per manufacturer's instructions cream)
	Olbas Oil	Relieve congestion	Per manufacturer's instructions based on age	Per manufacturer's instructions
	Vapour rub	Relieve congestion	Per manufacturer's instructions based on age	Per manufacturer's instructions
	Rescue Remedy	Anxiety	4 drops on tongue as needed	No Limit
	Arnica Cream	Relief of bruises	4 times per day	2 weeks maximum
		Throat Lozenges Minor sore throats and dry	Dissolve 1 lozenge slowly in the mouth every 2 to 3 hours	Per
		manufacturer's instructions coughs		
	Head Lice Treatment	Head Lice	Per manufacturer's instructions	As required
	Petroleum Jelly/Lip Balm	Sore and chapped lips	As necessary	No limit
	Aqueous cream	Dry skin and minor irritations	As necessary	No limit
		Antiseptic Cream Minor cuts, grazes, burns, blisters	As necessary	No limit and bites
	Sun cream	To protect against UVA rays	As necessary	No limit
	Heartburn relief	To ease pain in stomach	Per manufacturer's instructions based on age	Maximum four times in 24hours
	Deep Heat gel	Muscular aches, pains + stiffness	Apply a thin layer to the skin	2-3 times a day
		Deep freeze spray Decrease blood flow, help to	6 years and over: hold 15cm from	area and spray 2-3
		Apply as required calm and soothe short bursts to area		
		Antihistamine tablet Relieve symptoms of hay fever	Ages 6-12: take half tablet a day	Dependant on age either half or
		and other allergies Ages 12 and over: take one tablet daily	whole tablet daily	

Verruca treatment (Bazuka)

Treatment for verruca's and
warts

Apply a thin coating 1-2 drops of gel to surface of verruca
or wart, allow to dry

Once a day

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I authorise a delegated member of staff at Appleford to administer the above medication:		(Please insert child's full name):	
Signed:		Name:	
Relationship to child:		Date:	

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