

FIRST AID AND MEDICATION POLICY

THIS POLICY IS REVIEWED ON AN ANNUAL BASIS

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Please note: 'School' refers to Chatsworth Schools; 'parents' refers to parents, guardians and carers.

This is a whole school policy, which also applies to the Early Years Foundation Stage.



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1.0 INTRODUCTION

1.1 Mission Statement and Statutory Framework

It is the responsibility of the School to ensure that, under the Health and Safety at Work Act 1974 and the Health and Safety (First Aid) Regulations 1981, appropriate First Aid provision is made available at all times when there are pupils, staff or visitors on the school premises, and for staff and pupils during off-site visits and activities. In addition, the specific requirements of the Childcare Act 2006 and the Early Years Foundation Stage Framework 2014 are adhered to. Our policy is informed by guidance including the Department for Education First Aid in Schools 2014 and Health and Safety Executive First Aid At Work advice March 2015.

1.2 Scope of Policy

It is the school policy that:

- a sufficient number of personnel are qualified to administer First Aid, and they, and appropriate equipment, are always available during school teaching hours,
- appropriate First Aid arrangements are made whenever staff and pupils are engaged in off- site activities and visits.

The arrangements within this policy, including the number of First Aiders, are based on the results of regular risk assessments carried out by the School, detailed in Appendices 1 and 2.

This policy includes the school's Medication Policy and Procedure, which provides standards for safe and proper administration of drugs.

2.0 ROLES AND RESPONSIBILITIES

2.1 School Responsibility

The school's First Aid team, led by the Head and administered by the Business Manager, is responsible for:

- ensuring that suitable and sufficient risk assessments are carried out
- providing First Aid support during school hours
- ensuring that appropriate First Aid cover is available at all sports activities
- identifying First Aid training needs and arranging attendance on internal courses
- maintaining a record of all First Aid training undertaken by school staff

- informing parents/guardian of injuries or illness that cause concern,
- organising the transfer of injured pupils by ambulance to hospital
- liaising with the SMT on First Aid issues
- maintaining records of pupil injuries/illness/and accident reports of all injuries on and off site and to visiting pupils
- organising provision and regular replenishment of First Aid equipment • helping to prevent the spread of infection in school and working closely with the South West London Health Protection Unit and/or the Local Environmental Health Department as appropriate
- providing on-going support to pupils with medical and emotional needs • informing staff of those pupils who have medical conditions (on a need to know basis), • updating all medical information on the school database.

2.2 Qualified First Aiders

All staff: First Aid for Schools Training January 2021

Full FAW Certificate Holders (First Aid for Life) January 2021 : Monique Witcombe, Lesley Adams, Jackie Osborne, Phil Dockery, Katie Chater, Jasmine Smith, Renette Ofori

Information

- It is essential that there is accurate accessible information about how to obtain emergency First Aid assistance. All new staff and pupils are provided with information about how to obtain First Aid assistance and a copy of Pupil Hospitalisation Procedure (Appendix 5)

First Aiders are responsible for:

- responding promptly to calls for assistance
- providing First Aid support within their level of training
- summoning medical help as necessary
- recording details of treatment given on HSW Accident Forms

All staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children.

They are expected to

- discuss any medical concerns with the Head and familiarise themselves with pupil's medical condition and their care, if appropriate
- carry out risks assessments for any off-site trips, including for sporting activities, and ensure adequate First Aid provisions are taken
- accurately record all accidents on HSW Accident Forms and forward these to the school secretary
- be familiar with the school guidance on the emergency care of an injured pupil and the Hospitalisation Procedure (Appendix 5) which provides guidance on when to call an ambulance for emergency treatment

2.3 Family's Responsibility

We ask the parents of pupils with conditions including allergies to:

- Notify the school of your child's medical issues. This should be done before the start of the school term
- Ensure that those transporting your child to and from school are aware of your child's condition and give clear instructions on how you would like your child managed e.g. in the event of an allergic response.

NB The school will not share personal medical information with transport companies. • Read the Medication Policy, provide any necessary information and complete relevant school forms

- Educate your child in self-management of his/her condition/allergy as appropriate, for example:
 - o which foods are safe and unsafe
 - o the symptoms of allergic reaction
 - o how and when to tell adults about a reaction
 - o how to read food labels or to ask an adult to read the label
- Provide emergency contact information and inform the School of any changes. • Ensure your child carries their emergency medication i.e. clearly labelled Epipen, inhaler with them at all times during the school day (depending on age) and for all off-site sports fixtures and trips.

2.4 Pupil's Responsibility

We ask each pupil with a food allergy to be proactive in the care and management of their condition / food allergy and reactions and, in particular:

- Not to exchange food with others
- Eat only food that is labelled with ingredients and to read the label before eating • Be aware of other people eating around them and always to wash their hands before eating in case of contamination
- To know where their medication is kept in the Medical Room and that they are responsible for carrying their medication with them to make sure they do so at all times.
- To tell their friends of their allergies, so they know if an emergency should arise
- Wear a Medic Alert talisman at all times, if they own one
- Notify an adult immediately if they eat something they believe may contain the food they are allergic to
- To notify an adult immediately if they believe they are having a reaction, even if the cause is unknown.

3.0 FIRST AID PROVISION

3.1 First Aid Training

The Deputy Head (pastoral) carries out continuous risk assessment to ascertain the numbers of First Aiders needed. Current First Aiders are listed in this policy.

A First Aider is qualified to give immediate help to casualties with common injuries and illnesses and those arising from specific hazards in School and must:

- complete an approved "First Aid at Work" (FAW) training course, and • hold a valid certificate of competence; the certificate is valid for 3 years and the Deputy Head (pastoral) will organise refresher training before the expiry date.
- Games staff and Science teachers are encouraged to hold the FAW certificate.

First Aid Training includes information and emergency treatment for Asthma, Anaphylaxis, Diabetes and Epilepsy. The Personnel Manager invites all new and existing staff to volunteer



to become a 'First Aider'. Members of staff who agree to become First Aiders do so on a voluntary basis.

Kitchen staff are offered training in First Aid and anaphylaxis treatment enabling them to recognise food allergies.

All courses are arranged on site by the Deputy Head (Pastoral) and are delivered by external instructors with regulated qualifications as advised by the HSE.

All First Aiders are fully indemnified by HSW against claims for negligence, provided that they are suitably trained and are acting within the scope of their employment and within the School's guidelines for the administration of First Aid.

A list of qualified First Aiders is located in the school office. A copy of the list is also stored in a visible folder in the First Room. The School ensures that there are qualified First Aiders available on the school sites.

First Aid boxes are green and marked with a white cross, and are sited:

- on all School minibuses,
- in each First Aid Room and School Reception Office
- in the School Reception Office for outings, which in each case is returned afterwards.
- at Oberon

First Aid boxes contain supplies and:

- a current list of qualified First Aiders
- Hospitalisation Procedures for Pupils (Appendix 5)
- HSW Accident Forms.

The Business Manager is responsible for stocking and checking the boxes on a regular basis. The Transport Manager takes responsibility for the minibuses. The contents of the First Aid box may vary depending on needs of a particular location (for example, blue detectable plasters and burns dressings in kitchens). Alcohol gel is included in First Aid boxes for away trips where hand washing facilities may not be readily available. Water-based gel is also provided.

3.2 Specific Injury or Illness

If the pupil shows more serious symptoms, for example:

- shortness of breath
- dizziness or feeling faint,
- suspected hypoglycaemic attack, due to Diabetes
- seizures
- bleeding

or presents with

- an allergic reaction
- a neck or spinal injury,
- a suspected fracture,
- head injury (see Appendix 3)

or any other condition that causes concern, then the Head and/or Deputy Heads must be called to attend as emergency procedures or referrals are conducted.

The causes of allergic reaction can include food such as nuts, seafood, eggs, wheat, insect stings and drugs but, on rare occasions, there may be no obvious cause.

Senior pupils who are ill and whose condition warrants them going home may do so after their parent/guardian have been informed and have consented to them going home unaccompanied. The pupil is then required to ring the School Receptionist on their arrival home.

3.3 Pupils with medical conditions

Support is given to pupils with all on-going conditions such as diabetes, epilepsy, asthma, reduced mobility or any other medical conditions. All such pupils will be allocated an individual Treatment Plan based on specialist GP advice, as provided by parents, They are made aware of how to obtain help if feeling unwell. The school has a separate Medication Policy and Procedure which provides standards for safe and proper administration of any necessary drugs.



The names of pupils with medical conditions are highlighted in files within the First Aid Room and the School Office, and on notice boards in school kitchens. Pupils' names are flagged on the School database with a medical alert icon. Parents are notified of expiry dates of EpiPens.

3.4 Allergies including Anaphylaxis advice

The causes of allergic reaction can include food such as nuts, seafood, eggs, wheat, insect stings and drugs but, on rare occasions, there may be no obvious cause.

At HSW we have a number of pupils who have allergies to certain foods, insect stings and drugs. To minimise the risk of anaphylaxis occurring, we have taken precautions and are working towards being nut safe and allergy aware. The success of this policy requires the cooperation of all parents, pupils and school staff.

Managing Nut and Peanut Allergies at HSW

Nuts are not permitted at HSW for cooking, snacks, or for bird feed. They should not be present on either site and parents are not permitted to bring them into school. The science laboratories will not use nuts in their experiments

Nut Allergies and School Cakes Sales/Birthday Cakes

HSW occasionally runs cake sales for charity. Pupils with nut/peanut allergies who buy cakes at the sales cannot be certain that these cakes are completely nut free.

We would ask parents who bake cakes for charity sales not to use nuts or nut derivatives in their preparation. Pupils with food allergies need to know the ingredients in everything they eat; even the tiniest amount of nuts could cause a severe reaction. A list of all the ingredients used must be clearly labelled on the wrapping before cakes are provided for sale. If cakes are purchased from shops to donate to the charity sales, these must have labels with the list of ingredients on the wrapping.

Notwithstanding this, even though nuts may not be listed as ingredients, cross contamination may have taken place during preparation.

Our advice is therefore that pupils with nut/peanut or food allergies should avoid buying cakes at these sales.

Catering

Catering staff are informed of pupils' allergies. The names of pupils with allergies are displayed in the kitchen area.

Catering staff are offered First Aid training which covers the causes and symptoms of anaphylaxis and food allergies. We cannot guarantee bought-in ready made products such as bread and cakes are nut free. Manufacturers will not generally guarantee them to be nut free. The school catering staff will not knowingly use any peanut or peanut products in their cooking.

The school menus will be displayed on the school website and choices that use dairy, fish or nut products will be marked so parents can discuss the menus with their children.

Any parent who wishes to discuss menu choices is invited to email the Head.

Anaphylaxis

Anaphylaxis is a severe allergic reaction at the extreme end of the allergic spectrum. The whole body is affected by the allergen, often within minutes of exposure, but sometimes hours later.

Staff are advised that if they have any concerns about a pupil presenting with even a minor reaction, to send them, accompanied by an adult or another responsible pupil, to the School Reception

Please see Appendix 5 for Anaphylaxis emergency treatment advice.

How can Anaphylaxis be reduced?

Some schools choose to enforce 'nut bans'. The Anaphylaxis Campaign highlights several problems with this approach. For example, if a nut ban was to be implemented:

- It would not be possible to provide an absolute guarantee that the school would be completely nut free without going through every pupil's bag and pockets every day.
- There would be a risk that allergic children may be led into a false sense of security.

- Parents may ask for similar bans in relation to other foods.

The Anaphylaxis Campaign argues that there is a strong case that food allergic children will gain a better awareness of their allergies and learn avoidance strategies if they operate in an environment where allergens turn up unexpectedly. If they are educated to be vigilant, their growing awareness may pay dividends one day if, for example, a friend offers them a biscuit at a party. If they are used to a nut-free environment, they may take the biscuit without thinking.

Parents of non-allergic children

We have a number of children at school who have food allergies, but would remind all parents of the danger that even small amounts of an allergen pose to these children.

Most severe allergic reactions are the result of ingestion but other reactions can be triggered by touching surfaces, such as computer keyboards, books or a piano, if these surfaces have previously been used by someone who has eaten nut products.

Nuts and seeds are part of a healthy diet for those without allergy but we would appreciate that such pupils eat them at home rather than bring them into school, since there are pupils who do have severe nut allergies.

Therefore, we would ask all parents not to provide pupils with school snacks at the end of the school day, which include nuts/sesame seeds.

3.4 First Aid Provision for games

Games and PE Staff are responsible for:

- ensuring that First Aid kits and emergency medications, if relevant, are taken to all practice sessions, matches and sporting events.
- ensuring the safe transfer of injured pupils from pitch side into the care of the parent/guardian or medical care
- completing the Accident Report forms

The teacher-in-charge must ensure that a First Aid box is at each pitch side during each home and away fixture or teaching session. This ensures that pupils with open wounds/nosebleeds can be provided with a suitable dressing to stem the bleeding at the pitch side and do not need to walk across the pitches with uncontrolled bleeding.

Games and PE staff must be aware of pupils with allergies (especially those allergic to insect stings) and Asthmatics and ensure they have their emergency medication with them at all times.

Home Fixtures

The Head of Games is responsible for ensuring that First Aid cover is provided by the school at all school matches involving visiting teams as follows:

- One First Aid kit for each match
- A school mobile is available
- If a hospital transfer is required the emergency services should be called and the Pupils Hospitalisation Procedure (Appendix 5) followed.

Away fixtures

A risk assessment is carried out by the teacher-in-charge, prior to the fixture to ensure that adequate provision is made for the needs of individual pupils (e.g. ensuring that if a pupil is an EpiPen holder, that the member of staff has had training in dealing with Anaphylaxis).

While the hosting school will usually provide the appropriate level of First Aid cover, the HSW teacher-in-charge will:

- bring a First Aid kit to each fixture,
- ensure that the injured HSW pupil has received appropriate First Aid care, a HSW Accident Form form has been completed and the Head or Head is informed at the earliest opportunity.
- notify the parent/guardian of the nature of the injury at the time if appropriate, and ensure that suitable arrangements have been made for the transfer of pupil care to the parent.
- In the event of hospitalisation the procedure in Appendix 5 must be followed, and in the absence of parents, allocating a member of staff to accompany the injured pupil to hospital and to remain with them until the parent/guardian arrives.

School Practice and Training

First Aid cover will be provided during school weekday working hours as follows:

- Should an injury occur during play, the pupil must be accompanied to the First Aid Room or the First Aider called to the pitch to assess the injury.

If a pupil is unable to return before the end of the sports activity, the games teacher should contact the First Aider at the end of play and confirm that:

- the injured person has been attended to,
- suitable arrangements have been made for the pupil to be collected by a parent/guardian or transferred back to the school in the care of the teacher-in-charge and delivered into the care of the School Receptionist or parent/guardian.

Pupils who carry Epipens or Inhalers will be reminded that they must inform the Games Teacher/First Aider of their location prior to the commencement of the match.

Open wounds on sports pitches

Pupils who sustain open wounds/nose bleeds on sports pitches must be immediately treated using dressings from the First Aid box at pitch side. The wound should always be dressed before leaving the pitch.

All staff must take precautions to avoid infection when dealing with open wounds and must follow basic hygiene procedures:

- Hand washing is of the utmost importance before and after treating wounds.
- Disposable gloves are available in all First Aid boxes. Care must be used when removing and disposing of gloves and washing hands after removing gloves. Blood contaminated dressings should only be disposed of in the yellow bags in the clinical waste bins located in all First Aid Rooms.

3.6 First Aid Provision for School Outing and Trips

A risk assessment is carried out by the teacher-in-charge, prior to a school outings and trips, to ensure that adequate provision is made for the needs of individual pupils (e.g. ensuring that if a pupil is an Epipen holder, that the member of staff has had training in dealing with Anaphylaxis).

The teacher-in-charge is responsible for collecting the First Aid box and emergency medication required by individual pupils (Epipens/Inhalers, etc.) from the First Aid Room or parent/guardian before all school trips.

4.0 MONITORING ILLNESS IN SCHOOL

4.1 Illness during Public Exams

A pupil who falls ill during exams must be referred to the Examinations Officer. Details of any medication that they are taking will be recorded along with clinical observations made by a first aider. The First Aider will send a written report to the Examinations Officer explaining the nature of the illness that caused the pupil to leave the exam room. A copy of the letter will be sent to the Head and another copy kept in the pupil's file.

4.2 Control of Cross Infection and Communicable Diseases

An important part of First Aid is preventing 'cross infection' either by transmitting germs or contracting an infection. General measures to reduce infections in school and to reduce cross infection include the promotion of good standards of personal hygiene. These include:

- reminding pupils about the importance of hand washing on a regular basis, especially if touching the mouth or nose or surfaces that may be contaminated;
- posting signs in relevant places to remind everyone of the importance of hand washing;
- encouraging the use of tissues when coughing or sneezing and the disposal of soiled tissues in closed lid bins provided around the school;
- routinely checking all cloakrooms to ensure that an adequate supply of hand washing equipment is available and working;
- opening windows in between classes to ventilate the room;
- monitoring absenteeism with early follow up calls to those presenting with flu like symptoms;
- advising pupils and staff to stay at home if they are presenting with any flu like symptoms.

The school has a duty of care to protect staff and children. If we are aware of any increase in illness or any concerns about infections, the Head will liaise with the South West London Health Protection Unit (SWLHPU) on 0208 812 7850 during office hours 0900-1700 and will

keep staff and parents informed as directed by them. Many infectious diseases are most transmissible just before symptoms are present. The School Secretary will therefore contact parents to collect a pupil who appears unwell during the school day.

Parents are advised to keep ill children at home until they are fully recovered. The South West London Health Protection Unit recommends that those presenting with diarrhoea or vomiting should remain at home for a period of 48 hours after the resolution of symptoms and should be excluded from swimming for two weeks following the last episode of diarrhoea. In the event of an outbreak of diarrhoea and vomiting the school will liaise with the SWLHPU and will advise staff to be diligent in reminding pupils of the importance of hand washing with soap and water.

We follow SWLHPU guidance on Control of Cross infection and Communicable relating to the recommended period that pupils should be kept away from school following gastro intestinal illness, respiratory infections, rashes and skin infections, summarised below:

Exclusion period for infectious diseases (HPU guidance)

	Exclusion period
Chickenpox	5 days from onset of rash
Conjunctivitis	No exclusion unless eyes are sore and weepy, however antibiotic eye drops must be provided
Diarrhoea and or vomiting	48 hours from the last episode of diarrhoea and/or vomiting having eaten properly and having had a normal stool.
Fever	When well enough to cope with a busy day
Measles	5 days from onset of rash
Mumps	5 days from onset of swollen glands
Ringworm	Until commencement of treatment Rubella 5 days from onset rash
Whooping cough	5 days after antibiotics have started
Rubella	5 days from onset of rash

Further information can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf

Rubella / Chickenpox

Rubella/Chickenpox can affect a pregnancy. The School Secretary will inform female First Aid colleagues if there is any known Rubella/Chickenpox outbreak in the school population. Parents of pupils whose immunity is compromised due to illness or medication will also be informed.

First Aid for Accidental Spillages to Eyes

Eye wash stations, specifically for emergency eye irrigation, are located in the First Aid Room of each school and in the Art and Science Departments at the Senior School. Procedures to be followed are clearly identified in Eye Wash Irrigation posters

If an accidental spillage occurs to the eye, eye irrigation must be carried out immediately for at least twenty minutes and the Head or Head notified.

4.3 Cleaning and Hygiene Procedure for the Spillages of Bodily Fluids

Biohazard Spill Policy

The aim of this policy is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence to this policy is the responsibility of all staff who may come into contact with spillages of blood or other body fluids.

Disinfection aims to reduce the number of micro organisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

The School has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

Blood

- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine
- Wound Drainage

- Gastric Aspiration

Personal Protective Equipment (PPE)

All staff dealing with a biohazard spill are to ensure that they:

- Wear a plastic disposable apron.
 - Wear disposable gloves
 - Protect eyes and mouth with goggles and mask (or full face visor) if splash or spray is anticipated.
 - Wear protective footwear when dealing with extensive floor spillages
 - Use the biohazard spill kits provided by the school (not “just a cloth or mop”) •
- Always dispose of PPE and contaminated waste in a sealed (yellow) disposable bag

Procedure

All staff dealing with a biohazard spill are to:

- Take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular, avoid blood or body fluids reaching the eyes or the areas inside the mouth and nose.
- Wear appropriate PPE
- Use the biohazard spill kits provided by the school
- Place all soiled paper towels and gloves in a sealed (yellow) disposable bag to be disposed of in an approved manner.
- Immediately after every clean up of blood or body fluid, hands including arms to the elbow must be washed with warm water and soap. This should be performed even if gloves have been worn.
- Wash all areas that have come into contact with blood.
- All biohazard spills are to be reported to the Head.

Cleaning staff have been instructed on the importance of regular, thorough cleaning, paying special attention to door handles, phones and communal areas. Computer keyboards are cleaned on a regular basis. Cloakrooms will be checked on a regular basis to ensure that they are stocked with adequate liquid soap and that all hand drying equipment is working .

Cleaning staff are made aware of the guidance “Cleaning up body fluid spills” (Universal Precautions, Department of Health). All spillages of body fluids should be dealt with immediately using appropriate utensils and cleaning agents. Disposable gloves should be worn at all times when dealing with body spills and disposed of carefully in closed bins. Hands should be washed immediately afterwards. Clinical waste is disposed of as per the



guidelines to comply with legislation/COSHH (Control of Substances Hazardous to Health) The Head of Cleaning staff is advised on The Top Tips for Cleaning as advised by the SWLHPU.

5.0 MEDICATION POLICY AND PROCEDURE

Rationale

The purpose of the Medication policy is to provide standards for safe and proper administration of medications to pupils at Hall School Wimbledon. It is now extremely common for some children at school to be on a medication, either short term or long term. Antibiotics and painkillers are ubiquitous, and asthma medication is now given to ever increasing numbers of children. A more recent problem is the child with acute food allergies (e.g. nuts) who requires emergency adrenaline (Epipen).

Some pupils may have medical conditions that, if not managed, could limit their access to education. Most of these children with medical needs are able to attend school regularly and, with support from the school, can take part in most normal school activities and achieve their full potential. Hall School Wimbledon is fully committed to assisting every child in achieving their full potential, regardless of disability.

This policy is aimed at staff and parents and contains information on the following:

Procedures for managing delivery of medication

- A clear statement on the roles and responsibility of staff managing the administration of medicines, and for administering or supervising the administration of medicines
- A clear statement on parental responsibilities in respect of their child's medical needs • The need for prior written agreement from parents for any medicines to be given to a child
- The circumstances in which children may take any non-prescription medicines
- The school or setting policy on assisting children with long-term or complex medical needs
- Staff training in managing medicines safely and supporting an identified individual child
- Record keeping
- Safe storage of medicines



- Procedures for managing prescription medicines on trips and outings

Administration of Prescription Medication

- Permission for the school to administer anti-pyretic/analgesic medication must be requested in writing by parents. The relevant Medication Form should include the diagnosis and prescriber's instructions for administration and dosage
- Parents are responsible for supplying information regarding the medicines that their child needs to take at school and for informing the school of any changes to the prescription or the support needed.
- On no account should children bring medicines to school themselves. They must be brought in by a responsible adult and handed directly to a member of staff.
- Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or day. HSW will only accept medicines that have been prescribed by a doctor
- Where clinically appropriate, medicines should be prescribed in dose frequencies which enable it to be taken outside school hours. Some medicines which need to be taken 3 X daily can be taken in the morning, after school hours and at bedtime.
- Medicine must be brought in its original container which clearly identifies the drug and expiration date. The relevant form should include the diagnosis and prescriber's instructions for administration and dosage. HSW never accepts medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- A record of the administration will be made in the Medicine Log and parents informed by email.
- Administration of medicine will be at the school's discretion. If the school has any doubt regarding the suitability or dosage of the medicine it may request a more detailed doctor's report or may not accept the request to administer. This will apply to both over the counter and prescription medicines. Children need constant reminders to comply with their medication schedule and need the help of the class teachers and the School Secretary or Receptionist to do so. If the attention of these members of staff needs to be focused on

other childrens' issues and the child fails to show for his/her medication in spite of the reminders, the administration of the medication may be delayed or not given. The school will not be responsible for any issues arising from this.

- Medicines will be kept in a locked cupboard. They have no part in first aid provision and will be kept separately from first aid supplies. The only exception to this may be emergency drugs such as Epi-pen or inhalers which need to be immediately available, in which case are placed in clearly labelled boxes in the First Aid Room, where there is no risk to other children.

- The school will not administer controlled drugs.

Administration of Non-Prescription Medication

- No child at HSW should ever be given aspirin-containing medicine unless prescribed by a doctor.

- Every attempt will be made by the School Secretary to contact a parent/guardian before administering the medication. If she has any doubts following careful assessment, and consultation with the Head, medication will be withheld.

Administering Medicines

- No child should be administered medication without their parent's consent. Any member of staff administering medicines should check the following:
 - The child's name
 - Prescribed dose
 - Expiry date
 - Written instructions provided by the prescriber/parent on the completed medication form
- If the member of staff administering the medication has any doubt, they should not administer the medication but check with the parents before taking further action.
- By law, early years' settings MUST keep written records each time medicines are given. This helps to demonstrate that staff has exercised a duty of care. It is good practice to have the dosage and administration witnessed by a second adult.
- The Medicine Log is kept in the School Office and is a record of all medicines administered at either school.



Self Management

- HSW supports and encourages children who are able to take responsibility to manage their own medicines. This is with particular reference to severe asthmatics (who may be required to carry their own inhalers) and diabetics (in the administration of insulin). A letter from the parent confirming self-management will be required.
- If a child is able to administer his/her own medication, staff should be there in a supportive and supervising role. The safety of other children always needs to be taken into consideration.
- Inhalers should be immediately available to children. Each asthmatic pupil who does not carry his or her own inhaler, should know exactly where it can be found when needed and have immediate access to it. All pupils' inhalers are kept either with the pupil or at Reception. Each inhaler should be clearly marked with the pupils' name. It is the parents' responsibility to replace the inhaler upon expiration and keep a track of this.

Refusing Medicines

- If a child refuses to take medicine, staff should not force them to do so, but should make a note of this in the Medicine Log.
- Parents should be informed of the refusal on the same day.
- If a refusal to take medicines results in an emergency, HSW's First Aid policy emergency procedure steps should be followed.

Medications on Day Trips and Residential Trips

- A named person will be a member of staff who is willing to accept responsibility for the administration of emergency medication or the supervision/ administration of regular medication. An agreement will be made following consultation with the staff member, parents/guardians and the Head. This ideally should be a First Aid qualified member of staff.
- Documentation will be completed by parents/guardians requesting the administration of medication for each individual trip.
- Medication should be provided by the parents in the dosage required, appropriately labelled, with the appropriate form and handed to the Head of Year, in person at least 2

days before the school trip. An exception to this may be in the case of medications such as an inhaler, in which case the child may need it with them at all times.

- All medication should be kept with the relevant member of staff throughout the school trip.

Summary

Medication can be administered by the School Secretary only with consent from the pupil's parent/guardian. The school will request permission from parents, by telephone, before giving emergency medication to a pupil.

Parents who wish their children to take medicines in school should make written arrangements for them to be administered through the School Secretary, detailed in the Medication Policy and Procedure, Appendix 2.

Pupils must not carry medication, other than reliever inhalers, on their person. Pupils with Asthma must have immediate access to their reliever inhalers. Stock medication and all medication administered will be checked to ensure all medicines are within the expiry date

All medications will be stored securely in the school reception office. The school will not routinely give pain relief or anti-inflammatory drugs to children. It will only stock drugs for emergency use. The school will never prescribe or administer Aspirin unless with the written request of a medical practitioner.

Employees bringing medication into the school for their own use should ensure that drugs are clearly labelled and do not fall into the hands of the pupils. No one should administer medicines to a pupil unless authorised to do so.

6.0 REPORTING PROCEDURE TO BE FOLLOWED

6.1 Accident Reporting and Informing Parents

All accidents, however minor, that occur during any school activity are recorded in the HSW Accident Books held by the School Secretary. These are the school's central records.

Unless minor, a HSW Accident Form (Appendix 7) must also be completed, and the injury must be reported to the Head.



If an injury occurs during away games or school trips, the completed HSW Accident Form must also be copied to the Head and the School Secretary at the earliest opportunity. The HOY will make follow up calls to parents and ensure relevant staff are aware of the injury.

Accident reporting forms are included in the First Aid boxes and are available from the school reception office.

The Head must be informed immediately if an accident occurs as a result of unsafe or faulty equipment.

The forms are completed by the member of staff in charge of the activity. If an injury occurs when a pupil is unsupervised the report is completed by the first person to give treatment, the School Secretary or the First Aider on duty.

The HSW Accident Book is completed for accidents within the school and includes:

- Person injured: If pupil, name and class
- Person Reporting Incident: Name and Position
- Incident details: Location, date and time of incident
- Description of incident
- Action Taken: Name of person giving treatment, description of actions and record of medication and dosage administered if relevant.
- Parental notification, if pupil
- RIDDOR implication
- Risk Assessment implication
- Signature of teacher/First Aider dealing with the pupil

All emergency contact numbers for parents/guardians/and other designated contact numbers are available on the school database. All serious /significant injuries/head injuries are reported to the Head and the parents at the earliest opportunity by phone. If we are unable to contact the parent /guardian, the designated emergency contact number will be used.

All information is confidential and the Accident Books are stored in a secure locked cupboard. Information is shared with staff on a need-to-know basis only in compliance with the Data Protection Act 1998.

All accidents (near misses, potential hazards and damage) will be investigated by the Head who will be responsible for ensuring that corrective action is taken, where appropriate, to prevent a recurrence and if appropriate to report the accident under RIDDOR.

Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR)

RIDDOR places a legal duty on Employers and people in control of premises to report the following

- Deaths
- Major injuries
- Over-three-day injuries.

Reportable major injuries are:

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye; • injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours; • any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

The information enables the Health and Safety Executive (HSE) to identify where and how risks arise and help to provide safe environments by advising on how to reduce injuries in schools.

It is a legal requirement to keep RIDDOR accident forms for three years.



Record Monitoring and Review

A written record is kept of all accidents that occur both on the premises and off the premises during away trips/games. Any pupil who is injured on site will be seen by the First Aider on duty.

The School Receptionist will record a report of the injury in the Accident Books if the injury has occurred on site and inform the parents of a pupil of the injury. If the accident occurs off site, the teacher-in-charge will inform the Head or at the earliest opportunity so that a follow up call to parents can be made. If necessary the latter will discuss care on return to school if a pupil sustains an injury that requires crutches to mobilise around the school and will meet the pupil to advise on safe mobilisation around site and use of a lift /ramp.

An audit of serious injuries occurring to pupils and staff on site or on residential trips is compiled and presented to the SMT at the start of each academic year or sooner if appropriate.



7.0 APPENDICES

APPENDIX 1

TRAINED FIRST AIDERS 2021-2022

1. Jackie Osborne
2. Suzi Abensur
3. Phil Dockery
4. Katie Chater
5. Christina Young
6. Ellie Partington
7. Jasmine Smith

ALL STAFF have completed 3 hour Emergency First Aid for Schools in January 2021 - provided by First Aid for Life

Name of School: Hall School Wimbledon		
Address of School: 17 The Downs, London, SW20 8HF		
Person(s)/Group at Risk: Staff, Pupils, Parents, Contractors, and Visitors		
Area: First Aid Needs/Provision Type of Assessment: Assessment		
Date of Assessment: 1/9/20		
Significant Hazard and possible Outcomes/injuries	Control Measures	Measures in place? Yes
Environment	<ul style="list-style-type: none"> • In general terms, the school is classed as low but with certain activities being undertaken this classification may be raised to a medium risk (Lessons in Science and PE) • The ambulance station is approx. 2 minutes drive away in Nursery Rd, London SW19 • Two fire stations are approximately 10 minutes drive away at 87 Kingston Road, SW19 1JN and 180 Burlington Road KT3 4RW • The local hospitals are 20 minutes away (Kingston Hospital Galsworthy Rd, Kingston upon Thames KT2 7QB) or 30 minutes (St George's Hospital, Blackshaw Road, SW17) • Local GP surgeries are within 5 minutes away at Raynes Park Health Centre, 1 Lambton Road, London, SW20 0LW Tel.020 3668 1999 	Yes
People on site	<ul style="list-style-type: none"> • There are a total of 186 persons on site, made up of 35 staff plus 151 pupils, parents, visitors or contractors at any one time. 	Yes

	<ul style="list-style-type: none"> • First aid arrangements are covered on induction training and subsequent changes brought to their attention. • There is a list of local external contacts (GPs, nearest hospital etc.) readily available for staff to use. • Kitchen staff, cleaning staff and contractors, when working outside core hours or in holidays, have been informed what the process for first aid provision is whilst on site. • There are members of staff and children with special health needs and the first aid provision or additional training accounts for these specific needs • The first aid arrangements and other information are available to all including supply staff, work experience placements and employees • Lists of all first aiders and appointed persons are displayed prominently throughout the site. 	Yes
General Arrangements	<ul style="list-style-type: none"> • The provision of personal communications/mobile phones are used when working alone. • If a first-aider is not on site, there is adequate first aid provision available. 	Yes
Record of Accidents and Ill-health	Held in School Reception Office	Yes
First Aid Arrangements	<ul style="list-style-type: none"> • First aiders have attended an approved First Aid at Work (FAW) course or EFAW equivalent (St John's Ambulance) and will be available to deal with first aid requirements. • First aid boxes will be marked with a white cross on a green background and are provided throughout the establishment. The School Secretaries will check the boxes and ascertain 	Yes

	<p>that all items are still in date and replenish as necessary.</p> <ul style="list-style-type: none"> • Only first aid supplies will be kept in the first aid box. No medication kept in the box. Separate arrangements are in place for the administration of medication. • A room/area is available for carrying out medical inspections and for first aid. This is located on the ground floor. • Hand washing facilities and suitable facilities and equipment maintained, including the provision of gloves, etc. • Suitable hygiene standards followed, including the disposal of soiled materials, etc. • A specific risk assessment has been carried out for infection control – bodily fluids. • First aid training for all first aiders will be via an approved training organisation ('First Aid For Life') and will meet the First Aid at Work Training requirements and the person responsible for organising re-off site activities involving Foundation and pre- school age children (e.g. under 5 years). • The need to make different levels of provision for different areas within the site has been considered. • Adequate first aid provision has been identified for the out of hours/off-site activities. • The cover needed for annual leave and planned absences has been accounted for and a regime established. • First aid needs are considered on any risk assessments conducted for the activities undertaken by the establishment. • The first aiders for the Senior School are Jackie Osborne Suzi Abensur 	<p>Yes</p>
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	<p>Phil Dockery Katie Chater Christina Young Ellie Partington Jasmine Smith</p> <ul style="list-style-type: none"> • 3 hour Emergency First Aid for Schools provided for all other staff January 2021 • The number and type of injuries are adequately dealt with through the existing first aid arrangements and first aider capabilities. • Accident statistics that indicate the most common injuries, times, locations and activities in a particular area (trend analysis) are part of the management team meetings held annually. 	
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Accident Recording & Reporting	<ul style="list-style-type: none"> • All accidents and treatment provided is recorded in the school's accident book. • All appropriate accidents, under RIDDOR guidelines, are reported on-line. The report will be completed by the person in charge of the area in which the accident occurred. • All accident and near misses will be investigated by the relevant manager in charge of the area where the event occurred. • Accident information to be reviewed as a minimum annually in order to minimise future accidents. 	Yes
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Calculating the number of First Aiders Required

Type of School	Number of people on site (Staff, Pupils etc)	Number of first aiders
5 - 16	185 (150 pupils and 35 Staff members)	7

Conclusion:

- We will ensure that there are 7 qualified first aiders from September 2021
- All other staff have undergone 3 hour Emergency First Aid Training

APPENDIX 2 : HSW RISK ASSESSMENT FOR: Bodily Fluids: Blood, Vomit and Urine

HAZARDS	PEOPLE ARE AT RISK FROM THE HAZARDS	EXISTING CONTROLS	ACTION TO CONTROL EXISTING CONTROLS ADDITIONAL RISKS, WHERE IT IS PRACTICABLE	ACTUAL RISK RATING (calculated by using formula given in Risk Rating Table below)
Contamination	Any person in contact with body fluids	<p>Staff trained in the safe collection and disposal of Body Fluids and personal protective body fluids.</p> <p>Appropriate Personal Protective Equipment (PPE) (waterproof aprons, gloves etc) will be provided and must be worn.</p>	Compulsory use of personal protective equipment (PPE)	<p>Low 1-4</p> <p>Low 1-4</p>

<p>Infection and Illness</p>		<p>Staff dealing with the incident will ensure that cross contamination and infection will be prevented by keeping their own cuts and grazes covered with waterproof dressing. Immediate area will be thoroughly disinfected. Basic personal hygiene measures will be maintained.</p>		<p>Low 1-4</p>
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<p>Side effects from dealing with spillage</p>		<p>Staff will be provided with wipes to deal with spillage. When cleaning up spillage that may include blood or other body fluids, staff will:</p> <ul style="list-style-type: none"> • wear gloves and / or other ppe as required • use a mop or paper towels soaked in dilute bleach solution to wipe up or collect waste • dispose of the cleaning/paper towels in a tied plastic bag • wash hands thoroughly <p>If skin is punctured by a needle, syringe or blood contaminated piece of glass the following procedure must be followed:</p> <ul style="list-style-type: none"> • immediately wash the punctured area with soap and warm water; • encourage bleeding by squeezing around the area; • go to the nearest 		<p>Low 1-4</p>
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		<p>hospital with the sharp object, safely tied in a sturdy plastic bag;</p> <ul style="list-style-type: none"> • report the incident on a HSW Accident Form. 		
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RISK ASSESSMENT FOR: Dealing with Body Fluids, Blood, vomit and Urine

RISK RATING

SEVERITY	LIKELIHOOD	RISK RATING (S X L)
<p>1 = no injury or illness 2 = first aid injury/illness 3 = minor injury / illness - up to 3 days away 4 = 3(+) days injury/illness 5 = major injury / illness 6 = fatal or disabling injury / illness</p>	<p>1 = very remote 2 = improbable 3 = possible 4 = probable 5 = likely 6 = certainty</p>	<p>High 14+ Medium 5 - 13 Low 1 - 4</p>



APPENDIX 3

Head Injury Policy and a Graduated Return to Play

1. Introduction

The schools Head Injury Policy has been written in accordance with NICE clinical guidelines, World Rugby Concussion Guidance and England Rugby Club Concussion - Headcase Resources.

2. Background

A head injury is defined as any trauma to the head excluding superficial injuries to the face. Fortunately, the majority of head injuries within school/nursery are minor and can be managed at school/nursery or at home. However, some can be more severe, and it is important that a child is assessed and treated accordingly. The risk of brain injury can depend on the force and speed of the impact and complications such as swelling, bruising or bleeding can occur within the brain itself or the skull.

Concussion is defined as a traumatic brain injury resulting in the disturbance of brain function. There are many symptoms, but the most common ones are dizziness, headache, memory disturbance or balance problems. Concussion is caused by either a direct blow to the head or blows to other parts of the body resulting in a rapid movement of the head, such as whiplash.

It is also important to note that a repeat injury to the head after a recent previous concussion can have serious implications.

3. Process for managing a suspected head injury

All head injuries that occur on the school site must be referred to Reception, if on site, for immediate assessment. The exception for this is if the pupil needs urgent medical attention, at which point the Emergency Services should be called first prior to calling the nurse/lead first aider. If there is not a nurse on site, the pupil must be assessed and monitored for at least one hour by a qualified First Aider and referred for medical review as per the guidelines in this document. If in doubt, the First Aider should call NHS 111 for advice or 999.

If after one hour the pupil is symptom free, he/she can return to lessons but must be kept under observation for the remainder of that day. This applies even if the pupil feels it is unnecessary. As concussion typically presents in the first 24-48 hours following a head injury, it is important that the pupil is monitored and assessed as above.

4. Recognising Concussion

One or more of the following signs clearly indicate a concussion:

- Seizures
- Loss of consciousness – suspected or confirmed
- Unsteady on feet or balance problems or falling over or poor co-ordination
- Confused
- Disorientated – not aware of where they are or who they are or the time of day
- Dazed, blank or vacant look
- Behavioural changes; for example, more emotional or more irritable

One or more of the following may suggest a concussion:

- Lying motionless on the ground
- Slow to get up off the ground
- Grabbing or clutching their head
- Injury event that could possibly cause concussion

IF A PUPIL IS PLAYING SPORTS AND HAS SUFFERED A HEAD INJURY AND/OR IS SHOWING SIGNS OF CONCUSSION, HE/SHE SHOULD IMMEDIATELY BE REMOVED FROM TRAINING/PLAY FOR THE REST OF THE LESSON.

5. Emergency Management

The following signs may indicate a medical emergency and an ambulance should be called immediately:

- Rapid deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity of breathing
- Any signs or symptoms of neck, spine or skull fracture or bleeding for example bleeding from one or both ears, clear fluid running from ears or nose, black eye with no obvious cause, new deafness in one or more ear, bruising behind one or more ear, visible trauma to skull or scalp, penetrating injury signs
- Seizure activity
- Any pupil with a witnessed prolonged loss of consciousness and who is not stable (i.e. condition is worsening)

6. Referral to Hospital

The School secretary, or in their absence, a qualified First Aider, should refer any pupil who has sustained a head injury to a hospital emergency department, using the Ambulance Service if deemed necessary, if any of the following are present:

- Glasgow Coma Scale (GCS) score of less than 15 on initial assessment.
- Any loss of consciousness as a result of the injury.
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and unlikely to be possible in children aged under 5).
- Persistent headache since the injury.
- Any vomiting episodes since the injury.
- Any seizure since the injury.
- Any previous brain surgery.
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 metre or more than 5 stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving

motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.

- Any history of bleeding or clotting disorders.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication.
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
- Continuing concern by the professional about the diagnosis.

In the absence of any of the risk factors above, consider referral to an emergency department if any of the following factors are present, depending on judgement of severity:

- Irritability or altered behaviour, particularly in infants and children aged under 5 years.
- Visible trauma to the head not covered above but still of concern to the healthcare professional.
- No one is able to observe the injured person at home.
- Continuing concern by the injured person or their family/guardian about the diagnosis.

For all pupils, it is the responsibility of the parent/guardian to take the pupil to the nearest Emergency Department if it is recommended by the School secretary. The procedure for taking pupils to hospital should be referred to in the staff code of conduct, with reference also to the safeguarding policy.

7. Questions to ask the pupil to determine issues with memory.

If they fail to answer correctly any of these questions, there is a strong suspicion of concussion

“Where are we now?”

“Is it before or after lunch?”

“What was your last lesson?”

“What is your Tutor’s/Class Teacher’s name?”

“What Class are you in?”

8. DO’s and DON’Ts

- Subject to parental consent, the pupil’s age and any allergies, the pupil may be given Paracetamol but must not be given Ibuprofen or Aspirin as these can cause the injury to bleed.
- If he/she is vomiting or at risk of vomiting DO NOT give him/her anything to eat or drink until completely recovered
- Unless there are injuries elsewhere, monitor the pupil in a semi upright position so that the head is at least at a 30-degree angle if lying down.
- DO apply a covered instant cold pack to the injured area for 15-20 minutes UNLESS the area has an open wound.

9. Head Injury Notifications

The person supervising the pupil at the time is responsible for contacting:

- The School secretary
- The pupil’s parents/carers, unless this responsibility is taken by the School secretary



- The Pupil's Tutor/Class teacher
- Main Reception and Facilities & Estates Manager if an ambulance is called
- Head of Year and Headteacher if pupil is taken to hospital

If the head injury is minor and the pupil stays at school, the parent/carers should be informed by the School secretary or the Head of Year and a Head Injury Letter given to take home and the pupil monitored carefully for potential deterioration of symptoms.

10. Returning to school and sporting activities following a head injury and/or concussion

For minor head injuries, the pupil can return to school/nursery once he or she has recovered. If the pupil has a diagnosed concussion, the symptoms of concussion can persist for several days or weeks after the event. Therefore, returning to school should be agreed with the parents/carers, the School secretary and the pupil's doctor.

For return to exercise and sporting activities within school/nursery for pupils with concussion, the school/nursery follows the Rugby Union's Graduated Return to Play Pathway (which can be accessed here: [GRTP](#)). This requires an initial minimum two weeks' rest (including 24 hours complete physical and cognitive rest) Pupils can then progress to Stage 2 only if they are symptom free for at least 48 hours, have returned to normal academic performance and have been cleared by the pupil's doctor or the School secretary. This pathway must be adhered to regardless of the pupil's/parents'/carers' views. The reason for this is that a repeat head injury could have serious consequences to the pupil during this time.

The pupil can then progress through each stage as long as no symptoms or signs of concussion return. If any symptoms occur, they must be seen by a doctor before returning to the previous stage after a minimum 48-hour period of rest with no symptoms.

On completion of stage 4, in order for a pupil to return to full contact practice, he/she must be cleared by his/her doctor or approved healthcare professional.

A School Graduated Return to Play Pupil Progress Sheet (Appendix 8b) has been developed in order to monitor and communicate the pupil's progress and this outlines the 5 stages of the GRTP pathway to follow. It should be completed by the PE staff members or School secretary in conjunction with the pupil's parents/guardian. It is the parent/guardian's responsibility to inform the pupil's external sports clubs if the child has sustained a head injury and/or concussion.

For ease of reference, the following sporting activities will not be permitted until Stage 5 of the GRTP:

Rugby; Football; Cricket; Basketball; Netball; Rounders

Pupils may still attend Games lessons, but an alternative role will be found for them during the session.

11. Reporting

An accident form will be completed by the witness to the event and school secretary. If the incident requires reporting to RIDDOR this will be actioned by the School secretary.

12. References

Concussion – Headcase Resources England Rugby, available online at:



<https://www.englandrugby.com/participation/playing/headcase>

Head injury: assessment and early management National Institute for Health and Care Excellence (NICE Guidelines CG176 January 2014; last updated September 2019), available online at: <https://www.nice.org.uk/guidance/cg176>

World Rugby Concussion Guidance World Rugby Player Welfare, available online at: <https://playerwelfare.worldrugby.org/concussion>

NHS Head Injury and Concussion, available online at: <https://www.nhs.uk/conditions/minor-head-injury/>

APPENDIX 4- Guidelines on Anaphylaxis – emergency care and advice

This is a SEVERE ALLERGIC REACTION TO FOODS AND CHEMICALS

These children will be known to the school (please see the photographs of the children in the School Office) and we will have prior knowledge of their needs in an emergency. This policy therefore, identifies the life-saving action required of members of staff in the event that a child enters anaphylactic shock at school.

Symptoms

1. ITCHINESS OR REDNESS OR TINGLING
2. THROAT DISCOMFORT
3. SWELLING OF LIPS/POINT OF CONTACT
4. INITIAL FLUSH THEN PALLOR
5. HYPOTENSION (lowered BP) WEAK PULSE
6. SWEATING
7. BRONCHOSPASM AND WHEEZE
8. DIFFICULTY IN BREATHING AND STRIDOR
9. NAUSEA AND VOMITING AND DIARRHOEA
10. COMPLETE COLLAPSE

Immediately summon another member of staff to telephone 999 and get assistance for the class.

IF A SECOND PACK IS AVAILABLE THIS SHOULD BE COLLECTED AFTER THE AMBULANCE HAS BEEN ORDERED SO THAT IT IS IN PLACE READY FOR A SECOND ADMINISTRATION.



Administer child's specific EPIPEN immediately (this is kept in the child's classroom).

- o REMOVE THE GREY SAFETY CAP
- o PRESS THE BLACK TIP OF THE EPIPEN HARD AND FIRMLY INTO THE OUTER THIGH
- o HOLD IN PLACE FOR 10 SECONDS
- o REMOVE EPIPEN FROM THIGH AND MASSAGE INJECTED AREA

If symptoms do not improve within 5 minutes, administer the second EPIPEN, repeating the instructions as above.

The Head must be informed immediately after the ambulance has been called.

APPENDIX 5 - Emergency Procedures for Pupil Hospitalisation

In case of obvious serious injury, sudden collapse or an accident involving the need for urgent hospitalisation, responsibility must be immediately assumed by whichever member of staff is present until the First Aider on duty has arrived, at which point that person will become responsible.

The first action must be to assess the situation - do not put yourself in danger: make the area safe. Assess all casualties if more than one; attend first to any unconscious casualties. Provide emergency First Aid if necessary and:

Call an ambulance without delay. Dial 9 for an outside line then 999 and give the following information:

- nature of injury, emphasising that a CHILD is involved
- clear instructions as to where the ambulance is to arrive, including the correct postcode: All the emergency services use satellite navigation based on postcodes for getting to incidents:

Senior School: SW20 8HF

Oberon: SW20 0NW

The following actions should be carried out by the person assuming responsibility:

- Contact the Head
- Attempt to contact a parent; repeated attempts may be necessary. The parent should be asked to go immediately to the hospital. Do not assume which hospital until the ambulance crew has confirmed.
- Arrange for the pupil to be accompanied by an adult. If a parent is not present, a member of staff must travel with the casualty.
- Once a parent reaches the hospital, the school's direct responsibility ceases.
- Any hospitalisation must be recorded in the Accident Book by the person assuming responsibility and a copy sent to the Head.
- The Head must be given a verbal report of the incident at the first available opportunity if either was not present at the time.
- The responsible person may wish to telephone the parents to ask about the pupil's condition. The HOY will make a follow-up call in all cases and inform the Head and Registration Teacher.

EMERGENCY MEDICAL ATTENTION / HOSPITALISATION

DATE: TIME:

Name of child	
Year	
Brief description of incident, place, time, name of teacher in charge at the time of incident	
Ambulance. Time call made	
Ambulance arrival time	
Name of hospital child is taken	
Child accompanied by	
Parents informed? Please state who was contacted and time contact was made	
This form must be signed and dated by the Headmaster	
Any additional information	



APPENDIX 6: HSW ACCIDENT FORM

To be completed for all accidents, unless minor. Please note that an entry must always also be made in the HSW Accident Books as these are the school's central records. Person injured:

Name _____ If Pupil, class _____

Person Reporting Incident: Name and Position _____

Incident details: Location, date and time of incident _____

Description of incident

Action Taken: Name of person giving treatment, description of actions and record of medication and dosage administered if relevant.

Parental notification _____

RIDDOR implication _____

Risk Assessment implication _____

Details of teacher/First Aider dealing with the pupil: _____

Full name (Please print) _____

Signature _____ Date _____



APPENDIX 7: HSW MEDICATION FORM

PARENT/GUARDIAN REQUEST FORM

Medicine must be brought in by parents and NOT sent with a child

Name of Child _____ Date of birth _____ Class _____

Parent/Guardian printed name _____

Name of medicine _____

Dosage to be given each time _____

Times that medicine is to be given _____

Start Date Stop Date (e.g. last day of administration) _____

Has the medicine been given before? YES NO

Is the child receiving any other medicines? (If so please state which) YES NO Name of condition and reason for giving this medicine _____

Are you aware of any current or possible side effects? If so, please list:

My son/daughter has the following food or drug allergies:

Hall School Wimbledon staff administering medicine on a goodwill basis and will do their best to ensure medicine is given when a parent/carer has requested. I request and consent for my son/daughter to be given the following medications which I understand will be given at the school's discretion. I have supplied the medication in its original container, correctly labelled

I give permission for my child to self-administer medication, if school personnel determine it is safe and appropriate. YES NO

I give permission to the school to share information relevant to the prescribed medication as they determine appropriate for my child's health and safety.

I understand I may retrieve the medication from the school at any time, however, the medication will be destroyed if it is not picked up within one week following termination of the request or by the end of the school year, whichever is the earlier.

Full name (Please print) _____

Signature _____

Date _____