

**OLD VICARAGE SCHOOL
FIRST AID POLICY
INCLUDING PROCEDURE FOR ADMINISTERING MEDICINES**

EYFS, Pre-Prep & Prep

Scope of the Policy

This policy, which applies to the whole school inclusive of the Early Years Foundation Stage, is in support of the Health and Safety policy and the individual health and safety assessments. This policy is publicly available on the school's website. On request a copy may be obtained from the school's office.

Legal Status:

- This policy is drawn up and implemented to comply with the Education (Independent School Standards) Regulations 2014, as amended, in particular Part 3 paragraph 13, which requires the Proprietors to ensure that first aid is administered in a timely and competent manner through the effective implementation of a written first aid policy.
- Complies with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The School will report and keep records of reportable work-related incidents in accordance with current HSE requirements and use the current HSE online reporting service; the HSE telephone service is used only where HSE permits telephone reporting.
- Has regard to the Department for Education guidance First aid in schools, early years and further education (updated 14 February 2022), which applies to independent schools, and to current HSE guidance on first aid at work.
- Complies with the Health and Safety (First-Aid) Regulations 1981 and the Health and Safety at Work etc. Act 1974, together with relevant associated health and safety legislation.
- Has regard to HSE First aid at work: Guidance on regulations (L74, third edition, as amended 2018 and 2024) and, for the Early Years Foundation Stage (EYFS), the Early Years Foundation Stage statutory framework for group and school-based providers dated 13 July 2026 and effective from 1 September 2026.

The Proprietors, as employer/duty holder, retain overall responsibility for ensuring adequate and appropriate first-aid arrangements. The School Secretary acts as the School's Appointed Person for the day-to-day coordination of first-aid arrangements, including equipment, facilities, records and access to emergency services. The role of Appointed Person is distinct from that of a trained first aider; where the Appointed Person also gives first aid, they will do so only within the scope of a current, appropriate first-aid qualification. The Head of School ensures that first-aid needs are assessed and that appropriate personnel, training, resources and cover are in place for pupils, staff, volunteers and visitors, including off-site activities and EYFS provision.

Applies to:

- the whole school including the Early Years Foundation Stage (EYFS), the out of school care and extra-curricular activities inclusive of those outside of the normal school hours;
- all staff (teaching and support staff), the proprietors and volunteers working in the school

Related documents:

- Health and Safety Policy; Safeguarding (Child Protection) Policy; Educational Visits Policy; Risk Assessment Policy; SEND Policy; Administration and Storage of Medication arrangements; Allergy/individual healthcare plans; and the School's Records Retention and Data Protection arrangements.

Administration

This first aid information forms part of the School's wider Health and Safety arrangements. The Proprietors retain overall responsibility as employer. The Bursar supports operational health and safety management and controls the first-aid budget. The Head of School oversees implementation of this policy, and the Appointed Person coordinates day-to-day first-aid arrangements. These responsibilities do not remove the duty of every member of staff to obtain prompt assistance in an emergency and act within their competence.

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Availability

This policy is made available to parents, staff and pupils in the following ways: on the School website and on request a copy may be obtained from the school office.

Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Head of School, supported by the Appointed Person and the relevant EYFS lead.
- The Proprietors will undertake a full annual review of this policy and its effective implementation. The review will include the first-aid needs assessment; staffing and training cover; accidents, injuries and near misses; RIDDOR decisions; EYFS accidents, medicines, choking and safer-eating records; medical and allergy arrangements; off-site provision; and any patterns, lessons or deficiencies identified. The review will take place no later than one year from the date shown below, and earlier following a serious incident, significant operational change, or change in legislation, statutory requirements or authoritative guidance.

Any deficiency or weakness identified will be remedied without delay. Relevant staff will be informed of changes and the current policy will be made available in writing or electronically. The first-aid needs assessment and live training register will be updated whenever staffing, pupil needs, activities, premises or risks change materially.

Signed:

Date: September 2026

Next Review: September 2027

Kerry Wise
Head of School

Matthew Adshead
Proprietor

Jenny Adshead
Bursar and Proprietor

Introduction: This policy is designed to support pupils' attendance, participation, health and welfare by ensuring that first aid is provided promptly, competently and proportionately. It sets out the School's arrangements for first aid, accident response and the administration of medicines. The School will make reasonable adjustments for disabled pupils and will take account of age, SEND, medical needs, communication needs and individual healthcare or allergy action plans. Staff must not undertake first-aid or medical procedures for which they have not been trained or are not competent, except for immediate lifesaving action within their competence while emergency help is summoned.

Under the Health and Safety (First-Aid) Regulations 1981, the School as employer must provide adequate and appropriate equipment, facilities and personnel so that employees receive immediate attention if injured or taken ill at work. The School extends appropriate first-aid provision to pupils and others on site and on School activities. Provision is determined by a first-aid needs assessment and, for EYFS children, by the additional mandatory paediatric first-aid requirements in the current EYFS statutory framework.

The school will provide:

- practical arrangements at the point of need;
- the names of those qualified in first aid and the requirement for updated training every three years;
- information on 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;

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- arrangements for identifying and reporting incidents which meet the current RIDDOR 2013 thresholds, using current HSE reporting routes;

Methodology:

This First Aid Policy will consider the following topics:

- The nature of the work, the hazards and the risks;
- The levels of first-aid competence and training required by the School's first-aid needs assessment;
- The nature of the workforce;
- The school's history of accidents and illness;
- Excursions/Sports Fixtures;
- Lone Workers;
- The distribution of the workforce;
- The remoteness of the site from emergency medical services;
- The assessment of the number of first aiders required.

This policy is reviewed annually and the School's first-aid needs assessment is reconsidered whenever relevant circumstances change, including staffing, pupil medical needs, activities, premises, accident patterns, remote/off-site work or access to emergency medical services. The assessment informs first-aid staffing, training, equipment and facilities.

Aims:

- To identify the first-aid needs of the School in accordance with the Health and Safety (First-Aid) Regulations 1981 and the Management of Health and Safety at Work Regulations 1999, taking account of current DfE and HSE guidance and the additional EYFS statutory requirements.
- To 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.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to pupils and staff)
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

Objectives:

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school, EYFS, after school clubs and off site lessons.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the School's First Aid arrangements.
- To keep appropriate first-aid and accident records, protect personal information, review trends, and report qualifying incidents to the HSE under RIDDOR 2013 and to other bodies where a separate statutory notification duty applies.

First-aid roles and training: the School's needs assessment determines the number and level of trained personnel required. The principal workplace first-aid roles used by the School are:

- Emergency First Aid at Work (EFAW) - a workplace first-aid qualification delivered by a competent training provider;

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- Paediatric First Aid (PFA) - for EYFS, a current full-course certificate consistent with the criteria in Annex A of the current EYFS statutory framework;
- First Aid at Work (FAW) - a workplace first-aid qualification covering a wider range of injuries and illnesses. Workplace first-aid certificates are normally valid for three years; the School will requalify staff before expiry and will consider appropriate refresher training.

The Appointed Person role is separate from these first-aider qualifications. An Appointed Person coordinates first-aid arrangements and does not need formal first-aid training unless they are also expected to act as a first aider. Training providers will be selected on the basis of competence; HSE no longer approves ordinary workplace first-aid training providers.

The school will:

- Maintain an up-to-date live register of current first-aid qualifications and renewal dates and make the names of current first aiders available to staff. In EYFS, the School will display, or make available to parents/carers, PFA certificates or a list of staff holding a current PFA certificate;
- Provide the number and level of first aiders identified by the School's first-aid needs assessment and ensure appropriate cover during the school day, extended provision and off-site activities. In EYFS, at least one person with a current full PFA certificate must be on the premises and available at all times when EYFS children are present and must accompany EYFS children on outings;
- Show how accidents are to be recorded and parents informed;
- Have hygiene procedures for dealing with the spillage of body fluids;
- Give guidance on when to call an ambulance;
- Make reference to RIDDOR 2013 and maintain a clear process for deciding whether an incident is reportable;
- Use the current HSE online reporting service for RIDDOR reports. Fatal accidents and specified injuries to workers may also be reported using the HSE telephone service on 0345 300 9923, in accordance with current HSE instructions;
- Have access to first aid kits with all first-aid containers are marked with a white cross on a green background;
- Ensure first aid containers are also kept in the Main Office and Sick Bay, near to hand washing facilities (arrangements for the refurbishment of supplies are in place).
- Make appropriate arrangements for pupils with medical conditions, including asthma, epilepsy, diabetes and allergies. Relevant information will be accurate, up to date and shared on a need-to-know basis with staff who require it to keep the pupil safe; photographs or medical details will not be displayed more widely than is necessary;
- Check and restock the first-aid containers, ensuring it is carried out regularly by office staff.
- Ensure emergency medication such as reliever inhalers and adrenaline auto-injectors (AAIs) is immediately accessible to the pupil and trained/authorised staff in accordance with the pupil's plan, and is checked regularly for expiry, condition and replacement requirements;
- Ensure there are staff members who have completed the First Aid at Work course.
- Ensure EYFS paediatric first-aid requirements are met at all times: at least one person with a current full PFA certificate is on the premises and available whenever EYFS children are present and accompanies every EYFS outing. While EYFS children are eating there will always be a member of staff in the room with a current full PFA certificate; children will remain within sight and hearing of staff, and any choking incident requiring intervention will be recorded, parents informed, and records periodically reviewed for trends;
- Make arrangements that should a pupil feel unwell or be injured at school they will see a First Aider who will respond in accordance with the standard procedure.

Definitions

First Aid: The arrangements in place are to initially manage any injury, sickness or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out.

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Full First Aider: A person who holds a current First Aid at Work (FAW) certificate, or another current first-aid qualification identified by the School's needs assessment as appropriate, issued following training by a competent provider.

Full Paediatric First Aider: A person who holds a current full-course Paediatric First Aid certificate consistent with Annex A of the current EYFS statutory framework. PFA training must be renewed every three years.

Appointed Person: A person appointed to take charge of first-aid arrangements, including looking after equipment and facilities and calling the emergency services when required. An Appointed Person does not require formal first-aid training unless they are also acting as a first aider.

Policy Statement: Old Vicarage 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. We will ensure that procedures are in place to meet that responsibility. It will be reviewed annually or following a change in legislation.

First Aid Facilities: The Head of School must ensure that an appropriate number and distribution of first-aid containers and any other required facilities are available. Contents will be determined by the first-aid needs assessment and checked regularly. HSE does not prescribe one mandatory fixed contents list for every workplace; kits must be suitably stocked for the School's assessed risks and activities.

- All first-aid containers must be marked with a white cross on a green background;
- First aid containers always accompany children when using specialist facilities and during any offsite activity /educational visit. First aid containers must accompany Physical Education (PE) teachers off-site;
- All vehicles used for School activities carry an appropriate first aid kit, with contents determined by the School's first-aid needs assessment, the journey and the activities undertaken;
- First aid containers should be kept near hand-washing facilities;
- Spare stock should be kept in school;
- Responsibility for checking and restocking the first-aid containers is that of a qualified First Aider. The First Aiders must notify the known first aider responsible for re-stocking with any necessity of restocking of the First Aid boxes.

First aiders will act within their training and competence and use current accepted first-aid practice. First-aid kits are available at the locations listed in Appendix H and accompany relevant off-site activities. Every first-aid treatment will be recorded appropriately. Parents/carers will be informed as required by this policy; for EYFS children, every accident or injury and first-aid treatment will be notified to parents/carers on the same day or as soon as reasonably practicable. Gloves and other appropriate PPE will be used where there is a risk of contact with blood or body fluids.

IT IS THE POLICY FOR-

The Prep Department

- Staff are to inform the School Secretary when stock needs replenishing.
- The School Office maintains the authoritative live register of current First Aid at Work, Emergency First Aid at Work and Paediatric First Aid certificates. Deployment will be based on that live register and the first-aid needs assessment; no member of staff will be treated as a qualified first aider after their certificate has expired.
- Prep staff receive first-aid training at a level and frequency identified by the first-aid needs assessment. Staff who require a workplace first-aid qualification are requalified before certificate expiry, with refresher training considered as appropriate.
- Certificates, renewal dates and training records are held securely in the School's live training register/personnel records and are monitored by the School Office so that required cover is maintained.

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- All accidents are reported and recorded in the accidents file, which is located in the Main Office. These reports are passed on to the Head of School at the end of each month. An incident and accident report is presented to the Proprietors by the Head of School every term.
- Staff medication must be stored safely and securely, out of children's reach and in accordance with the current EYFS framework where applicable. Staff must inform the Head of School of any medication or condition only where it may affect their ability to care for children safely. Medication that may be needed urgently by a member of staff must remain reasonably accessible while being kept secure from children.

The Pre-Prep Department

- There is a full First Aid kit located in the Nursery (Coach House), Reception Classroom and the Main Office. A First Aid box is located in the main hallway for playground use. Pre-Prep Staff are to inform Miss Smedley when stock needs replenishing.
- EYFS staffing arrangements will meet the current statutory PFA requirements. At least one person with a current full PFA certificate will be on the premises and available whenever EYFS children are present and will accompany every EYFS outing. The School's current practice is for EYFS staff to receive full PFA training, subject to the live training register and renewal monitoring.
- Staff medication in EYFS must be stored securely and out of children's reach, while any medication required urgently by the staff member remains reasonably accessible. Any information affecting suitability or safe care of children must be disclosed in accordance with the Safeguarding (Child Protection) Policy and EYFS requirements.
- Certificates and records of courses are held in personnel files and Staff are retrained as required.
- All accidents are reported and recorded in the Accident File, which is located in the Main Office. These reports are passed on to the Head of School at the end of each month. An incident and accident report is presented to the Proprietors by the Head of School every term.

Nursery

- The Coach House has a First Aid Box which is visible at all times
- EYFS Staff are to inform the School Office when stock needs replenishing.
- EYFS first-aid cover is checked against the live training register. At least one current full PFA holder is on the premises and available whenever EYFS children are present; the School's current practice is to train EYFS staff in full Paediatric First Aid and to renew certificates before expiry.
- At least one member of staff with a current full Paediatric First Aid certificate accompanies every EYFS outing, with additional first-aid cover determined by the risk assessment and the needs of the children.
- Staff medication must be stored securely and out of children's reach; where a staff member may need medication urgently, arrangements will allow prompt access without compromising children's safety.
- Pupil emergency medication, including reliever inhalers and AAls, will be stored or carried in accordance with the pupil's age, competence, parental agreement and individual healthcare/allergy action plan. It must be clearly labelled, secure from unauthorised use and immediately accessible in an emergency. Spare emergency medication held by the School will be managed in accordance with current guidance and the School's procedures.
- Certificates and records are held in the School Office and on file.
- All accidents are reported and recorded on the Accident Forms located in the School Office. These reports are passed onto the Head of School at the end of each month. An incident and accident report is presented to the Proprietors by the Head of School every term.

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INJURIES

IN THE EVENT OF A MINOR INJURY

- Minor injuries are treated using first aid supplies.
- Children who need ice packs are monitored accordingly.
- The child's teacher will be informed.
- Accident forms are completed, acknowledged by parents and categorised accordingly. Where the nature of an injury, the explanation given, a delay in seeking care, a pattern of injuries, or any other circumstance raises a safeguarding concern, staff must inform the DSL or a Deputy DSL immediately and follow the Safeguarding (Child Protection) Policy. Necessary first aid or emergency medical treatment must not be delayed while a safeguarding concern is reported.

IN THE EVENT OF A HEAD INJURY

- Head injuries are assessed and treated immediately.
- Parents and the class teachers are informed.
- Accident/head-injury records are completed promptly and parents/carers are informed. Where acknowledgement or signature is part of the School's recording system, it will be obtained without delaying any necessary medical action.
- Serious or significant head injuries, recurring patterns or other matters requiring management oversight are reported to the Head of School and, where appropriate, included in the termly accident/incident report to the Proprietors.

IN THE EVENT OF AN INJURY NEEDING HOSPITAL REFERRAL

- First Aid assessment is made.
- An ambulance is called if necessary.
- Miss Smedley is informed.
- Head of School, Mrs Wise is informed and advised of the action to be taken.
- The parent/guardian is informed of the circumstances and the nature of the emergency.
- If urgent hospital treatment is needed, the School will not delay appropriate emergency action while waiting for a parent/carer. An ambulance will be called where clinically indicated or where staff are in doubt about the seriousness of the condition. A parent/carer may collect and transport a child only where this is safe and appropriate to the child's condition and will not delay necessary treatment.
- If an ambulance is called, the parent/carer will be informed as soon as possible. Where the parent/carer is not present and ambulance staff permit, an appropriate member of School staff will accompany the pupil or follow the ambulance, with safeguarding, supervision and staffing arrangements maintained. Emergency contact information and relevant medical information will be made available to the ambulance service.
- The incident/accident must be recorded at the earliest opportunity.
- The Proprietors are informed.

IN THE EVENT OF AN ACCIDENT REPORTABLE UNDER RIDDOR (see Health & Safety Policy) - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

RIDDOR applies differently to workers and non-workers. Potentially reportable incidents include:

- for employees and self-employed workers: a work-related death, specified injury, diagnosed occupational disease, dangerous occurrence, or over-seven-day incapacitation where the Regulations require reporting;
- for pupils and visitors who are non-workers: a work-related accident resulting in death, or an injury where the person is taken directly from the scene of the accident to hospital for treatment. An ordinary play or sports injury is not reportable merely because hospital treatment is obtained; there must be a work-related cause.

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When deciding whether an accident involving a pupil or visitor arose out of or in connection with the School's work, the responsible person(s) should consider whether it was caused by:

- a failure in the way a work activity was organised
- the way equipment or substances were used and/or
- the condition of the premises

All potentially reportable incidents must be notified promptly to the Head of School and Bursar, who will determine and make any RIDDOR report using current HSE procedures and retain the required record. RIDDOR is separate from other notification duties. For EYFS, where the School's provision is registered and an Ofsted notification duty applies, serious accidents, illnesses, injuries or deaths will be notified to Ofsted as soon as reasonably practicable and within 14 days; the School will also make any required notification to local child protection agencies and act on their advice.

Plastic gloves should be worn for the benefit of the casualty as well as the First Aider. All soiled materials should be wrapped and disposed of safely.

Supporting sick or injured children: With reference to sick children, infection control and medicines we:

- Follow current UK Health Security Agency (UKHSA) health-protection guidance for children and young people's settings, including current public-health exclusion periods, and seek advice from the local Health Protection Team when indicated;
- Keep an unwell or potentially infectious child appropriately supervised and, where necessary, separated from others in a safe and reassuring manner while awaiting collection or medical advice, without using isolation as a punishment;
- Contact parents/carers where a child is unwell, has vomiting/diarrhoea, has sustained an injury requiring collection, or may have an infectious condition requiring exclusion or medical review. Emergency medical care will not be delayed pending collection;
- Ring emergency contact numbers if the parent or carer cannot be reached;
- Make every effort to care for the child in a sympathetic, caring and sensitive manner;
- Respect the parents' right to confidentiality;
- Provide proportionate information to other parents/carers about infectious-disease risks or public-health action where necessary, following UKHSA/Health Protection Team advice and protecting the identity and confidential medical information of individual children;
- Expect parents to inform the school if their child is suffering from any illness or disease that may put others at risk;
- See policy on administration of medicines.

PROTOCOL FOR SENDING PUPILS HOME DUE TO ILLNESS

- Observe safe practice at all times for pupils and staff.
- Teaching staff and/or School Secretary will assess pupils deemed unwell.
- The parent will be notified by telephone, informed about the nature of the illness and that collection is necessary.
- It is the responsibility of the parent/guardian to arrange for the collection of the child, if not in person, then by a responsible adult.
- Unwell pupils will be either kept with the class or taken to a suitable location until they have been collected (Sick Bay).
- Children must be supervised at all times.
- All children must sign out before leaving.

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- Pupils are not permitted to travel home alone by public transport or taxi when unwell.

BREAKFAST CLUB/PLAYGROUND SESSION/AFTER SCHOOL CLUB SESSIONS

- Staffing and first-aid cover for breakfast club, playground and after-school sessions will be determined by the first-aid needs assessment, the ages and needs of the children and the activities taking place. Where EYFS children are present, the applicable EYFS paediatric first-aid requirements will be met.
- Administer first aid or send to School Secretary.
- Contact the parent/guardian if necessary.
- Record/report incident at the earliest opportunity.

THE ISSUE OF MEDICATION

The School Secretary, teaching staff and teaching assistants may administer medicines in accordance with this policy, provided the required parental/carers permission is in place and the member of staff is competent for the task. Medicines should normally be handed to the School Office on arrival unless the pupil's individual plan provides for self-carry or another immediately accessible arrangement. For EYFS children, written permission must be obtained for each particular prescription or non-prescription medicine and the School must maintain up-to-date information about the child's medicine needs.

PROCEDURE FOR ADMINISTERING MEDICINES

- Parents/carers must complete and sign the School's Administration of Medication Form, or the equivalent approved written record, before medicine is administered, except where immediate emergency treatment is necessary to save life under applicable law and staff competence.
- Medicines must be in the original or pharmacy-dispensed container where applicable, clearly labelled with the child's name, the medicine, dose, route, timing, expiry date and relevant instructions. In EYFS, prescription medicine must have been prescribed for that child by a doctor, dentist, nurse or pharmacist; medicine containing aspirin must only be given to a child if prescribed by a doctor.
- Medicines will be stored in accordance with the manufacturer's instructions, securely and at the correct temperature. Refrigerated medicines will be kept in an appropriate secure container or area. Emergency medicines must remain immediately accessible when required.
- Pupils with asthma must have immediate access to their reliever inhaler. Depending on age and competence, the pupil may carry it or it may be held by staff in an agreed readily accessible location. A labelled spare inhaler should be provided where appropriate and arrangements recorded in the pupil's medical/healthcare plan.
- Non-emergency medicines will normally be stored securely and out of reach of children. Storage arrangements must not impede prompt access to emergency medication.
- Where practicable, medicine administration may be witnessed by a second member of staff in accordance with School procedure; however, a second witness is not a statutory prerequisite and must never delay urgent or lifesaving treatment. Staff must have appropriate training where administration requires medical or technical knowledge.
- Each administration must be recorded accurately, including the pupil's name, date, time, medicine, dose/quantity, route where relevant, and the name/signature or secure electronic identity of the administering member of staff. For EYFS children, parents/carers will be informed on the same day, or as soon as reasonably practicable, each time medicine is administered.
- Emergency medicines such as reliever inhalers, AAls, glucose or other diabetes supplies may be carried by a pupil where appropriate to their age and competence or kept in an agreed immediately accessible location. Arrangements will be set out in the pupil's individual healthcare/allergy action plan. The School will not impose a blanket prohibition on pupils carrying their own emergency medication where self-carry is safe and appropriate.

THE ISSUE OF PARACETAMOL

The Old Vicarage 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.

- Dosage: Paracetamol will only be given in accordance with the product instructions for the child's age/weight and the School's recorded parental/carer consent. Staff will check the label, expiry date, allergies/contraindications known to the School and whether any other paracetamol-containing medicine has been taken.
- Maximum Dose: The minimum interval and maximum dose in any 24-hour period stated on the product label must be followed. Paracetamol must not be given more frequently than every four hours and must not be combined inadvertently with another medicine containing paracetamol.
1. The administration of paracetamol will normally be undertaken by the School Secretary or another member of staff authorised and competent under this policy. Urgent care must not be delayed simply because a named administrator is unavailable.
 2. Paracetamol will be stored in a locked medicine cupboard in the Main Office from where it will be issued. Access to the cupboard will be for the appointed persons only.
 3. The School Secretary is responsible for the purchasing of Paracetamol.
 4. The procedure for issuing Paracetamol is:
 - (a) Seek permission from a parent/ carer.
 - (b) On an Administration of Medicines form; record the name of the pupil
 - (c) Age
 - (d) Check that the pupil is not taking or has not taken any medicine already
 - (e) Record the administration and inform the pupil and parent/carer of the dose and time given, including when the next dose could be considered under the product instructions. For EYFS children, the same-day/as-soon-as-reasonably-practicable notification requirement applies.
 5. The following details will also be recorded on the form, which will be initialled and kept in the Main Office:
 - (a) Date
 - (b) Time
 - (c) Dose
 - (d) Name of Pupil

SHORT TERM MEDICAL CONDITIONS

Short-term conditions requiring medication are dealt with by liaising with the parents and completing the appropriate medical forms.

LONG TERM MEDICAL CONDITIONS

Long-term medical conditions are managed individually and in partnership with parents/carers and relevant health professionals. Where appropriate, the School will maintain an individual healthcare, medical or allergy action plan setting out the condition, triggers, symptoms, medication, emergency response, staff training, access arrangements and reasonable adjustments. Plans and risk assessments will be reviewed at least annually and whenever needs change, and relevant information will be shared securely on a need-to-know basis.

INFECTIOUS/CONTAGIOUS ILLNESSES

- Parents/carers must inform the School as soon as reasonably possible where a child has an infectious illness or a diagnosis that may require exclusion, additional precautions or public-health advice.
- The School follows the current UKHSA public-health exclusion periods rather than a fixed School list. In particular: chickenpox requires exclusion until 5 days after the rash first appears; hand, foot and mouth disease does not normally require exclusion; and impetigo requires exclusion until all blisters have formed scabs or until 2 days after starting appropriate antibiotics. Current UKHSA advice will always prevail where guidance changes or individual circumstances require different action.

DIARRHOEA AND VOMITING ILLNESS

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- A child with diarrhoea and/or vomiting should remain away from the setting until at least 48 hours after the last episode, subject to any longer or condition-specific period advised by UKHSA or the Health Protection Team.
- All staff should follow basic hygiene procedure when dealing with spillage of body fluids and to avoid infection e.g. Use disposable rubber gloves and Hand washing facilities

AUTO INJECTOR USE

Any pupil prescribed an adrenaline auto-injector (AAI) must have rapid access to the prescribed device(s) in accordance with their allergy action plan. Depending on age and competence, the pupil may carry their AAI or staff may hold them in an agreed immediately accessible location. Relevant staff will know where the devices are and will receive appropriate allergy/anaphylaxis awareness and AAI training. Expiry dates and replacement arrangements will be monitored.

PARTICULAR MEDICAL CONDITIONS asthma, epilepsy, diabetes

- Parents/carers provide medical information on entry and must notify the School promptly of changes. The School will review medical information at least annually and update it whenever a pupil's needs change.
- The School maintains an up-to-date confidential medical/allergy list so that relevant staff can identify pupils requiring particular support or emergency action. Access is limited to those who need the information to keep pupils safe.
- Where a pupil has an individual healthcare plan, allergy action plan or other clinical plan, the School will obtain and retain a current copy and translate its requirements into practical School arrangements. A pupil photograph may be used where it assists safe identification, but medical information and photographs will be displayed or circulated only where necessary and proportionate.
- Medical and allergy information is reviewed at least annually and whenever parents/carers, the pupil or health professionals report a change. Relevant medicines, action plans and emergency contacts will be checked at the same time.
- Relevant medical information and action plans are made available securely to staff who need them, including staff leading trips or activities. Sensitive personal data will not be posted or circulated more widely than necessary and will be handled in accordance with the School's data-protection arrangements.
- Medical conditions, allergies, disabilities and required reasonable adjustments must be considered in risk assessments for off-site visits and other activities. Emergency medicines and appropriate trained/briefed staff must accompany the pupil.

ASTHMA

Staff must-

- Recognise that immediate access to the pupil's reliever inhaler is vital. The pupil's own inhaler and spacer, where prescribed, must be readily accessible at all times, including PE, breaktimes and off-site activities;
- Provide reasonable and clinically appropriate support so that pupils with asthma can participate fully in physical activity and school life;
- Recognise the individual child's asthma symptoms, triggers and emergency instructions as recorded in their medical/healthcare plan;
- Ensure pupils with asthma are not unnecessarily excluded from any aspect of school life and that adjustments are made where required;
- Ensure the child's reliever inhaler and spacer, where prescribed, accompany them on walks, trips, sports fixtures and other off-site activities and remain immediately accessible;
- Record relevant asthma information and emergency instructions in the School's confidential medical system and ensure staff who need the information can access it;
- Ask parents/carers to provide an in-date, clearly labelled reliever inhaler and spacer where prescribed, and to replace them before expiry or when used/empty;

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Obtain and record the necessary parental/carer permissions for assistance with the pupil's own inhaler and, where the School elects to hold an emergency salbutamol inhaler, for its use in accordance with the School's emergency-inhaler protocol and current guidance.

In the event of an asthma attack

- Ensure that the reliever inhaler is taken immediately. Whenever possible, allow medication to be taken where the attack occurred.
- Stay calm and reassure the child. Stay with the child until the attack has resolved.
- Help the child to breathe by encouraging them to breathe slowly and deeply as possible.
- The child's parents must be informed of the attack.

Emergency Situation

Call the ambulance urgently if:

- Call 999 if the pupil is severely breathless, exhausted, becoming worse, has difficulty speaking, shows signs of cyanosis, or does not improve after the maximum emergency reliever dose set out in their individual asthma plan/current emergency guidance. Do not wait for a senior member of staff before calling an ambulance.
- The child is either distressed or unable to talk.
- The child becomes exhausted.
- If you have any doubts or concerns about the child's condition.
- Continue to support the pupil, follow their individual asthma plan and the inhaler instructions, and follow emergency-service advice until help arrives. Parents/carers must be informed.

Guidance

All staff must have a clear basic understanding about asthma and the use of inhalers.

All staff are aware of the procedures to follow should a child have an asthma attack.

CONTENTS OF FIRST AID CONTAINERS (CHECKED REGULARLY BY THE SCHOOL OFFICE/FIRST AIDERS AND ADAPTED TO THE FIRST-AID NEEDS ASSESSMENT)

- A leaflet giving general advice on First Aid
- Individually wrapped sterile adhesive dressings
- Sterile cleansing wipes or other cleansing materials identified as appropriate by the first-aid needs assessment
- Sterile eye pads
- Triangular bandages
- Medium sized (12x12cm) individually wrapped non-medicated wound dressings
- Disposable gloves
- Icepacks

NB Equivalent items are acceptable

Travelling First Aid containers to be taken on 'off site' activities and in the minibus, should contain the above but in smaller quantities.

Reporting to HSE: statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report specified work-related incidents. The responsible person will use current HSE guidance and the online reporting service to determine whether and how a report is required;

The following points summarise the current RIDDOR reporting position for workers and non-workers; the responsible person will apply the Regulations and current HSE guidance to the facts of each incident:

- work-related accidents resulting in death or a specified injury to a worker;

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- work-related accidents resulting in a worker being unable to perform their normal duties for more than seven consecutive days (excluding the day of the accident but including rest days), which must be reported within 15 days. Over-three-day incapacitation is recordable even where it is not reportable;
- 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.

Fatal accidents, specified injuries to workers, qualifying non-worker hospital-treatment injuries and dangerous occurrences must be notified without delay and the report received within the applicable HSE timescale, normally 10 days; over-seven-day worker injuries must be reported within 15 days. Reports will normally be made online. The Bursar, in conjunction with the Head of School, is responsible for ensuring the appropriate HSE report and any insurer notification are made.

Record keeping: Statutory accident records: The Head of School will ensure that first-aid, accident and RIDDOR records are accurate, readily retrievable, confidential and retained in accordance with the School's Records Retention Schedule. RIDDOR records will be kept for at least the applicable statutory period (normally three years), while pupil accident/medical records may require longer retention for safeguarding, insurance, limitation or other lawful purposes. The School will keep a record of first-aid treatment given by first aiders or appointed persons, including:

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

Reporting: The First Aider should complete an Accident Report Form. All injuries, accidents and illnesses, however minor, must be reported to the Bursar and they are responsible for ensuring that the accident procedures are filled in correctly and that parents and HSE are kept informed as necessary.

A copy of the Accident Report Book page is filed in the pupil's file and parents are informed by email, phone or face to face contact. All details need to be filled in, including any treatment given. Accidents of a more serious nature should be recorded on an A4 accident report book and reported to parents by telephone and email.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as is practicable. Parents are always informed if there is a head injury, no matter how apparently minor. In more serious cases parents are telephoned as well as emailed and class teachers of primary pupils will ensure a parent/ carer is informed face to face when the child is collected.

Accidents involving Staff: Work-related accidents resulting in death or a specified injury to a worker must be reported to the HSE in accordance with RIDDOR. Specified injuries are those defined by the current Regulations/HSE guidance; the outdated category of "major injury" is not used. Work-related accidents that prevent a worker from performing their normal duties for more than seven consecutive days are reportable to HSE within 15 days. Accidents causing more than three consecutive days' incapacity must be recorded even where the seven-day reporting threshold is not met. Diagnosed reportable occupational diseases and specified dangerous occurrences will be reported as required. The Bursar will make the report in conjunction with the Head of School.

Work-related accidents that prevent a worker from performing their normal duties for more than seven consecutive days are reportable to HSE within 15 days. Accidents causing more than three consecutive days' incapacity must be recorded even where the seven-day reporting threshold is not met. Diagnosed reportable

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occupational diseases and specified dangerous occurrences will be reported as required. The Bursar will make the report in conjunction with the Head of School.

Accidents involving pupils or visitors: Pupils and visitors are treated as non-workers for RIDDOR unless a pupil is participating in a recognised work-training/work-experience arrangement. A non-worker accident is reportable where it is work-related and results in death or in the person being taken directly from the scene to hospital for treatment of an injury. Most ordinary sports injuries are not reportable unless the accident arose out of or in connection with the School's work, for example defective equipment or inadequate organisation/supervision. Factors to consider include:

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

Where the criteria are met, the incident will be reported to HSE without delay using the current online reporting process and within the applicable statutory timescale. The School will not use obsolete Form F2508 procedures or historic telephone numbers.

For more information on how and what to report to the HSE, please see:

<http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link

Annex A:

Basic First Aid:

Knowing what to do in an emergency is vital. Staff should summon an appropriately trained first aider promptly and call 999/112 where emergency medical assistance is required. First aid must be provided only within the responder's training and competence and in accordance with current accepted first-aid practice and emergency-service instructions. The brief guidance below does not replace accredited training or the advice of emergency services.

- Keep calm.
- If people are seriously injured call 999 / 112 immediately; contact a First Aider.
- Make sure you and the injured person are not in danger.
- 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 If the person is unconscious, check for a response and normal breathing, call 999/112 and send for an AED if one is available. If they are not breathing normally, start CPR and use the AED as soon as possible, following your training and the emergency call handler/device instructions. If they are breathing normally, place them in the recovery position if appropriate and monitor continuously until help arrives.	Bleeding Control severe bleeding by applying firm direct pressure with a clean dressing or pad and call 999 for life-threatening or uncontrolled bleeding. Keep the casualty warm and monitor them. Use additional bleeding-control equipment only if it is provided by the School and you are trained to use it.
Burns Cool a thermal burn or scald under cool running water for 20 minutes. Remove	Broken bones Avoid unnecessary movement and support the injured part in the position

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nearby clothing or jewellery if it is not stuck to the skin. Keep the casualty warm, cover the cooled burn loosely with cling film or a clean non-fluffy dressing and seek medical help as appropriate. Do not use ice, creams or greasy substances. Chemical and serious electrical burns require urgent medical help.

found. Do not attempt to straighten a suspected fracture. Call 999 for severe injury, suspected spinal/pelvic injury, loss of circulation/sensation, major trauma or if the casualty cannot be moved safely; otherwise obtain prompt medical assessment.

Head Injury

Assess the pupil promptly and follow current first-aid/head-injury guidance. Call 999 for loss of consciousness, seizure, worsening drowsiness/confusion, repeated vomiting, severe or worsening headache, signs of skull injury, breathing difficulty, significant mechanism of injury or other red-flag symptoms. Parents/carers are informed of every head injury, however minor, and the incident is recorded using the School's head-injury/accident process with clear advice about monitoring and seeking further medical help.

Embedded Objects and Splinters

Do not remove an object embedded in a wound; support it in place, control bleeding around it and seek medical help. A small superficial splinter may be removed only where this can be done safely within first-aid competence. Clean and dress the area as appropriate and inform parents/carers where a pupil is affected or further care is required.

As part of our aftercare and concern for our children, whenever a call has been made to 999 we will contact the parents/carers immediately to ensure we have connected the three part triangle between school, medical professionals and parents.

Annex B: Anaphylaxis

What is anaphylaxis? Anaphylaxis is an acute 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). In its most severe form the condition can be 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. A person would not necessarily experience all of these symptoms at the same time.

Medication and control: Anaphylaxis is treated with adrenaline (epinephrine) given promptly by an adrenaline auto-injector (AAI), such as EpiPen, Jext or another prescribed device. Antihistamines are not a substitute for adrenaline in anaphylaxis. Staff must follow the pupil's allergy action plan, the instructions for the device and current emergency guidance. The School may also hold spare AAIs in accordance with applicable medicines law and current guidance.

Prescribed AAIs and other emergency allergy medication must be clearly labelled, in date, stored at the correct temperature and immediately accessible. Depending on age and competence, a pupil may carry their own AAIs; otherwise they will be kept in an agreed readily accessible location known to relevant staff. Parents/carers remain responsible for supplying prescribed medication and notifying the School of changes, while the School will monitor the medicines it holds and request replacement before expiry.

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It is important that key staff in the 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.

If anaphylaxis is suspected, use the pupil's AAI without delay in accordance with their action plan/device instructions and call 999, stating "anaphylaxis". Keep the pupil lying down; if breathing is difficult they may be allowed to sit up slowly, but they should not stand or walk. If symptoms have not improved after five minutes, use a second AAI if available and permitted by the plan/current guidance. Emergency-service instructions must be followed.

Every pupil known to be at risk of anaphylaxis will have a current allergy action plan developed with parents/carers and, where appropriate, healthcare professionals. The plan will identify allergens, symptoms, prescribed AAIs/other medication, location of medicines, emergency action, consent and any age-appropriate self-carry arrangements. For EYFS children, allergy information and action plans will be kept up to date and shared with all staff who need them, as required by the EYFS statutory framework.

The School will operate an allergy-aware approach. Relevant information will be shared proportionately with staff and, where necessary for safety, with pupils, while respecting confidentiality. Pupils will be taught not to share food where this creates allergy risk. The School will not describe the environment as guaranteed "nut-free" or allergen-free; instead it will use risk assessment, clear food-management arrangements, allergy action plans, staff training and emergency preparedness. The School has regard to the July 2026 DfE allergy-safety guidance as useful good practice for independent schools, while recognising that the guidance is not currently a direct statutory requirement for independent schools.

Managing pupils with anaphylaxis:

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff must ensure that pupils prescribed AAIs can access them immediately at all times. A pupil may carry their own device where this is appropriate to age and competence; otherwise staff will keep it in an agreed immediately accessible location and take it to all relevant activities and trips.
- Relevant staff will receive allergy/anaphylaxis awareness and practical AAI training appropriate to their responsibilities and will understand the pupil's allergy action plan and emergency response.
- If a pupil shows symptoms suggesting anaphylaxis, staff must act immediately in accordance with the allergy action plan and emergency procedure; they must not delay treatment while seeking advice from the Head of School.

Issues which may affect learning: Pupils with anaphylaxis should be 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 schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimise risk whenever possible.

Off-site trips:

- A suitably briefed member of staff, with any additional training required by the pupil's plan, will accompany off-site activities. Prescribed AAIs and any other emergency medication must accompany the pupil and remain immediately accessible throughout the activity.

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:

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- Administer the pupil's AAI immediately if anaphylaxis is suspected in accordance with the action plan/device instructions; call 999 and state "anaphylaxis"; keep the pupil lying down (or allow them to sit up slowly if breathing is difficult) and do not allow them to stand or walk. If symptoms have not improved after five minutes, give a second AAI if available and permitted by the action plan/current guidance. Follow emergency-service advice, summon School assistance and inform parents/carers as soon as possible without delaying treatment.

Annex C: Asthma

What is Asthma? Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

Medication and control: Asthma is commonly treated with inhaled medicines. The pupil's prescribed reliever inhaler and spacer, where prescribed, must be immediately accessible. Pupils who are sufficiently mature and competent may carry their own inhaler; otherwise staff will keep it in an agreed accessible location. The pupil's individual asthma/medical plan and the medicine label take precedence over general guidance.

Pupils with asthma must have immediate access to their inhalers when they need them.

Parents/carers should provide an in-date, clearly labelled reliever inhaler and spacer where prescribed, and a spare where appropriate. The School may choose to hold an emergency salbutamol inhaler under a separate protocol in accordance with current guidance. Medication will be stored safely but in a way that preserves immediate access. The pupil's asthma plan will set out symptoms, triggers, medication, assistance required, emergency action and whether the pupil self-carries. Pupils must never use medication prescribed for another pupil.

Managing pupils with asthma

- Staff should be aware of those pupils under their supervision who have asthma.
- PE staff should ensure that all pupils with asthma have their inhaler with them prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack.
- If a pupil develops asthma symptoms, staff must follow the pupil's asthma plan and provide prompt access to the reliever inhaler. Treatment or a 999 call must not be delayed while seeking advice from the Head of School.

Off-site trips:

- The pupil's reliever inhaler, spacer and any other required medication must accompany off-site trips and remain immediately accessible. Supervising staff must know the pupil's asthma plan and emergency arrangements; additional trained support will be provided where required by the plan or risk assessment.

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 should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold.

However, they should not be forced to take part if they feel unwell.

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What are the main symptoms?

- Coughing, wheezing, inability to speak properly and difficulty in breathing out.

What to do if a pupil has an asthmatic attack

- Stay calm, reassure the pupil and follow the pupil's individual asthma plan. Sit the pupil upright and encourage calm breathing.
- Summon assistance and ensure a responsible adult stays with the pupil. Send someone else to obtain medication or call for help where possible.
- Help the pupil use their reliever inhaler and spacer, where prescribed, promptly and in accordance with their asthma plan/current emergency guidance. Do not delay access to the inhaler.
- Keep the pupil sitting upright or slightly forward; do not make them lie flat. Loosen tight clothing if needed and keep them calm.
- Call 999 immediately if the pupil is severely breathless, exhausted, becoming worse, has difficulty speaking, shows signs of cyanosis, or does not improve after the maximum emergency reliever dose in their asthma plan/current guidance. Follow the emergency call handler's instructions until help arrives.
- Parents/carers must be informed of the asthma attack and any medication or emergency treatment given as soon as practicable.

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 of 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 management is individual and may involve insulin, glucose monitoring/continuous glucose monitoring, carbohydrate management and emergency treatment for hypoglycaemia or hyperglycaemia. Every pupil with diabetes will have an up-to-date individual healthcare/diabetes plan and risk assessment developed with parents/carers and relevant healthcare professionals. The plan will identify what the pupil can manage independently, the support staff must provide, medication and equipment locations, emergency thresholds and when to call 999. Staff will not assume that every pupil can inject or monitor without support.

Food, snacks, activity, insulin and glucose management will follow the pupil's individual diabetes plan and clinical advice rather than a generic School diet. The pupil must be allowed to eat, drink, test glucose, use the toilet and administer prescribed treatment when required by the plan. Fast-acting glucose and any prescribed emergency medication must be readily accessible. Parents/carers must keep the School informed of changes and supply in-date medicines and equipment. Information will be shared with staff on a need-to-know basis and any peer information will be agreed with the family and pupil where appropriate.

Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes.
- PE and activity staff must ensure that the pupil's required monitoring equipment, fast-acting glucose, snacks and medication identified in the diabetes plan are immediately available before and during physical activity. Any pre-activity food, insulin or treatment adjustment will follow the individual plan.

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- Relevant staff must understand the pupil's individual signs of hypoglycaemia and hyperglycaemia and the actions set out in the diabetes plan, including when emergency assistance is required.
- If a pupil with diabetes becomes unwell, staff must follow the diabetes plan immediately. Emergency treatment and a 999 call must not be delayed while seeking advice from the Head of School.

For off-site trips, the risk assessment must include the pupil's diabetes plan, medication, glucose monitoring equipment, food/drink requirements and emergency arrangements. A member of staff with the competence required by the plan will accompany the trip, while pupils who safely self-manage will be supported to do so.

Pupils with diabetes should be enabled to participate fully in the curriculum and physical activity. Any food, insulin, glucose-monitoring or activity adjustments will follow the pupil's individual diabetes plan and clinical advice; generic advice to consume extra sugar before or after exercise must not replace the plan.

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

Care of pupils in a hypoglycaemic episode:

- Stay with the pupil and follow the pupil's diabetes plan. Do not send a pupil who may be hypoglycaemic to seek help alone. Obtain a first aider or a member of staff identified in the plan and be ready to call 999 if the pupil deteriorates or the plan requires it.
- If the pupil is conscious and able to swallow safely, give the amount/type of fast-acting glucose specified in the diabetes plan and recheck/respond at the interval stated in the plan.

Use the pupil's own fast-acting glucose treatment identified in the diabetes plan (for example glucose tablets/gel or an appropriate sugary drink). Do not improvise treatment where the plan specifies a particular product or dose.

- Reassess in accordance with the diabetes plan. If symptoms do not resolve promptly, repeat treatment only as directed by the plan and seek urgent medical help when indicated.
- Once recovered, follow the diabetes plan regarding longer-acting carbohydrate, the next meal/snack, glucose monitoring and return to activity.
- Record the episode and treatment and inform parents/carers in accordance with the pupil's plan and School procedures.
- Any decision that the pupil should go home will take account of the diabetes plan, current clinical condition and parent/carer/health-professional advice; emergency treatment must not be replaced by simply sending the pupil home.

If the pupil becomes unconscious, has a seizure, cannot swallow safely or does not respond as expected, call 999 immediately. Do not give food or drink by mouth. Place the pupil in the recovery position if appropriate, monitor breathing and give any prescribed emergency medication such as glucagon only where the pupil's plan authorises it and the member of staff is trained and competent.

What to do in an emergency if a pupil has A hyperglycaemic episode (high blood sugar)

Common Causes are:

Hyperglycaemia may be associated with illness, insufficient insulin, problems with diabetes equipment or other causes. Staff should use the individual diabetes plan rather than attributing the episode to generic dietary or behavioural causes.

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Common symptoms are:

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

Care of pupils in a hyperglycaemic episode

- Follow the pupil's diabetes plan. Do not restrict access to water or the toilet. Support glucose and, where specified, ketone monitoring and other actions in the plan.
- Insulin or other diabetes medication must be administered or self-administered only in accordance with the pupil's plan, prescription and agreed level of independence/support. Staff must not give an unplanned correction dose unless the plan and their training authorise it.
- Contact parents/carers and/or the pupil's diabetes team as directed by the plan. Call 999 where the pupil has severe symptoms, is vomiting repeatedly, is drowsy/confused, has breathing difficulty, has high ketones with concerning symptoms, or where the individual plan/emergency service advises.

All hypoglycaemic and significant hyperglycaemic episodes, treatment and follow-up will be recorded and parents/carers informed. The Head of School should be informed of significant incidents, but urgent care must not be delayed pending senior approval.

Annex E: Epilepsy

What is Epilepsy? Epilepsy is a common condition that affects the brain and causes frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms. Epilepsy can start at any age, but usually starts either in childhood or in people over 60. Epilepsy is usually a lifelong condition, but most people with it are able to have normal lives if their seizures are well controlled. Most children with epilepsy are able to go to a mainstream school, take part in most activities and sports, and get a job when they're older.

Medication and Control:

Treatment can help most people with epilepsy have fewer seizures or stop having seizures completely.

Treatments include:

- medicines called anti-epileptic drugs – these are the main treatment
- surgery to remove a small part of the brain that's causing the seizures
- a procedure to put a small electrical device inside the body that can help control seizures
- a special diet (ketogenic diet) that can help control seizures

Some people need treatment for life. But you might be able to stop treatment if your seizures disappear over time.

Managing Pupils with Epilepsy:

- Staff should be aware of those pupils under their supervision that have epilepsy.
- Staff should understand the pupil's individual seizure types, usual presentation and emergency response as set out in their healthcare/seizure plan, including any prescribed rescue medication and when to call 999.
- If a pupil has a seizure or feels unwell, staff must follow the individual seizure plan and first-aid procedure promptly. Emergency action must not be delayed while seeking advice from the Head of School.

Off-Site Trips:

A member of staff who understands the pupil's seizure plan and has any specific training required for prescribed rescue medication will accompany off-site activities. Medication and emergency information must remain accessible throughout the trip.

Issues which may affect learning: Pupils with epilepsy should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic.

What to do in an emergency if a pupil has an epileptic seizure

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First aid for seizures depends on the pupil's individual epilepsy and seizure type. Staff must follow the pupil's healthcare/seizure plan. General principles include keeping calm, protecting the pupil from injury, timing the seizure, monitoring breathing and seeking emergency help when the plan or the circumstances require it.

Tonic-Clonic Seizures

Symptoms:

Loss of consciousness, the body stiffens, then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely due to irregular breathing. The child may lose bladder and or bowel control.

Treatment:

Protect the pupil from injury by moving nearby hazards where it is safe to do so, cushion the head, loosen tight clothing around the neck, time the seizure and stay with the pupil. Do not move the pupil unless they are in immediate danger. When jerking has stopped, check breathing and place them in the recovery position if appropriate, following their individual plan.

Call 999 if this is the pupil's first known seizure; the seizure lasts longer than the emergency threshold in their plan (commonly five minutes); another seizure follows without recovery; the pupil is injured, has breathing difficulty, the seizure occurs in water, or staff are otherwise concerned that urgent medical help is needed.

Parents should be contacted immediately with full details of the seizure.

DO NOT restrain the pupil, put anything in their mouth, give food/drink/medicine by mouth during impaired consciousness, or attempt to bring them round. Move them only if they are in immediate danger.

Seizures involving altered consciousness or behaviour

Simple Partial Seizures:

Symptoms

Twitching, numbness, sweating, dizziness or nausea, disturbances to senses or a strong sense of déjà vu.

Complex Partial Seizure:

Symptoms

Plucking at clothes, smacking at lips, swallowing repeatedly or wandering around, child becomes unaware of their surroundings or what they are doing.

Atonic Seizures:

Symptoms

Sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Absence Seizures:

Symptoms

Person becomes momentarily unconscious and totally unaware of what is happening around them. They may appear to be day dreaming.

Treatment for all of the seizures involving altered consciousness or behaviour

Guide the pupil away from danger without restraining them, stay calm and reassuring, monitor them and remain with them until recovery is complete. Follow the individual seizure plan and explain sensitively anything they may have missed. Call 999 where required by the pupil's seizure plan or where seizures are prolonged/repeated without recovery, the pupil is injured, breathing is affected, the seizure occurs in water, or staff have other urgent concerns.

DO NOT restrain the pupil or make sudden movements that may frighten them. Keep them safe, observe breathing and allow recovery in accordance with the individual plan.

Parents should be contacted immediately with full details of the seizure.

Annex F: Burns and Scalds

What is a burn or scald?

The Old Vicarage 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.

Burns and scalds are damage to the skin usually caused by heat. Both are treated in the same way. A burn is caused by dry heat – by an iron or fire, for example. A scald is caused by something wet, such as hot water or steam. **There are three types of burns: Superficial, partial and full.**

Medication and control

Appropriate first aid must be provided promptly for burns and scalds. Risk assessments and supervision will reduce the likelihood of burns during practical activities. Staff must use current first-aid guidance and seek urgent medical help for serious, electrical or chemical burns or where they are uncertain about severity.

What to do in an emergency if a pupil suffers a burn or scald

Call 999 for serious burns, chemical burns, significant electrical burns, airway/facial burns or any situation where the pupil is seriously unwell or staff are concerned about immediate risk. Otherwise obtain urgent medical advice as appropriate after first aid.

Stop the burning process as soon as possible. This may mean removing the person from the area, dousing flames with water, or smothering flames with a blanket. Do not put yourself at risk of getting burnt as well.

For a thermal burn or scald, cool the affected area under cool running water for 20 minutes as soon as possible. Do not use ice, iced water, creams, gels, butter or greasy substances. Keep the rest of the pupil warm while cooling the burn.

For a chemical burn, protect yourself, remove contaminated clothing where safe, brush off dry chemicals and call 999. Rinse the affected area with copious cool/lukewarm running water and follow emergency-service instructions; prolonged irrigation may be required.

[Acid and chemical burns](#) can be very damaging and require immediate medical attention at an A&E department.

Electrical burns may not look serious, but they can be very damaging. Someone who has an electrical burn should seek immediate medical attention at an A&E department.

Important things to remember when a burn occurs:

- Keep calm and reassure the pupil.
- Wear gloves.

After cooling, cover the burn loosely with cling film laid over the area or a clean non-fluffy/appropriate sterile dressing. Do not wrap cling film tightly around a limb, break blisters or apply creams. Keep the pupil warm and seek medical advice appropriate to the burn.

- Assess the pupil for shock and treat accordingly.

All the staff will be made aware of any emergency/special health requirements of individual children.

Medical/allergy information is held securely by the School and shared with the child's class/subject/activity staff only where they need it to keep the pupil safe. Emergency information and medication must remain readily accessible to relevant staff.

The School Office maintains the authoritative live register of qualified first aiders and Paediatric First Aid certificate holders. The live register, rather than historic dates printed in this policy, must be checked before staff are deployed in a first-aid role or counted for EYFS requirements.

Appendix G: First Aid Qualifications (current qualification status and renewal dates are controlled through the School Office live training register; EYFS/PFA status is identified there and is available for inspection)

NAME	APPOINTMENT	COURSE	DATE		
			COMPLETED	RENEWAL	BOOKED

The Old Vicarage 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.

Zoe Smedley	Office Secretary	First Aider at Work (FAW)	See live register	See live register	See live register
Emma Garner	Office Secretary	First Aider at Work (FAW)	See live register	See live register	See live register
O Nutt	EYFS Teacher	Level 3 Paediatric First Aid QCF	See live register	See live register	See live register
K Wise	Head of School	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
G Murfin	KS2 Teacher	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
L Rees-Jones	Breakfast & After School Supervisor	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
R Crook	KS2 Teacher	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
S Grundy	Head of Pre Prep	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
B Watson	KS2 Teacher	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
A Hitchcock	KS1 TA	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
S Hitchcock	EYFS Teaching Assistant	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
A Roberson	EYFS and KS1 Teaching Assistant	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
K Venskus	KS1 Teacher	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
P Whysall	KS2 Teacher	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
B Jones	KS 1 Teacher	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
J Somers	EYFS TA	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
M Clarkson	EYFS TA	Full Paediatric First Aid (Blended)	See live register	See live register	See live register
S James	TA	Full Paediatric First Aid	See live register	See live register	See live register

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* Any staff member who administers insulin, glucagon or other medication requiring medical/technical knowledge must have current role-specific training and competence recorded in the live training register and the pupil's plan.

Appendix H - First Aid Kit Locations

Medicines, reliever inhalers, adrenaline auto-injectors (AAIs) and spare supplies are available/stored through the School Office in accordance with individual plans. Emergency medication must remain immediately accessible and accompany pupils whenever required by their plan.

1	Coach House (Nursery) Art Room
2	Reception Classroom
3	Catering Kitchen
4	Black Minibus
5	White Minibus
6	BMW
7	Playground Kit kept by front door when not on playground
8	School Office (ready for off site trips)
9	School Office (ready for off site trips)
10	School Office (ready for off site trips)
11	Music Room
12	Science Lab
13	Sick Bay

Appendix I- Body Fluid Spillage Policy

Blood and body fluids (including faeces, vomit, saliva, urine, nasal and eye discharge) may contain organisms capable of causing infection. Standard infection-prevention precautions will therefore be used for every blood/body-fluid exposure, whether or not infection is known or suspected.

Staff and pupils should follow good hand and respiratory hygiene. The School will maintain a body-fluid spill kit and follow current UKHSA guidance on preventing and controlling infections in children and young people's settings.

A trained/briefed member of staff or cleaner should deal with the area promptly, keeping pupils and others away until it is safe. The person cleaning must follow the risk assessment, product manufacturer's instructions and the Clean Up Procedure below.

Clean Up Procedure

- Wear single-use disposable gloves and a plastic apron. Risk assess the need for eye/face protection if splashing to the face is possible. Cover any cuts or broken skin with a waterproof dressing.
- Use the School's approved spill kit/absorbent material to contain the spill. Do not pick up broken glass or sharps by hand. Follow the manufacturer's instructions for any disinfectant or spill product and use a product/process appropriate to the type of body fluid and surface.

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· Clean the spill immediately using disposable paper towels/cloths and an approved detergent/disinfectant effective against bacteria and viruses, following the manufacturer's contact time and safety instructions. Note that some chlorine-releasing products are not suitable for direct use on urine. For hard floors, clean/disinfect using the designated equipment and place a wet-floor warning sign where needed. For carpets or other specialist surfaces, use the approved method for that material and avoid spreading contamination.

- Dispose of used absorbent material, PPE and other waste safely in accordance with the School's waste arrangements and the waste-management duty of care. Waste that meets the School's clinical-waste criteria must follow the clinical-waste route; ordinary used PPE may be disposed of as normal refuse where current guidance permits.
- If clothing is contaminated with blood or body fluids, wear PPE while handling it, place it in a named sealed plastic bag/container and send it home with laundering advice. Do not rinse contaminated clothing by hand in School.
- The area then needs to be cordoned off until cleaned.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned thoroughly.

Procedure for Blood and Other Body fluid Spillage

- Gloves and apron to be worn at all times
- Dispose of used dressings and contaminated waste safely in accordance with the School's risk-assessed waste arrangements. Use the clinical-waste route where the waste meets clinical-waste criteria; otherwise follow the approved general-waste procedure.

Remove gloves and apron safely without touching contaminated outer surfaces, dispose of them through the appropriate waste stream and wash hands thoroughly with soap and water.

When dealing with any blood or body-fluid spillage, follow the approved spill-kit instructions, current UKHSA guidance and the risk assessment above.

- Disposable towels/cloths used for a spill must be bagged and disposed of safely using the appropriate waste stream; do not leave contaminated waste accessible to children.
- Clean and disinfect the affected surface with products suitable for that surface and the body fluid, following manufacturer instructions. Use designated cleaning equipment and prevent access until the area is safe and dry.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturers instructions.
- Wash hands.
- Waste must be managed in accordance with the School's waste-management duty of care and the instructions of its licensed waste contractor/local authority. Staff must not use a particular bag colour or disposal route unless it is the approved route for that waste at the School.

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

Action To Take

- If skin is broken, wash the wound thoroughly with soap and warm running water and encourage gentle bleeding without sucking the wound. Cover with a waterproof dressing.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.

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- Report the exposure immediately to the Lead First Aider/Appointed Person and the Head of School or Bursar as appropriate so that timely medical/occupational-health advice can be obtained.
- Seek prompt medical advice where indicated, including from occupational health, NHS 111 or the local Emergency Department. Needlestick/sharps injuries, human bites that break the skin, or significant blood/body-fluid exposure to broken skin, eyes, nose or mouth require urgent assessment.
- Complete an accident/exposure record. The Head of School/Bursar will consider whether the circumstances meet RIDDOR or any other reporting requirement and will record the decision.

Appendix J – Exclusion table for common health complaints.

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/public-health-exclusion-periods-in-children-and-young-peoples-settings>