



Whole School Policy

First Aid Policy Includes EYFS

Action	Policy to be reviewed annually		
	Committee	Date	Completed
Reviewed	Health & Safety and Lead Nurse	September 2026	✓
Reported	Health and Safety	October 2026	✓
Approved	Board of Governors	December 2026	✓
Next review	Health & Safety and Lead Nurse	June 2027	

Purpose

This policy sets out Gresham's School's arrangements for first aid provision across all school sites, ensuring that every pupil, member of staff and visitor receives prompt, safe and effective first aid in the event of illness, accident or injury.

It establishes lines of responsibility, standards for training and equipment, and the framework for recording and reporting. It complies with the Health and Safety (First Aid) Regulations 1981, the Education (Independent School Standards) Regulations 2014 (Standard 3(6)), the National Minimum Standards 2022, and the frameworks listed in the compliance table above.

Scope

This policy applies to all pupils, staff, volunteers, contractors and visitors across all Gresham's School sites, and to all off-site school activities. Prep School and Pre-Prep School operate within this policy framework; site-specific operating instructions are held locally.

For the purposes of this policy, first aid means immediate treatment given to a person following illness, injury or accident, prior to the attendance of professional medical help. Staff means any person employed by the school, volunteers, self-employed persons or contractors working on school premises.

First Aid Needs Assessment

The Health and Safety Officer conducts a formal, documented first aid needs assessment at least annually, in accordance with the Health and Safety (First Aid) Regulations 1981. The assessment determines the appropriate level of provision, including the number of qualified first aiders, the location and content of first aid kits, and the suitability of facilities. It is reviewed following any significant incident, change in site layout, or change in activities, and is available to ISI inspectors and the Board of Governors on request.

Responsibilities

Accountability for first aid provision is distributed as follows. Where responsibilities are delegated, the delegating party retains overall accountability.

Role	Key First Aid Responsibilities
Board of Governors	Overall accountability for adequate and appropriate first aid provision; ensures risk assessments are completed and acted upon.
Headmaster	Delegates day-to-day first aid management to the Health and Safety Officer and clinical governance to the Senior Lead Nurse.
Health and Safety Officer	Conducts the annual first aid risk assessment; maintains first aid kit provision, AED records and the qualified first aider register; coordinates RIDDOR reporting; oversees the first aid training programme.
Senior Lead Nurse	Clinical lead for health centre first aid provision; maintains condition-specific registers and IHCPs; ensures clinical records comply with NMC Code and UK GDPR; governs emergency medications (AAls, emergency inhalers).
Qualified First Aiders	Provide immediate first aid; complete Accident Report Forms following any intervention; maintain valid certification renewed every three years.

All Staff	Aware of first aid procedures and emergency contacts; complete Accident Report Forms where required; use best endeavours to secure the safety and welfare of pupils, staff and visitors.
Trip / Activity Leaders	Ensure appropriate first aid provision for off-site activities as part of the trip risk assessment; obtain and communicate IHCPs to all attending staff.

Qualified First Aiders

A qualified first aider holds a current, accredited first aid certificate. The school funds and organises the following courses:

- First Aid at Work (3 days)
- Emergency First Aid at Work (1 day)
- Paediatric First Aid (2 days)
- Additional specialist training as identified by the annual risk assessment

Certificates are valid for three years. The Health and Safety Officer maintains an up-to-date register of all qualified first aiders, published on the school intranet. A minimum number of qualified first aiders as determined by the risk assessment is maintained on site, including outside term time.

FIRST AIDERS

First aiders are responsible for giving immediate first aid care to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. At the completion of first aid care given, first aiders are to complete an Accident Report Form detailing the event and first aid treatment given, this form is then sent to the Health & Safety office, senior lead nurse, and health centre email for the attention of the registered nurse on duty. If the care of the pupil is handed over to the health centre, it is the responsibility of the nurse to continue the documentation of care in the relevant health centre system.

First Aid Kits

First aid kits are maintained in accordance with BS 8599-1 (premises) and BS 8599-2 (vehicles). The Health and Safety Officer maintains the register of kit locations (published on the school intranet), inspects all kits at the start of each term and monthly thereafter, and ensures timely restocking. The responsible person for each area keeps their kit accessible and notifies the Health and Safety Officer following use.

Kits for off-site activities are held at the health centre, reserved in advance via email, and returned promptly after use. A homely medication trip kit and medicines administration record are available for trips of more than one day.

1. First aid kits & medications for sporting events & away trips

Lead trip coordinators are responsible for sending a detailed pupil list to the school nurse at least seven days prior to the planned trip/event, who will then provide and educate the staff member of any care plans and or health concerns of attending pupils. It will be the responsibility of the trip coordinator to share all care plan information to the other staff members attending the sporting event or school trip and make sure all pupils with care plans such as asthma or anaphylaxis bring their own medical provision to assist a medical emergency should an event occur.

A homely medication range known as Gresham's Homely Medication Trip Kits are available for away trips longer than 1 day, giving pupils and staff access at to the Gresham's Homely Medication Range at all times. A mini-Medicines Administrations Record is also provided for documentation of all medications and treatment given.

Sports staff have their own first aid kits under guidance the Health and Safety Officer.

The school nurse provides nursing care and first aid treatment if required to pupil's staff and visitors, during term time either by call out to assist around the school or in the health centre. The Senior Lead Nurse is the appointed person responsible for the health centre, registered nursing staff and night staff. School nurses are responsible for updating staff regarding pupils' illnesses as necessary and for continued reporting to the Health & Safety Officer as and when needed.

All staff are to be aware of the first aid procedure and know who to contact in the event of any illness, accident or injury. All staff will use their best endeavours, at all times, to secure the welfare of the pupils and themselves.

Outside of term time, when the health centre is not staffed, Gresham's always maintain a number of qualified first aiders on site, who are fully trained and equipped to give appropriate treatment and escalate as and when needed. Anyone on the school premises is expected to take reasonable care for their own and others safety.

2. First Aid Boxes

First Aid boxes are marked with a white cross on a green background and are stocked by the Health and Safety Officer in accordance with the suggested guidelines in the Health and Safety (First Aid) Regulations 1981 and under BS8599 for premises and BS8599-2 for vehicles.

First aid boxes are to be inspected by the Health and Safety Officer at the start of every term and then on a monthly basis. It is expected that the responsibility of making sure that each first aid box is kept available for use and fully stocked lies with the person in charge of that area. If first aid boxes are used, then the Health and Safety Officer is to be advised, and arrangements will be made for them to be restocked.

3. First Aid Box Locations

First aid boxes are located at strategic points around the school. A full list can be found on the intranet and listed below:

- Boarding houses: housemaster/housemistress (may be delegated to matron)
- Prep and Pre-Prep schools: Senior master/mistress or delegated person.
- Teaching departments, laboratories: Head of Department (may be delegated to technician/Departmental Assistant)).
- Offices: Occupant
- Maintenance areas: Maintenance Manager
- Sports Facilities: Sport faculty
- Catering areas: Catering Manager

School Vehicles

The school minibuses should have a prominently marked first aid box compliant to BS8599-2) on board which is readily available for use, and which is maintained in a good condition.

4. Defibrillator Locations

Defibrillators can be found in the follow areas in Senior School.

- The Health Centre which is maintained by the Lead Nurse
- Swimming pool which is maintained by the HSO
- The Auden Theatre which is maintained by the HSO
- The Prep School which is maintained by Prep Medical Team

5. Medical Room

The health centre is used for the medical treatment of all pupils and staff, during term time.

The health centre is located on the first floor of the Central Administration Building (CAB) and is fully equipped with resuscitation equipment and other medical devices to handle any emergency. The health centre is supported by Attleborough Medical Practice via the School Doctor. Medical waste is disposed of via specialist contractors. The health centre is contactable on 01263 712 142 or ext 2517. Staff can also be reached when on duty via the emergency mobile: 07877 572832

6. Information on Pupils

The senior nurse will collate up to date important medical information regarding each pupil based on the medical data sent in during the registration process. Medical data such as pupils with chronic illnesses i.e. anaphylaxis and asthma are provided to the house with specialised personal care plans to assist in the care of the pupil. This information can also be found under the medical tab in SIMS. The senior lead nurse is responsible for keeping an up-to-date list of all care plans and updating house staff if treatment of care should change. The senior lead nurse is responsible for the security and safe keeping of all pupils medical records held at the health centre.

7. Procedure in the event of illness

Pupils may visit the school nurse in the health centre. If a pupil is unwell during lessons, then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. The pupil will be accompanied if necessary. The school nurse will decide on the next course of action and provide medical treatment as required. In the event of staff illness, it is recommended that the staff member consults the health centre for treatment.

8. Procedure in the event of an accident or injury

If an accident occurs, the member of staff in charge of the area will assess the situation and decide on the next course of action, which includes alerting first aiders to the scene and when necessary, calling 999/112 for an ambulance. The First Aider of that area should provide immediate first aid treatment. The school nurse should be called and informed of the situation and if necessary, attend the scene as soon as possible. It will then be the responsibility of the school nurse to provide and coordinate care with assistance of the first aider. All injuries should be reported to the senior nurse, even if the school nurse was not called to assist at that time.

9. Ambulances

In the event of an ambulance being called to the school, the Health and Safety Officer and school reception must be informed. It is the responsibility of the Health & Safety Office and / or the estates manager to organise site access for the ambulance. If an ambulance is called, it is the attending member of staff or first aider's responsibility to ensure that this is actioned without delay, and that

the site team and the health centre nurse have been called so that they can also attend the location if needed. When calling an ambulance please state the following for each school site.

Ambulance required at

Gresham's Senior School - Holt Road, NR25 6EA

Cromer Road School Entrances include the following;

- **Sports Entrance**
For Cairns Centre, Howson's, Sports Areas, Swimming Pool, CCF, Admissions and Facilities Building
- **Parade Ground**
Big School and Reith Block, CFB, Health Centre, Dyson Building and Chapel.
- **Auden Entrance**
Edinburgh, Fairfield, School Shop, Auden Theatre and Britton Building
- **The library, Tallis, Woodlands, Queens and Oakeley**
have their own entrances signposted along Cromer Rd in a Northerly Direction
- **The Tower, The Cabin and The Assault Course**
can be access via the Queens entrance

10. All School Addresses

Prep School

Gresham's Prep School - 8 Cromer Rd, Holt **NR25 6EY**

Pre-Prep School

Gresham's Pre School - Market Pl, Holt **NR25 6BB**

The following should be detailed to the 999 operator;

- Exact location within the site of the person needing help
- Caller's own name, and contact details
- Name of the person needing help and their age
- A brief description of the person's symptoms (and any known medical condition)
- Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil
- Don't hang up until the information has been repeated back to you
- *If you are making a call from a mobile phone – be aware that you will be asked for your mobile phone number*

Arrangements should be made to ensure that any pupils are accompanied in the ambulance, or followed immediately to hospital, by a member of staff, if parents or caregivers are unavailable to attend or going directly to hospital. A detailed written account of the event and documentation of all care given including relevant medical information about the pupil should be handed over to ambulance staff and given to the accompanying person.

11. Off-site illness or accident

Leaders of school trips must ensure that first aid provision is appropriate to the activities concerned. Trip leaders must appoint a person in charge of the first aid.

For school trips longer than one day, a more comprehensive first aid kit will be provided. The provision for first aid should be part of the risk assessment. It is the responsibility of the trip leader to research the destination area and note the local Hospitals and General Practices in the area. A medical consent form will be sent out by the trip leader to be signed by parents. Any problems, chronic illness and treatment of should be discussed with parents and health centre staff prior to

departure. Individual medical care plans should be obtained and shared amongst all staff member attending the trip.

Injuries or illnesses on a school trip will be monitored by the member of staff in charge of first aid and the party leader. A written record of treatment and relevant information must be kept. The trip leader will inform the school contact of any problems and a decision made about who will contact parents. The head, senior lead nurse / school nurse should be kept fully informed including any problems that involve contacting parents. If the Head is not available, then the Deputy Head should be contacted. The Health and Safety Officer is also to be kept advised of the situation in case of reporting to the HSE or liaising with the authorities.

12. Personalised Medical Care Plans

Every pupil that has a recognised medical condition such as allergies, asthma, epilepsy and diabetes will have an Individual Care Plan which is held in the school health centre. The medical care plan contains details of the individual's medical condition, how the condition presents itself and the necessary treatment required. It is the responsibility of the pupil to carry the necessary medical devices such as an asthma puffer or an EpiPen to assist them in a medical event should the need arise. The school also provides these items in emergency cupboards in designated areas around the school detailed under Emergency Box Locations. Considering Natasha's Law, a detailed food allergy list is compiled at the start of the school year based on the medical data form received from parents. This allergy list includes the pupils name, food allergy, symptoms for example anaphylaxis, and photograph of the pupil. This list is then printed and sent to the kitchens in all school locations

13. Reporting

An incident report form is to be completed as soon as possible after the event by the witness and or first aider at the scene for incidents and accidents that occur both in and off school site. If treatment is continued at the health centre, the school nurse will document their treatment in the relevant school / NHS systems and continue the incident report form in relation to on-going treatment as necessary. Records are stored for at least 25 years in the health centre and on the Gresham's computer system.

14. Reporting to Parents

Parents will be informed of all serious or significant injuries, accidents or illnesses involving their child as soon as possible.

15. Reporting to HSE:

The school is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences

Regulations 2012 (RIDDOR) to report the following to the HSE **by the HSO** (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 9923). This will be the responsibility of the Health and Safety Officer.

16. Reporting Accidents involving Staff

Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (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 7 days must be reported within 15 days of the incident.

Cases of work-related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases, such as covid outbreak, tuberculosis, 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:

17. Accidents involving pupils

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)
- 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

For more information on how and what to report to the HSE, please liaise with the Health and Safety Officer who will make any necessary report to the HSE as required.

18. Spillages and Contaminated Waste

All staff receive training on dealing hygienically and safely with spillages. Guidelines are appended to this policy. Contaminated waste such as blood-stained dressings must be placed in a yellow biohazard bag and then placed in the appropriate collection bins in the Pre-Prep, Prep and Senior schools where these are disposed of via specialist contractors.

19. Monitoring of Injury & Illness

The head in conjunction with the school doctor, senior lead nurse and Health and Safety Officer will organise an annual review of the School Day Treatment Book to take note of trends and to assist in finding areas of improvement and report their findings and recommendations to the Board of Governors. The information may help to identify training or other needs and be useful for investigative or insurance purposes.

20. Pre-Prep and Prep Schools

Both the pre-prep and prep schools follow this policy. Prep school has specific first aid operating procedures which are logged with the school. Pre-prep follows EYFS First Aid requirements and has its own operating instructions.

Appendix A - Asthma

What is Asthma?

On average 3 children in any one class suffer from asthma; 1.1m children in the UK are currently receiving treatment for asthma. Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs.

When a person with asthma encounters something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower, and the lining of the airways becomes inflamed and starts to swell. Sometimes sticky mucus or phlegm builds up which can further narrow the airways.

All these reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to symptoms of asthma.

From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allowed schools to purchase salbutamol inhalers without prescription for use in emergencies. Salbutamol is a relatively safe medicine, particularly if inhaled, but medicines can have some adverse effects and those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm.

Asthma Medicines

The school recognises that pupils diagnosed with asthma always need immediate access to reliever inhaler. All children with this diagnosis should have an inhaler in their sports bag and a spare one in surgery for emergencies.

The Emergency Box

An emergency asthma inhaler kit should contain:

- A salbutamol metered dose inhaler
- plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer

The health centre holds the following information:

- A checklist of inhalers, identified by their batch number and expiry date in each emergency box
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plan

Staff Responsibilities

The school nurses are responsible for overseeing the asthma protocol and use of emergency inhalers and their responsibilities include:

- Delivering staff training
- Checking on a ½ termly basis that the emergency inhalers and spacers are present and in working order, and have sufficient number of doses available
- Ensuring replacement inhalers are procured when expiry dates approach
- Ensuring replacement spacers are available following use
- Ensuring the emergency inhalers are stored at the appropriate temperature and in accordance with manufacturers guidelines – usually <30°C

- Ensuring correct disposal of used emergency inhalers and spacers
- Maintaining an up to date, easy to access asthma register of children that provides the ability for a quick check by staff of children with asthma, that parental consent for the use of the emergency inhaler has been given and a photo of each child (parental consents should be updated regularly – ideally annually)

Staff Training

All staff should be trained to:

- Recognise the symptoms of an asthma attack, and how to distinguish them from other conditions with similar symptoms
- Recognising an asthma attack
- Recognising when emergency action is required
- Be aware of the school's asthma policy
- Be aware of children on the asthma register
- Know how to access the inhaler
- Making appropriate records of asthma attacks

Emergency Inhaler Kit Locations

Emergency inhalers are in the emergency boxes as follows:

- All Boarding Houses
- Pre-Prep Reception
- Prep Reception
- CFB Dining Hall
- Britten Building by the fire panel
- Swimming Pool Office
- Dyson Building

Asthma Triggers

A trigger is anything that irritates the airways and causes asthma symptoms. Everybody's asthma is different, and everyone will have different triggers, most have several. It is important that children with asthma get to know their own triggers and try and stay away or take precautions.

Common Triggers

- viral infections
- house dust mites
- pollen
- cigarette smoke
- furry animals
- feathered animals
- pollution
- laughter
- excitement
- stress
- exercise
- grass

Common Signs of an Asthma Attack

- Persistent coughing
- Shortness of breath
- A wheezing sound coming from the chest (when at rest)
- Tightness in chest
- Difficulty in speaking in full sentences. Some children will go very quiet
- Sometimes young children will express feeling tight in the chest as tummy ache
- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

What to do in the event of an asthma attack?

- Keep calm, reassure the child and send for the school nurse
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- 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
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of ten 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 ANYTIME before you reach 10 puffs, **call 999 for an ambulance**
- If an ambulance doesn't arrive in 10 minutes give another 10 puffs in the same way

How to use an inhaler (best used via spacer)

- Remove cap and shake inhaler.
- Breathe out gently.
- Put mouthpiece in mouth and as you begin to breathe in, which should be tidal/normal breathing, press canister down and continue to inhale steadily and deeply.
- For a second dose wait for approximately 30 seconds before repeating previous steps.

How to use an inhaler with small spacer

- Remove caps from inhaler and spacer. Shake inhaler and insert into back of spacer.
- Breathe out gently.
- Place mouthpiece of spacer in mouth.
- Press inhaler canister once to release a dose of the medicine.
- Take a deep, slow breath in. If you hear a whistling sound, you are breathing in too quickly.
- Hold breath for about 10 seconds or as long as is comfortable.
- Remove spacer and breathe out.
- To take another dose, wait 30 seconds then repeat steps 1-6
- Ensure tight clothing is loosened
- **Reassure the child**

Reliever inhaler is usually **blue**, taken at the first sign of attack. All first aid kits include a reliever inhaler and small aero chamber (spacer).

Preventer inhaler is usually **brown**, sometimes white or purple. These are taken in the morning and evening.

Record Keeping

The school Health Centre keeps records of all pupils with asthma and the medicines they take. When the child joins the school or moves up to the Senior School a medical data form is sent out to parents. If the child is noted to have asthma, then the school nurse contacts the parents/care giver for more information, followed up by a request for a copy of My Asthma Plan from their GP. Asthma care plans are created for those pupils who have asthma. Care plans need to be reviewed on a yearly basis by the school nurse and parent/carers.

Exercise and activity - PE and Games

The school ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma. Taking part in sports, games and activities is an essential part of school life for all pupils. All staff **should be aware of** which children in their class have asthma and all PE teachers at the school **must be aware of** which pupils have asthma **and if needed contact the health centre for that pupils care plan. It is the staff's responsibility to ensure that they are aware of all pupils with asthma and** that those pupils have their inhaler and spacer with them. Pupils are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise or cold in the winter months to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. All pupils need to take their inhaler down to the lesson site with them and are encouraged to use them if need be. All **PE**, games coaches and classroom teachers are aware of what to do in an asthma attack and received training from a school nurse. Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Additional Roles and Responsibilities

The school will work in partnership with all interested parties including the schools governing body, all school staff, school nurses, parents/carer's, employers of school staff, doctors and nurses and pupils to ensure that the policy is planned, implemented and maintained successfully.

All school staff have a responsibility to

- Understand the school's asthma policy.
- Know which pupils they meet have asthma.
- Know what to do in an asthma attack.
- Allow pupils immediate access to their reliever inhaler.
- Know where the emergency asthma inhaler kits are located.
- Inform school nurse and parents/carer's if child has an asthma attack.
- Inform school nurse and parent/carer's if pupils are taking more reliever inhaler than they normally would.
- Ensure that pupils have their asthma medication with them if they are going out of school on a school trip.
- Ensure pupils that have been unwell catch up on missed schoolwork.
- Be aware that pupils may be tired due to nighttime symptoms.
- Liaise with school nurse, parents/carer's, SENCO and head of department if pupil is falling behind because of their asthma.
- To notify school nurses if they require further training.

PE / Sports Coaches

All teachers have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled.
- Ensure pupils have their reliever inhaler with them during activity or exercise and can take it when needed.
- If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better to return to their activity (most pupils with asthma should wait at least 5 minutes). If symptoms are getting worse or there is no relief from the inhaler, then to send someone to fetch school nurse. Do not send the asthmatic pupil.
- Remind pupils with asthma whose symptoms are triggered by exercise to use their inhaler before getting changed (10-15 minutes before activity)
- Ensure pupils with asthma always warm up and down thoroughly.
- Ensure when going on away matches that the pupil has their inhaler with them and the 1st aid match kit is taken as it contains a spacer if needed.

School nurse

School nurse has a responsibility to:

- To work with the teachers in planning and implementing pupil education on asthma in PHSE and group sessions as needed.
- Organise health promotion within the school to raise awareness of asthma in schools
- To review medical questionnaire on all new pupils and flag up those with diagnosed asthma and asthma symptoms.
- To work with parents/carers to complete the school asthma cards and ensure that all pupils have a personal asthma action plan.
- Liaise with parents to ensure continuity of care between school and home with regards to asthma management, recognizing triggers and use of inhalers.
- To ensure that all pupils with asthma have their medical notes clearly labelled with a blue dot label to indicate that they suffer with asthma.
- Ensure that pupils know how to use their asthma inhaler (and Spacer) effectively.
- To ensure the boarders with asthma are regularly monitored with regards to asthma medication and peak flows and all full and weekly boarder have a yearly review with the doctor or school nurse regarding their asthma.
- Communicate with school staff if a pupil in their care has severe asthma symptoms (with consent of the child and parent/carer's).
- Offer the parents and child a copy of their personal "My Asthma Plan".

Pupils

Pupils have a responsibility to:

- Let any pupil having an asthma attack have their reliever inhaler (usually blue) and ensure a member of staff is called.
- Tell their parents/carers, teachers, PE teachers and school nurse when they are not feeling very well.
- Treat asthma medicines with respect and not let their friend use them.

- Always keep a reliever inhaler (usually blue) with them.
- To know how to take their own asthma medicines.
- To know to come to health centre immediately if reliever medication is not helping.
- To know their own asthma triggers and to avoid them or prevent an asthma attack, by using their reliever inhaler.
- To inform matron if their asthma medication is running low and needs reordering

Parents/Carers

Parent/carers have a responsibility to:

- Inform the school nurse on the child's admission to the school, (via a medical data form) that the child has asthma.
- Sign the medical data form to allow the emergency inhaler to be used if needed
- Inform the school nurse if a new diagnosis of asthma is made or the child has asthma symptoms.
- Ensure the school has an up-to-date asthma card for their child.
- Read, sign and return their child's personal asthma action plan.
- Tell the school of any changes to the child's asthma medication.
- Tell the school of any change in the child's asthma symptoms.
- Ensure the child's asthma medication and spacer is labelled with their name.
- Provide the school with a spare named reliever inhaler within its expiry date.
- Keep the child at home if they are not well enough to attend school.
- Ensure the child catches up with any school work they have missed
- Ensure their child has regular asthma reviews with their doctor or nurse every 6-12 months.

Appendix B - Anaphylaxis.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline. Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction. Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity. **For severe reactions these symptoms normally occur 10-15 minutes after food is eaten**
- Other foods (e.g. dairy products, egg, fish, shellfish, Kiwi fruit and Soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)



Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of throat and mouth
- Alterations in heart rate
- Severe asthma symptoms (see asthma section for more details)
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop-in blood pressure)
- Collapse and unconsciousness



Administration of Medicine.

Medicines legislation restricts the administration of injectable medicines. Unless self-administered, they may only be administered by or in accordance with the instructions of a doctor. However, in the case of adrenaline there is an exemption to this restriction which means in an emergency, a suitably trained lay person is permitted to administer it by injection for the purpose of saving life. The use of an Auto Injector to treat anaphylactic shock falls into this category. Therefore, first aiders may administer an auto injector if they are dealing with a life-threatening emergency in a casualty who has been prescribed and is in possession of an auto injector and where the first aider is trained to use it. Health and Safety Executive, January 2008. In 2012 the Medicines Act was broadened to state that any lay person can administer adrenalin for the purpose of saving a life this means **ANYONE** can administer.

When anaphylactic shock symptoms are evident, it is vital when the patient is feeling faint or weak, looking pale, or beginning to go floppy that they lay down with their legs raised. **They should not stand up – key is to reduce their heart rate as exertion exacerbates the reaction.**

If there are also signs of vomiting, the patient should also be placed on their side to avoid choking.

If they are having difficulty breathing caused by asthma type symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up if able to. **The key action is that aid comes to the patient.**

One person must take charge - ask other staff to assist, particularly with making phone calls, and ensure that the following are undertaken

1. Ring 999 immediately to get the ambulance on the way.
2. Contact the health centre/ reception to summon assistance– state what has happened so that they can bring the appropriate medication to the location.
3. Use their prescribed adrenaline device if they have it with them.
4. Use one of the schools additional AAI if required.
5. Ensure that an ambulance is met and taken to scene
6. Stay in the immediate area to assist/or direct the emergency services

Additional Adrenaline Auto-Injectors (AAIs) in Schools (Reference C refers).

The legislation changed from 1st October 2017 (Human Medicines amendment Regulations 2017) to allow schools to buy additional adrenaline auto-injectors without prescription for use in case of emergency for children who are at risk of anaphylaxis and whose own device is not available or not working (broken or out of date). There are strict rules governing their usage, the guidance is non-statutory:

- The principles of safe usage of AAI(s) are universal and based on recognised good practice
- AAIs must not be locked away in a cupboard or an office where access is restricted – they are to be kept in a suitably safe central location and located not more than 5 minutes away from where they are needed
- The spare AAI devices held in the clearly labelled Emergency cabinet
- AAIs are available in different doses
- For children under 6 years – a dose of 150 microgram (0.15 milligram) of adrenaline is used
- For children aged 6-12 years - a dose of 300 microgram (0.3 milligram) of adrenaline is used
- For teenagers age 12+ years - a dose of 300 or 500 microgram (0.3 milligram) of adrenaline can be used
- The spare AAIs can be used instead of pupil's prescribed AAI(s), if these cannot be administered correctly, without delay
- Any person can use a spare AAI in life threatening situations

Location of AAIs

The AAIs will be kept in sealed cabinets located as follows:

- All Boarding Houses
- Pre-Prep Reception
- Prep Reception

- CFB Dining Hall
- Britten Building by the fire panel
- Swimming Pool Office
- Performance Gym
- Dyson Building

Staff with Responsibility

The schools nursing team are the responsible persons for maintaining the spare AAI's. They are also responsible for:

- Overseeing the protocol for the use of spare AAI(s),
- Maintaining the allergy register
- Checking and recording on a half termly basis the AAI's are present in each kit
- Ensuring replacement AAI's are obtained when expiry dates approach
- Ensuring staff are appropriately trained to administer the AAI's
- The correct disposal of used or out of date AAI's

Allergy & Treatment Register

The allergy & treatment register is updated accordingly and shared to the relevant staff members as per GDPR Guidelines. The register must include

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) and if so what type and dose
- A photograph of each pupil to allow a visual check to be made (based on parental consent)

All Staff

All staff are expected to:

Understand the causes of anaphylaxis

Understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild symptoms

Appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)

Be aware of the anaphylaxis policy

Be aware to check if a pupil is on a register

Be aware of how to access the AAI

Be aware who the designated member of staff is, the policy and how to access their help

Staff Training

Staff should be trained to:

- Recognise the range and symptoms of severe allergic reactions
- Respond appropriately to a request for help from another member of staff
- Recognise when emergency action is necessary
- Administer AAI's according to the manufacturer's instructions
- Make appropriate records of allergic reactions

Appendix C

Epilepsy

The school recognises that epilepsy is a condition which can affect pupils. First aiders should have a clear understanding of what to do in the event of a seizure. The school works in partnership with the school nurse and parents to provide a continuation of care for those pupils who suffer from the condition. Staff are informed each year of the pupils at the school who have epilepsy. Copies of individualised health care plans (IHCP) are available for staff to inspect at the surgery.

Epilepsy. Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness but may be a symptom of some physical disorder. However, its cause, especially in the young, may have no precise medical explanation.

Tonic Clonic Seizure (Grand Mal). The Pupil may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the pupil may bite their tongue. They can also be incontinent. Ensure the safety of the pupil and gently move them away from any dangers such as banging their head on a wall. Speak calmly to the pupil and stay with them until the seizure has passed.

Complex partial seizures. These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The pupil may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the pupil and gently move them away from any dangers. Speak calmly to the pupil and stay with them until the seizure has passed.

Absence (Petit Mal). This can easily pass unnoticed. The pupil may appear to daydream or stare blankly. There are very few signs that a pupil is in seizure. These types of episodes, if frequent, can lead to serious learning difficulties as the pupil will not be receiving any visual or aural messages during those few seconds. Therefore, it is important to be understanding, note any probable episodes, check with the pupil that they have understood what has happened and inform parents. Teachers can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

Procedure - Total seizure, tonic clonic (Grand Mal).

KEEP CALM – pupils will tend to follow your example. Let the seizure follow its own course; it cannot be stopped or altered. **Serious symptoms**

- Cold, clammy skin
- Blue-grey tinge around lips
- Weakness/dizziness
- Rapid shallow breathing

Progressing further

- Restlessness
- Aggressiveness
- Gasping for air
- Unconsciousness

Treatment

- Ask the other pupils to leave the room where possible and ask a responsible pupil to fetch a school nurse/first aider for assistance
- Note the time of the seizure
- Protect the pupil from harm. Never move the pupil whilst convulsing unless they are in immediate danger. If possible, move objects that may cause injury away from the immediate area
- When convulsions have ceased place the pupil on their side – this does not have to be the recovery position but just so that the tongue can fall forward, and excessive saliva can drain out of the mouth
- Support the pupils head and stay away with the pupil until completely recovered
- Remove to the health centre when safe to do so
- A school nurse/first aider should then make a full assessment of the seizure and note any injuries that may have been sustained
- Allow the pupil to rest and sleep following the seizure as this may be the first in a cluster of seizures. Ensure they remain on their side
- Inform parents and, if a day pupil arrange for collection
- If the fit last longer than 5 minutes, call an ambulance immediately, it is very important the pupil is assessed at the hospital. A pupil experiencing a first seizure or cluster **MUST** also be sent to hospital
- If the ambulance is summoned, then report the seizure in as much detail as you can, especially how long it has lasted
- In the case of a day pupil a member of staff should accompany the pupil in the ambulance to hospital and stay with them until the parent/s arrive. In the case of a boarding pupil a member of the boarding house staff should accompany the pupil to hospital

Appendix D

Diabetes

Children with Type 1 diabetes have the added complication of injecting, blood testing and managing hypos, which can make them feel different from their friends and classmates. Handling conversations about their diabetes should always be done sensitively. It's also important to remember that children with Type 1 diabetes are not all the same; the way one child manages their diabetes will be different to another. Every child with diabetes must have an Individual Health Care Plan (IHCP) developed by the child (where appropriate), their parent, a Paediatric Diabetes Specialist Nurse (PDSN) and appropriate school staff. This plan will detail the child's individual care needs.

What is Type 1 diabetes?

Type 1 diabetes develops when the body can't make insulin to manage the levels of glucose in the blood properly, allowing too much glucose to build up. Type 1 diabetes usually develops before 40 years old, and is the most common type of diabetes found in children and young people

Injecting at School

Pupils who need to inject at school will need to bring in their insulin and injecting equipment. In most cases the equipment will be an insulin 'pen' device rather than a syringe. Some children may want a private area where they can take their injections, others may be happy to inject in public. Both situations should be allowed. Children might need help with injecting, especially if they're younger, newly diagnosed or have learning difficulties. Their parent, carer or PDSN will be able to explain the help they need, demonstrate how the equipment is used and tell you how the pen and insulin should be stored.

1. Multiple Daily Injections (MDI). MDI can control blood glucose levels better than twice daily injections. Most children are now started on MDI from diagnosis. Children taking MDI will need an injection with each meal as well as one at bedtime and/ or in the morning. This means they'll need to have an injection at lunchtime, and perhaps at other times of the school day too.
2. Two injections a day. Children who take two injections a day usually take them at breakfast and evening mealtime, and so won't usually need to inject during the school day. This is less common nowadays.
3. Insulin pumps at school. Children who use an insulin pump will need to give extra insulin via the pump when they eat or if their blood glucose levels are high. This is done by pressing a combination of buttons. Again, children might need help with this. Their parent, carer or PDSN can teach school staff how to give insulin via the pump and how to look after the pump at school.

Eating

No food is off limits to a child with Type 1 diabetes, but food and drink choices can affect a child's diabetes management.

Food

Children with diabetes should follow the same diet that's recommended for all children – one that's low in fat (for older children), salt and sugar and includes five portions of fruit and veg a day. Too many sweets and chocolates aren't good for anyone, so they should be a treat rather than a regular snack. Diabetic foods are not recommended because they still affect blood glucose levels, can have a laxative effect and are expensive.

Snacks

Children who take insulin twice a day and younger children (no matter how they take insulin) may need snacks between meals. Snacks may need to be eaten during lessons and the choice of snack will depend on the individual child, but could be:

- a portion of fruit
- an individual mini pack of dried fruit
- a cereal bar
- a small roll or sandwich
- biscuits

Older Children

Older children who take insulin with meals or who are on a pump may not need snacks between meals. The child's parent, carer or PDSN will advise on whether snacks are needed and when, and the best type of snack to be taken.

Hypoglycaemia (hypo)

Hypoglycaemia happens when blood glucose levels fall too low (below 4mmol/l). Most children and families will call it a 'hypo'. You need to be aware that children with diabetes are likely to have hypos from time to time and they can come on very quickly. Sometimes there's no obvious cause, but usually it's because the child:

- has had too much insulin
- hasn't had enough carbohydrate food
- has been more active than usual

How to recognise a hypo. Most children will have warning signs of a hypo. These warning signs can include:

- feeling shaky
- sweating

- hunger
- tiredness
- blurred vision
- lack of concentration
- headaches
- feeling tearful, stroppy or moody
- going pale.

Symptoms can be different for each child and the child's parent, or carer can tell you what their child's specific warning signs are. They will also be listed in the child's IHCP.

How to treat a hypoglycaemic pupil

Hypos must be treated quickly. Left untreated, the blood glucose level will continue to fall, and the child could become unconscious or have a seizure. Some children will know when they are going hypo and can treat it themselves, but others, especially if they're younger, newly diagnosed or have learning difficulties, might need help. A child should not be left alone during a hypo or be made to go and get the treatment themselves. Recovery treatment must be brought to the child. In the event of a child having a hypo, here's what to do:

If a child's blood glucose levels are too high or too low while at school, they might start to feel unwell. Some children with diabetes may have more frequent absences because of their condition. Things to be aware of and look out for:

Check the child's blood glucose level (when possible) If too low-

- Immediately give them something sugary to eat or drink, like 3x jelly babies, 4x fruit pastilles, 200mls orange juice. (15-20 grams of sugary foods/drinks)
- Check the blood glucose level again in another 20–30 minutes to make sure that they have returned to normal.
- Some children will need a snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it's due*. The child's parent, carer or PDSN will tell you if they need a follow-on snack.
- Once a hypo has been treated and the blood glucose has returned to a normal level there is no reason why the child can't continue with whatever they were doing. However, it can take up to 45 minutes for a child to fully recover.
- Children should have easy access to their hypo treatments and should be allowed to eat or drink whenever they need to, to prevent or treat a hypo.

What to do if a pupil becomes unconsciousness

In the unlikely event of a child losing consciousness, **do not give them anything by mouth**. Place them in the recovery position (lying on their side with the head tilted back). Call the Health Centre Nurse. An emergency injection of glucagon (a hormone that raises blood glucose levels), can be given if a child becomes unconscious, and is available in the Health Centre or by emergency call out of the school nurse.

What is Hyperglycaemia (hyper)

Hyperglycaemia happens when blood glucose levels rise too high. Most children and families will call it a 'hyper'. All children are likely to have high blood glucose levels sometimes and they might happen because the child:

- has missed an insulin dose or hasn't taken enough insulin

- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- has a problem with their pump.

Children on pumps will need to treat high blood glucose levels more quickly.

Physical Activity. Diabetes shouldn't stop children from enjoying any kind of physical activity or being selected to represent your school in sports teams. But children with diabetes will need to plan for physical activity, which includes checking their blood glucose levels carefully and making sure they drink enough fluids. All forms of activity use up glucose. This can mean that a child's blood glucose level can fall too low, and they'll have a hypo. Also, if their blood glucose is high before getting active, physical activity may make it rise even higher. The way a child prepares for activity will vary depending on:

- when they last injected their insulin
- the type of physical activity they'll be doing
- the timing of the activity and how long it will last
- when they last ate
- their blood glucose level

So, they may need to:

- have an extra snack before/during/after physical activity
- alter their insulin dose
- inject in a particular place on their body.

The child's parent, carer, PDSN or dietitian will be able to tell you about the specific preparation required, and this will also be included in the child's IHCP.

Day trips

Depending on what's planned for the trip, you might not need to make any adjustments to the child's usual school routine. Things to take on a trip include:

- insulin and injection kit, for a lunchtime injection or in case of any delays over their usual injection time
- blood testing kit
- hypo treatments (see highs and lows section)
- pump supplies (if appropriate)
- extra food or snacks in case of delays
- emergency contact numbers
- IHCP must go with the child

Overnight stays

When staying overnight on a school trip, a child who injects will need to take insulin injections and test their blood glucose levels (which may include testing at night), even if these aren't usually done in school. If the child can't do their own injections, manage their pump or test their blood glucose levels, they'll need to be done by a trained member of staff. School staff should meet with the child's parent, carer and PDSN well in advance of the trip to discuss what help is required and who will assist the child. A copy of the IHCP must go with the child.

Appendix E

Accident/Injury Aide Memoire

In the event of a severe accident, the supervising member of staff is to assess the situation, decide the best course of action to mitigate any further injury, conduct appropriate first aid and call for the nurse. In any emergency, particularly one involving children, it is important to keep calm, to act logically and to consider the following points:

a. **Assess the Situation. Consider the following:**

- What happened?
- How did it happen?
- Is there any continuing **danger**?
- Is there more than one injured person – check **Response**?
- Is there **anyone immediately available** who can help?
- Do I need an ambulance?

Danger
Response
Shout for Help
Airway
Breathing
Circulation

b. **Think of Safety - Consider the following.**

- Do not risk injuring yourself - you can't help if you become a casualty
- Remove any source of danger from your casualty if safe to do so

c. **Treat Serious Injuries First – think Airway, Breathing, Bleeding, Breaks/Burns**

- In the event of an accident where more than one person has been injured, go to the quiet casualty first - they may be unconscious
- **DO NOT MOVE** the casualty if there is a risk of significant head, neck or spinal injury, unless there is immediate danger to life
- If casualty stops breathing, commence mouth-to-mouth resuscitation immediately
- If the casualty is bleeding seriously then it must be brought under control

d. **Get Help**

- Shout for help - someone may hear you although it may not be obvious that there are people nearby
- If there is someone with you, get them to fetch another member of staff, or contact reception, or contact Medical Centre or call for an ambulance and collect a defibrillator if required.
- If an ambulance is required then call 999
- Arrange for staff to meet and direct the ambulance
- Arrange for adult to accompany pupil to hospital
- Manage the emergency or incident to the best of your ability until relieved by a member of the SLT or member of the ambulance service.

e. **Once the Incident is under control**

- Communicate with a member of the SLT
- If off site, arrange for the rest of the group to return to School/safety
- Note witnesses – names and addresses and any information that they can give about the incident.
- Refer any media at the scene back to the Head or Marketing Manager
- Write down all details while fresh in memory - who/why/what/where/when
- Complete accident form.

APPENDIX F

Guidelines for Dealing Hygienically and Safely with Spillages of Body Fluids

Spillages of body fluids potentially pose a health risk so should be cleaned up immediately. All staff have received appropriate training from the Health and Safety Officer in dealing hygienically and safely with spillages of body fluids.

Method

1. Wear disposable gloves and apron
2. Place disposable paper towels on body fluid spillage to mop up excess and then dispose in yellow clinical waste bin
3. Pour bleach solution (1:10 dilution) on top of spillage area and leave for at least two minutes
4. Alternatively, use Emergency Spillage Compound and leave for at least one and a half minutes
5. Use paper towels to wipe up bleach and spillage and then discard into yellow clinical waste bag
6. Discard gloves and apron into yellow clinical waste bag
7. Wash and dry hands thoroughly

Please note that bleach will damage soft furnishings, and carpet so shouldn't be used on these surfaces. These areas should be cleaned and disinfected using hot water and detergent followed by steam cleaning.

Soiled Clothing

1. Do not manually rinse/soak soiled items
2. Flush any solid material (vomit/faeces), into the toilet, carefully avoiding any splashing
3. Place into a sealed, waterproof bag for parent to collect
4. In the boarding house use the pre-wash/sluice cycle followed by a hot wash
5. Wash hands with liquid soap and dry with paper towels

Blood spills on clothing

1. Change clothes (immediately if possible)
2. Do not manually rinse/soak
3. Place in sealed, waterproof bag for parent to collect
4. In the boarding house use the pre-wash/sluice cycle followed by a hot wash
5. Place used plastic bag in a yellow clinical waste bag
6. Wash hands with liquid soap and dry with paper towels