



MEDICAL POLICY

(Updated Autumn Term 2025)

CONTENTS

	Page Number
Introduction	2
Aims and Implementation	3
Recording of Accidents	5
First Aiders	5
Location of first aid boxes – contents of first aid boxes	6
Use of Automated External Defibrillator (AED)	7
Calling an ambulance	21
Infection Control	21
Identification of Pupils with specific health needs/Chronic Conditions	21
Confidentiality	22
Educational Visits	22
<u>Appendix</u>	
Administration of medicines	24
Asthma	26
Use of Emergency Salbutamol Inhalers	29
Diabetes	30
Epilepsy	31
Allergy	32
Accidents	33
Head Injuries & Concussion Guidance	34
Sun Protection	35

See HSE-RIDDOR information\HSE.pdf



Introduction

This is the first aid policy for Rose Hill School, including PrePrep, Prep and pupils in Early Years Foundation Stage (EYFS). It is available to parents, prospective parents, and school staff. Rose Hill School recognises its legal duty to make suitable and sufficient first aid provision for its pupils, and staff, including those travelling or working away from School premises, and any visitors to the school site. The policy recognises the need to respect the confidentiality and rights of pupils as patients. This includes the right of the pupil deemed to be 'Gillick competent' (Fraser Guidelines) to give or withhold consent for his/her own treatment.

The arrangements within this policy are based on the results of a risk assessment carried out by the School in regards to all staff, pupils and visitors.

This policy is drafted in accordance with regulation 13 of the Education (Independent School Standards) Regulations 2014 (SI 2014/3283), the Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917 – amended October 2013), the First Aid at Work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance.

The minimum first aid provision for schools and colleges is:

- a suitable first aid container stocked in accordance with the findings of the first aid needs assessment and holding at least the minimum requirements suggested by HSE
- an appointed person or designated first aider(s) to take charge of first aid arrangements
- information for employees detailing the location of equipment, facilities and personnel (direct quote DfE)

While the regulations do not require employers to provide first aid for anyone other than their own employees, it is strongly recommended that all schools and colleges consider the needs of non-employees such as pupils, students and visitors when making provision for first aid. (direct quote from DfE guidance)

To qualify as a first aider an individual should undergo appropriate training delivered by a competent training provider and hold a valid first aid certificate, which should be renewed every 3 years. Ideally there should be one first aider for every 150 employees and pupils, and a first aid room for numbers over 400.

Under Early Years Foundation Stage requirements state that at least one person on the premises and at least one person on outings must have a paediatric first aid (PFA) certificate. It must be clear from the certificate that the course has covered first aid for children (with the words children, child or paediatric on the certificate). In addition, all staff who have obtained a Level 2 and/or Level 3 qualification since June 2016 must also hold a valid PFA qualification to be included in the required staff:child ratios. At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings.

We are responsible for identifying and selecting a competent training provider to deliver their PFA training. There is no hierarchy in relation to the range of Training Providers who offer Paediatric First Aid training, however those who work under the following Bodies are fully regulated: one that is a member of a Trade Body with an approval and monitoring scheme, the Voluntary Aid Societies and those who work under Ofqual Awarding organisations. It may also be helpful to refer to HSE's guidance about choosing a first aid training provider, which can be found at: www.hse.gov.uk/pubns/geis3.htm

GDPR Statement – medical records

For the most part, personal data collected by the school will remain within the school, and will be processed by appropriate individuals ~~only~~ in accordance with access protocols (i.e.,



on a 'need to know' basis). Medical records for pupils including those with Special Educational Needs (SEN), are stored electronically and in paper form and are confidential. Some information may be shared more widely with staff in the context of providing the best care and education for individual pupils.

Keeping Children Safe in Education, 2023 requires all staff to be prepared to act immediately to any concerns relating to a child's welfare in line with the school's safeguarding policy. Finally, in accordance with Data Protection Law 2018, some of the school's processing activity is carried out on its behalf by third parties, such as IT systems, web developers or cloud storage providers. This is always subject to contractual assurances that personal data will be kept securely and only in accordance with the school's specific directions. This policy can be made available in large print or other accessible formats if required.

MEDICAL POLICY

AIMS

1. To give a high quality of pastoral care and medical support to all pupils and staff with medical needs in the school and keep parents informed when necessary.
2. To provide First Aid to pupils, staff & visitors where necessary.
3. To be involved in Health Promotion and Education in school and seek to prevent staff and pupils from placing themselves at risk.
4. To ensure that all protocols and procedures are adhered to on a day-to-day basis and as well as in an emergency.
5. To ensure that all records are accurate and up to date.

IMPLEMENTATION

Objectives: It is the school's intention to achieve these aims by the following:

1. In case of an emergency call 9/999 informing the call handler of location and detail about the casualty. During school working hours The School Office must be informed.
2. The School Nurse is a qualified nurse and is on duty in the Medical Room or on the school premises between the hours of 09.00 and 16.00 Monday to Friday. The Medical Room is stocked with first aid equipment, a couch and toilet. Adrenaline auto-injectors for Prep school pupils are kept in the Medical Room in a clearly labelled box. PrePrep pupils' autoinjector are kept in a labelled, easily accessible cupboard in each pupil's classroom.
The School Nurse is contactable via telephone (internal extension 333) or via walkie talkie (central control in the School Office). When the school nurse is not on the premises for any reason, a designated first-aider should be named and a notice should be visible on the Medical Room door instructing pupils to visit the School Office. Any first aid administered should be recorded in the medical diary, and entered onto CPOMS (the school pupil recording system).
3. Ensuring that an appropriate number of qualified First Aiders is maintained, including Games staff. All staff supervising swimming must have current life-saving qualifications. A list of First Aiders is included in the policy.
4. Ensuring that all staff are aware of their roles, accountability and responsibilities in respect of Health and Safety and are kept updated on First Aid Procedures.
5. Ensuring that members of staff know where First Aid boxes are located, and that all First Aid boxes are checked regularly and missing or used items are replaced. The school nurse is responsible for the First Aid boxes and she must be informed if there are any problems.
6. All Games staff who travel with teams to other schools must take a school First Aid kit bag along with any specific medication required for pupils e.g., asthma inhalers and Adrenaline auto-injectors.
7. It is the school nurse's responsibility to keep staff up to date with any specific individual health care needs of pupils within the school.
8. Parents will complete an 'Essential Information' document prior to their child joining the school. All medical information will be entered onto the school MIS system. All



teaching staff should make themselves aware of the specific medical needs of the pupils in their care or that they teach.

9. By Ensuring that a confidential list of children with allergies, asthma and severe medical conditions is available in the staff rooms, the School Office, the Medical Room, the Kitchen and PP1 (After School Care). A number of staff across Prep & PrePrep are offered online anaphylaxis training yearly from Anaphylaxis UK.
10. Parents of all new pupils are required to complete an Essential Information Form providing a brief health summary. The School Nurse will liaise with parents as necessary.

Current parents are asked to review and amend this information annually.

The following information must be completed:

- a) Parents' address and telephone numbers
 - b) An emergency contact number should both parents be unavailable.
 - c) Relevant medical conditions and details of treatment.
 - d) Signed permission to administer named over the counter medications, (See Administration of Medicines).
 - e) It is parents' responsibility to update the school about any changes to a child's medical status or essential information.
11. The school ensures and facilitates the School Nurse in her continued professional development.

School provision of First Aid

For first aid provision to be effective the school will consider the following factors with on-going review:

An adequate number of trained first aiders

First aid equipment

Risk assessments for each activity/trip

Risk assessments for the number of people on site

Organisation of first aiders

Display of first aid information and how to obtain help

As per EYFS statutory framework there must be at least one person on the premises and at least one person on outings who has a full paediatric first aid (PFA) certificate.

First-aiders should wear disposable gloves when dealing with blood and body fluids.

Contaminated material should be disposed of safely in a sealed Biohazard plastic bag in the Medical Room. Gloves can be found in the Medical Room, first aid kits and PrePrep staff room.

In the event of an accident, injury or medical emergency the following steps should be taken:

- 1) In the event of a medical emergency an ambulance should be called immediately.
- 2) The injured person should not be moved if there is any suspicion that doing so could exacerbate his or her injuries.**
- 3) The School Nurse should be called or if the nurse is unavailable, the nearest available First Aider should be contacted.
- 4) If a member of staff uses his or her own car to take an injured person to hospital, consideration should be given to the need for another responsible adult to accompany the driver.
- 5) Essential information regarding the injured person and any details of the event must be taken to the hospital with the person.
- 6) The parent(s) or guardian must be contacted as quickly as possible. Members of staff should not wait for parents to arrive to take pupils to hospital unless they are certain that treatment is not urgently required.



- 7) The School Nurse or an appropriate member of staff must accompany pupils to hospital if parents have not arrived in time to do so. The member of staff accompanying a pupil should wait at the hospital until the pupil's parent or guardian arrives.
- 8) In the event of an accident or medical emergency occurring on the premises outside school hours the same procedure should be put into action and it is the member of staff responsible for the activity or the nearest First Aider who should ensure the correct procedure is adhered to.

Recording of Accidents

All significant injuries and accidents to staff, pupils or visitors must be recorded in the Accident Book recommended by the Health and Safety Executive.

This Accident book is kept in the Medical Room and it is the responsibility of the member of staff attending the incident either on site or away at matches or trips, to complete the Accident Book. In the holidays the Accident Book will remain in the Medical Room filing cabinet.

It is a statutory requirement to report serious accidents to the Health and Safety Executive, including those resulting in death or major injury and those which prevent the injured from doing their normal work for more than three days (RIDDOR). We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) and complete form F2508 accordingly or call 0845 300 9923 for advice.

The School Nurse sits on the Health and Safety Committee where she presents Risk Analysis input from the term or more frequently if appropriate. All incidents should be recorded on CPOMS by the School Nurse or other member of staff in attendance. The School Nurse will be notified about all incidents via CPOMS.

Parents receive the appropriate medical letter according to the child's injury or medication given. Parents may also be telephoned if necessary. In EYFS parents are asked to sign the individual record kept in the classroom in the individual class files of the incident/injury to acknowledge reporting. EYFS parents must be informed of any accident or treatment given.

FIRST AIDERS

(Health and Safety-First Aid Regulations 1981)

Appointed persons required to update their training every 3 years.

3 DAY FIRST AID AT WORK (FAW) CERTIFICATE

Anthony Horner (July 2022)	IT Manager
----------------------------	------------

FULL PAEDIATRIC FIRST AID (PFA) CERTIFICATE

SCHOOL NURSE	PREP / SPORTS
Laura Bailey (Jun 2024)	Hugh Atkinson (Sep 2025)
	Matt Blakeway (Sep 2025)
PRE-PREP	Catherine Groves (Sep 2025)
Kate Barron (May 2024)	Simon Hinchliffe (Sep 2025)
Martine Broxup (Jun 2024)	Barry Izzard (Sep 2025)
Kezia O'Kane (Sep 2025)	Amanda Wren (Sep 2025)
Victoria Robinson (May 2024)	Jane Morgan (Sep 2025)
Jill Spiller (Nov 2024)	OFFICE/MAIN BUILDING
Carol Whatman (Aug 2023)	Katie Medhurst (Sep 2025)
	Sam Oakeshott (Sep 2025)
PLAYGROUND SUPERVISORS	
Donna Billings (Sep 2023)	GROUNDS & MINIBUS



Qingli Cai (Sep 2025)	Ben Sellors (Sep 2025)
Deborah Morse (Sep 2023)	Ken Pullin (Sep 2025)

ADMINISTRATION OF MEDICATION IN AN EDUCATIONAL SETTING

Laura Bailey (May 2024)	Kate Barron (May 2024)
Jill Spiller (May 2024)	Jane Morgan (September 2024)
Victoria Robinson (May 2024)	

Location of First Aid Equipment

First Aid kits are located in the following areas:

Medical Room
 PrePrep Staff Room (EYFS)
 School Office
 Kitchen
 Science Lab
 Year 8 Common Room
 Sports Hall
 Swimming Pool
 DT Room
 Art Room
 Cricket Pavilion
 Toy Shed
 Grounds and Maintenance Building
 Minibuses – in each minibus

First aid kits located in Medical Room

3 larger sports first aid bags for matches.
 2 large first aid bags for residential trips and home matches.
 10 Small first aid kits for school trips.
 Lunchtime supervisors wear first aid 'bum-bags' whilst on duty.

The School Nurse is responsible for checking and restocking all first aid kits on a regular basis. Heads of Department in areas where boxes are located are also asked to notify the Nurse if supplies are required.

CONTENTS OF FIRST AID KITS

There is no mandatory list of items to be included in a first aid container. The school or college first aid needs assessment will help determine what should be provided. HSE recommends that where there is no special risk identified, a minimum provision of first aid items could be:

- a leaflet giving general advice on first aid – [HSE information is available](#)
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

HSE recommends that the minimum travelling first aid kit should be:

- a leaflet giving general advice on first aid – [HSE information is available](#)
- 6 individually wrapped sterile adhesive dressings



- 1 large sterile unmedicated dressing
- 2 triangular bandages individually wrapped and preferably sterile
- 2 safety pins
- individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves

The Road Vehicles (Construction and Use) Regulations 1986 (for minibuses) and/or the Public Service Vehicles (Conditions of Fitness, Equipment, Use and Certification) Regulations 1981 (for larger vehicles) advise that a suitable, clearly marked first aid box should be readily available and in good condition. Further information, including advice on what the kit should contain, is available.

The following items must be kept in the first aid box: 10 antiseptic wipes, foil packed

- 1 conforming disposable bandage (not less than 7.5 cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustless blunt-ended scissors

Please ensure that the kit is accessible to all staff.

Use of Automated External Defibrillator (AED)

Cardiac arrest can affect people of any age and without warning. If this happens, swift action is vital, and you must call 999 immediately for an ambulance. While the ambulance crew are on their way, early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

Indications for Use

The LIFEPAK CR Plus Defibrillator is indicated for use on patients in cardiac arrest. The patient must be unresponsive (unconscious) and not breathing normally. With Infant/Child reduced energy defibrillator electrodes, the LIFEPAK CR Plus AED can be used on children up to eight years of age (or 55lbs). These Infant/Child electrodes are located with each of the AED devices.

Staff trained in use of LIFEPAK CR Plus Defibrillator

PFA trained staff complete AED training as part of the course. All first aid trained staff have an awareness of AED use.

Location of AEDs

AED (Defibrillator) 1 – Main School Office.

AED (Defibrillator) 2 - Sports Hall Foyer area.

Maintenance & Cleaning of AEDs

The Defibrillator performs an automatic self-test once a week and each time it is turned on. On a weekly basis the following checks are performed and documented accordingly by the School Nurse:

- Check to make sure the OK symbol is visible.
- Check the Use By Date on the electrode packet which is visible in the upper right hand corner of the clear lid. If the date has passed, replace the electrode packet and the CHARGE PAK.
- Check other supplies that are stored with the defibrillator, Infant/Child electrode pads date and resuscitation kit.



- Lifepak CR Plus exterior case, readiness display and crevice may be cleaned with a damp sponge or cloth. Acceptable cleaning agents include a non-abrasive soap.

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED) POLICY**

LIFEPAK CR Plus DEFIBRILLATOR

The UK Resuscitation Council recommends that Automated External Defibrillators (AED) are situated in areas of higher population flow. Given that the chances of survival decline at a rate of 7-10% with each minute of delayed treatment after a cardiac arrest, Rose Hill has acquired two AED machines.

An AED is situated inside the Sports Hall foyer and in the Reception Area

Any staff member who has been trained to use an AED (through the school or externally) may use the machine provided they feel confident and competent to do so. However, in an emergency situation where there is no trained person present, any untrained person may also use the AED and should follow the instruction sheet.

What is an AED?

Ventricular fibrillation is the most common cause of cardiac arrest. This is a rapid and chaotic rhythm leaving the heart unable to contract and therefore unable to pump oxygenated blood to the brain and the rest of the body. Defibrillation is a controlled electrical shock to stop the lethal ventricular fibrillation. The sooner the shock is provided, the greater the chance is of survival. Death occurs within minutes of ventricular fibrillation starting so it is vital that the AED arrives to the casualty within a target of 5 minutes.

The AED is a sophisticated, reliable, safe, computerised device that delivers defibrillatory shocks to a person in cardiac arrest. It uses voice prompts to guide the user, and is suitable for use by both lay rescuers and healthcare professionals.

The AED analyses the casualty's cardiac rhythm, determine the need for a shock, and then deliver a shock where appropriate. The voice prompts will deliver a step-by-step guide on what action to take including when to perform manual CPR.

When should the AED be used?

An AED should be applied to any casualty who is unconscious and not breathing.

**Sequence of actions when using an AED**

1. Make sure the casualty, any bystanders, and yourself are safe from hazards. If two rescuers are present, assign tasks.
2. If the casualty is unresponsive and not breathing:
 - Send someone for the AED and to call 999 or 112 for an ambulance.
 - If you are on your own do this yourself; you may need to leave the casualty.
3. Start CPR according to the guidelines for Basic Life Support
4. As soon as the AED arrives:
 - Place the AED near the casualty's head and switch on the AED.
 - Attach the electrode pads. If more than one rescuer is present, continue CPR whilst this is done.
 - Follow the voice / visual prompts.
 - Ensure that nobody touches the casualty whilst the AED is analysing the rhythm.
5. If a shock is indicated:
 - Ensure that nobody touches the casualty.
 - Push the shock button as directed.
 - Continue as directed by the voice / visual prompts.
6. If no shock is indicated:
 - Immediately resume CPR using a ratio of 30 compressions to 2 rescue breaths.
 - Continue as directed by the voice / visual prompts.
7. Continue to follow the AED prompts until:
 - qualified help arrives and takes over
 - the casualty starts to breathe normally,
 - or you become too exhausted to continue.

Attaching the electrode pads

The casualty's chest must be sufficiently exposed to enable correct electrode pad placement so clothing will need to be opened (buttons) or cut with the scissors. Chest hair may prevent the pads adhering to the skin and interfere with electrical contact. Shave the chest only if the hair is excessive, and even then spend as little time as possible on this.

In the AED accessory bag you will find scissors, a razor and a towel to wipe the chest dry enabling good attachment of the pads.

The AED pads are labelled and show a diagram for correct placement. With female casualties try to avoid breast tissue by moving the breast aside when placing the electrode pad. Remove wired bras.

Paediatric Casualties Aged 1-8yrs

In the AED accessory bag you will find paediatric electrode pads which are recommended for children 1-8 years of age. If these are not available, use the adult pads

Special Circumstances

- If the casualty is in water, move to a dry surface and dry chest.
- If there is a lump/bump (implanted pacemaker), do not place pad over the area. Put the pad on the opposite side.
- In the case of a medication patch in the area, remove it and wipe the skin.

Maintenance of AED

The expiry date of the AED cartridge (electro pads) and the battery must be clearly noted so that replacements are available in good time. Weekly checks should be done and recorded in a maintenance log. It must be checked that the OK sign is visible on the machine and that all the accessories are present and in date in the accompanying accessory bag. On each occasion the checks must be noted: See attached check list.



The School Nurse will be responsible for weekly checks and replacing missing and expired items. In her long-term absence there is a nominated member of staff: Bursar.

After using the AED

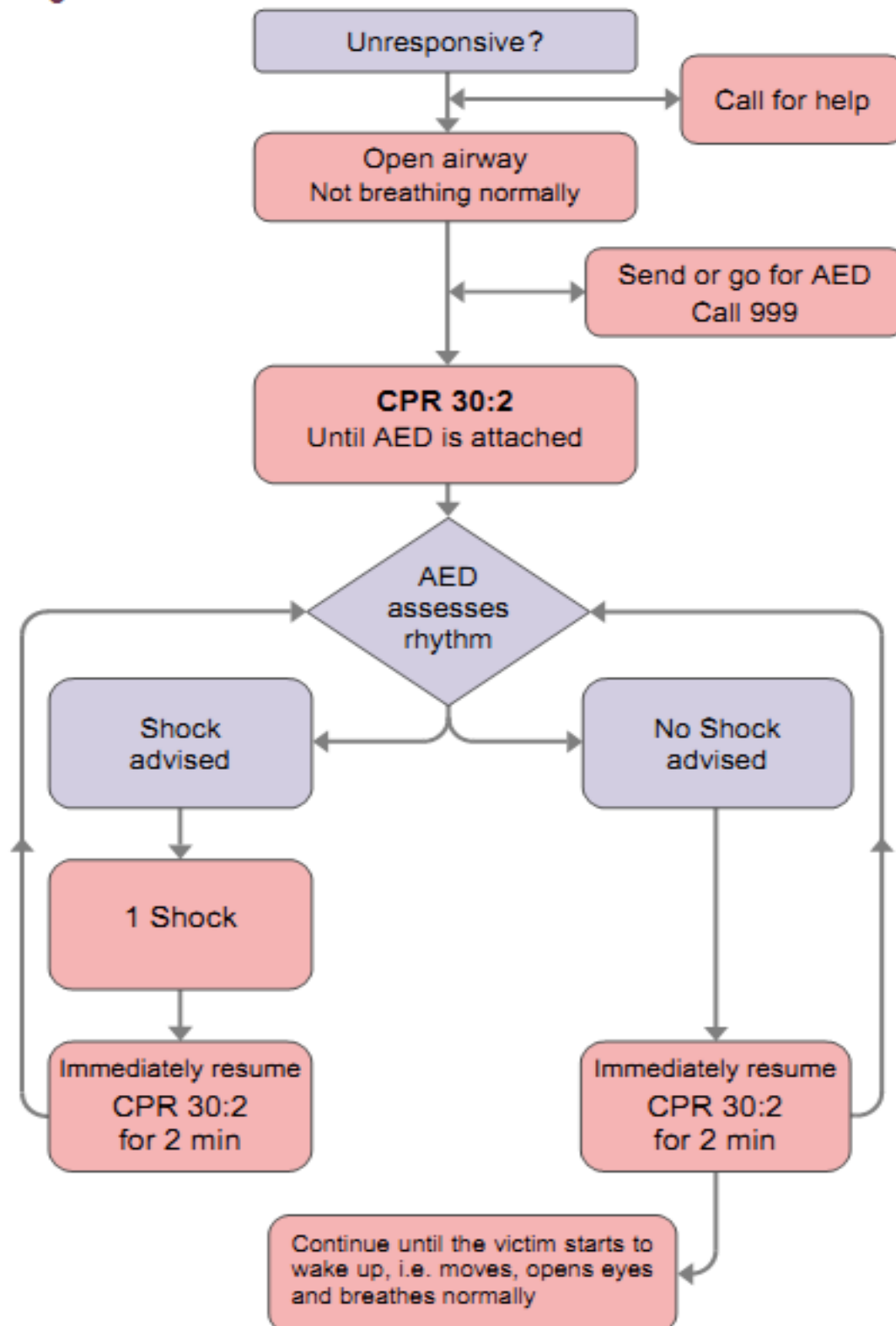
1. If the AED is turned on, press and hold the ON-OFF button for approximately 2 seconds to turn it off.
2. Clean the AED and its accessories.

Item	Cleaning method	Cleaning agent
Exterior case, readiness display, and crevices	Clean with damp sponge or cloth	Nonabrasive soap and water Quaternary ammonium compounds Rubbing (isopropyl) alcohol Peroxide solutions
CHARGE-PAK battery charger	None	None, dispose of/recycle after use
Electrode pads	None, do not remove electrode pads from the packet	None, dispose of/recycle after use
Carrying Case	Wipe with damp cloth or sponge	Water
Quick reference card	Wipe with damp cloth or sponge	Water

3. The School Nurse must inform the Ambulance Service Community Defibrillator Officer that the AED has been used and he should attend and download the information.
4. Replace the CHARGE-PAK battery charge.
5. Install a new QUIK-PAK electrode packet.
6. Close the lid and verify that the OK symbol appears in the readiness display, indicating that the defibrillator is ready for use.
If the attention symbol  ! appears after you replace the battery charger, the internal battery needs additional time to reach an adequate charge capacity.
7. Dispose of the used electrode pads, any unused spare electrode pads, and the battery charger.

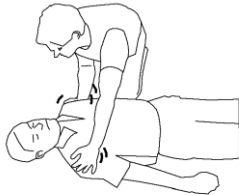


AED algorithm



**QUICK REFERENCE****Basic Steps for Using the LIFEPAK CR Plus Defibrillator**

Responding to an SCA (Sudden Cardiac Arrest) emergency using the defibrillator involves these basic steps:



Determine if the casualty is in SCA. A person in SCA will not respond when you try to shake him or her.

Check for breathing by listening next to the casualty's mouth and looking for chest movement.

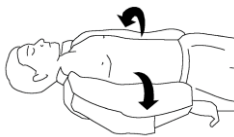


Use your defibrillator only if the casualty is not responding, not moving, and not breathing normally or not breathing at all.

If in doubt, use your defibrillator.

Place your defibrillator near the casualty and on the side next to you. Press the ON/OFF button to open the lid and turn on your defibrillator. Remain calm.

Your defibrillator will guide you through the defibrillation process.



Expose the casualty's chest. If the chest is excessively hairy, quickly shave the hair in the area where you will place the pads.

If the chest is dirty or wet, wipe the chest clean and dry. If there are medicine patches on the casualty's chest, remove them. A wired bra should be cut/removed as the metal may interfere with the shock delivered.



Hold down the left side of the electrode packet with one hand and pull the red packet handle down with the other.

The electrode packet tears open.

Tear open the packet completely to remove the pads. A small piece of the packet will remain attached to your defibrillator.

Using the Defibrillator

Warning! If you cannot determine a child's age or weight, or if special infant/child electrodes are not available, proceed with the existing electrode pads and continue on to the next step.

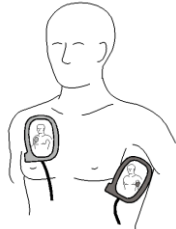
Separate the electrode pads, one at a time, from the blue plastic. Use these pads on adults or children 8 years of age or more, who weigh 25 kg (55 pounds) or more.

For infants or children who are less than 8 years of age or who weigh less than 25 kg (55 pounds), special electrodes are needed.

WARNING!

**WARNING!**

If you cannot determine a child's age or weight, or if special, and continue on to the next step.



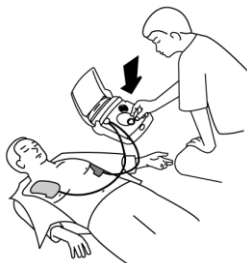
Apply the electrode pads to the casualty's bare chest (exactly as shown in the picture on the pads). Be sure to press firmly so that the pads completely adhere to the casualty's chest.

Note: Be sure you do not place the electrode pads over an implanted device such as an implanted pacemaker or ICD.

An indication of an implant is a protrusion in the chest skin and a scar. If you are in doubt, apply the pads as shown on the labels.



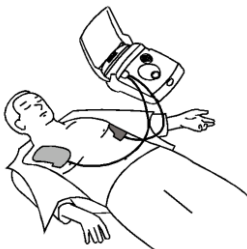
Listen to voice instructions and do not touch the casualty unless instructed to do so.



If the defibrillator heart rhythm analysis determines that a shock is needed, the defibrillator will announce *PREPARING TO SHOCK*, and then instruct you to *PRESS FLASHING BUTTON* to administer a shock (semiautomatic model) or it will announce *PREPARING TO SHOCK*, and then automatically administer a shock without requiring further action (fully automatic model).

Do not touch the casualty while a shock is delivered.

Continue to follow the voice instructions.



Do not remove the pads or disconnect them from the defibrillator until emergency medical personnel arrive. If the casualty starts moving, coughing, or breathing regularly, place the casualty in the recovery position (as instructed in CPR training) and keep him or her as still as possible.

Taken from LIFEPAK CR Plus Defibrillator Operating Instructions.



Unit Serial Number _____

Department / location _____

Instruction	Recommended Corrective Action	Date							
		Initials							
1 Check readiness display for: OK indicator CHARGE-PAK indicator ATTENTION indicator WRENCH indicator	None Replace CHARGE-PAK Battery Charger & QUIK-PAK Electrode Packet Refer to operating instructions Contact authorised service personnel								
2 Check Use By Date on all Electrode Packets	Replace electrode packet and CHARGE-PAK if date passed								
3 Check additional supplies	Replenish as needed								
4 Check defibrillator for: Damage or cracks Foreign substances	Contact authorised service personnel Clean the device								
5 Other									



Risk Assessment: Use of Automatic External Defibrillators (AED)						Date: February 2021		
Assessor: Laura Bailey						Re-assessment date: November 2025		
Hazard	Why is this a risk?	Who is at risk?	Severity 1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	Existing Control Measures	Likelihood 1 = Improbable 2 = Conceivable 3 = Likely 4 = Probable 5 = Certainty	Risk Rating Severity x Likelihood	Acceptable Tolerable Action Required (9+) Prohibited (See H&S Oracle)	Improvements /Action Required
Use on a casualty who does not need to be 'shocked'	No risk – AED assesses casualty and only 'shocks' if required	No-one	0	Design of AED	0	0	N/A	
Use by an untrained person	Person may not know how to use the AED. correctly	Casualty – If AED not used correctly it might not work & person might not survive	4	Survival rate increased if AED is delivered promptly & used correctly - AED gives audible & visual instructions - AED will not 'shock' if a normal heart rhythm is detected. - Schools train many staff to be first aiders (ensure course includes use of AEDs) - Schools give AED	1	4	Acceptable	School staff need to familiarise themselves with school's AEDs – they are fully automated (AED gives shock) (NOT semi-automatic -operator presses button to give shock)



				familiarisation sessions to all staff, e.g. at inset training days.				
Incorrect placement of pads	Shock not effective	Casualty - If AED not used correctly it might not work & person might not survive	4	- Clear pad diagram shows correct placement of pads - Razor (in attached kit) to shave casualty's chest if hairy – only shave required area for pad - Remove metal necklaces and underwire bras. The metal may conduct electricity and cause burns. Cut the center of the bra and pull it away from the skin - If the casualty is wearing a medication patch that's in the way, remove it and clean the medicine from the skin before applying the sticky pads (wipes in attached kit) - Check the casualty for implanted medical devices, e.g. a pacemaker (The outline is visible under the skin on the chest, and the casualty may be wearing a medical alert bracelet.) Also check for body piercings. Move the defibrillator pads at least 1 inch away from implanted devices or	1	4	Acceptable	



				piercings so the electric current can flow freely between the pads				
Electrocution and/or burns to people other than the injured person	Person using AED and bystanders may not realise importance of ensuring they have <u>no</u> contact with injured person when they are 'shocked'. This includes contact via wet surfaces, metal floors etc.	Person using AED and bystanders	3	• AED gives audible & visual instructions on how to use it including clear warning to 'stand back'. • AED Operator takes control of situation and ensures all bystanders stand clear of the casualty • Schools train many staff to be first aiders (ensure course includes use of AEDs) • Schools give AED familiarisation sessions to all staff, e.g. at inset training days • As long as there is no direct contact between the user and the casualty when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock.	1	3	Acceptable	
Paediatric pads not available	Inappropriate shock could be delivered	Child casualty	2	• Standard AED pads are suitable for use in children older than 8 years • Special paediatric pads,	2	4	Acceptable	



				that attenuate the current delivered during defibrillation, should be used in children aged between 1 and 8 years if they are available • If no paediatric pads are available, adult pads should be used • The use of an AED is not recommended for children aged less than 1 year.				
Electrocution and/or burns to injured person	Casualty unconscious so unaware of what is happening to them – completely dependent on capability of rescuer	Casualty	3	• Before using an AED, check for puddles or water near the person who is unconscious. Move him or her to a dry area, and stay away from wetness when delivering shocks (water conducts electricity). Dry the casualty's chest if wet (tissue in the attached kit) • Remove metal necklaces and underwire bras. The metal may conduct electricity and cause burns. Cut the center of the bra and pull it away from the skin • Ensure any supplemental oxygen is at least one metre away from casualty before delivering a shock (remove oxygen face mask if one in use)	1	6	Acceptable	



AED not maintained adequately	Batteries and pads may be out of date	Casualty	4	School nurse ensures that batteries and pads are changed at appropriate intervals – generally every two years. (Reminder alerts can be set up on Outlook Calendar) Weekly visual checks are made and recorded If AED kept outside a building it may be necessary to store in a heated cupboard as most AED's should not be in temperatures below -0c degrees. (check with the manufacturer)	1	4	Acceptable	
AED has a fault	AED won't work	Casualty	4	School nurse ensures that AED is checked and serviced in accordance with manufacturer's instructions	1	4	Acceptable	
Trainer AED used instead of functional AED	Trainer AED does not deliver a shock	Casualty	4	Ensure that a trainer device and actual AED are not stored in the same place so that the functional AED is always used. AED signage should be prominent to ensure prompt access	1	4	Acceptable	
Inaccessible AED or	Survival rate increases significantly	Casualty	4	Signage (preferably UK standardised AED sign) around school clearly	1	4	Acceptable	



storage place not known	when AED is used promptly.		identifying where the AED is stored. Ideally AED should be near a telephone as this speeds response and return to the casualty AED should <u>not</u> be stored in a locked cabinet. If it is necessary to lock the cabinet the key should be easily accessible eg in a smash glass cabinet next to the AED. Consideration should be given to location of AED within the school taking into account after school functions				
-------------------------	----------------------------	--	--	--	--	--	--



CALLING AN AMBULANCE

In the event of a life-threatening emergency, the first aider must summon an ambulance.

- Dial 999
- When asked which service is required, state clearly 'Ambulance'
- When put through to the ambulance control, state clearly what the emergency is and whether or not the casualty is breathing.
- Listen to the operator and follow instructions given. Do not hang up the telephone until you are told to do so.
- Give the operator your exact location e.g., Astroturf, Science Lab, Swimming Pool
- Give your telephone number to the operator.
- Send a runner to the main school gate to wait for the ambulance and to direct the crew to the casualty. Inform the school office.
- If the casualty's condition worsens, it is acceptable to call **999 again**.
- If a decision is made by the ambulance control to send an air ambulance, ensure that the School Office informs the Bursar if it is within normal school hours, so that an appropriate area can be kept clear for the helicopter to land.

INFECTION CONTROL

Universal precautions

Body fluids include blood, urine, vomit and faecal matter. All must be regarded as potentially infectious and dealt with in a safe and effective manner.

Spillage

Procedure

- In the event of blood loss or vomiting the School Nurse must be informed immediately to provide the appropriate treatment to the affected person.
- The area of the incident should be made safe by the first member of staff at the scene using warning signs if necessary. Where appropriate the spillage may be covered with biohazard spillage granules and/or disposable towels.
- The cleaning staff (via the Maintenance Department) should be notified
- Disposable personal protective equipment (PPE), such as gloves and aprons, is available in the Medical Room, as are disinfectant solutions.
- The spillage must be cleared at the earliest opportunity.
- Allow 90 sec approximately before scooping debris into a suitable disposable bag - preferably a yellow clinical waste bag
- Any paper towels or similar should be sealed in a plastic rubbish bag, together with any PPE used. Disposal of infected or potentially infected material is through the school's hygiene management supplier, currently Ecosan.
- Following cleaning with disinfectants the area may subsequently be washed in the normal manner, and left to dry, using warning signs where necessary.
- Cleaning equipment must be washed after use and stored dry.

Clinical waste

Clinical waste is placed in a designated waste container that meets regulations and the bags are disposed of via a regular collection, Sharps are disposed of in a designated bin and disposed of as above.

IDENTIFICATION OF PUPILS WITH SPECIFIC HEALTH NEEDS/CHRONIC CONDITIONS

- Pupils with particular medical conditions for example asthma, allergy, epilepsy, diabetes and physical disability will have an Individual Health Care Plan (IHCP), Allergy Action Plan or Risk Assessment indicating specific support required.
- Parents are involved in the care plan process and are asked to update the School Nurse with any changes



- The Nurse works closely with the Teaching Staff to ensure pupils receive holistic care and support.
- It is the responsibility of teachers in charge of educational trips (day and residential) to identify those children with specific individual health care needs and include them accordingly in their risk assessments.

(In accordance with Supporting Pupils with Medical Conditions at school DfE September 2014).

DEALING WITH CHILDREN WHO ARE UNWELL IN SCHOOL

1. Parents are asked to keep their child at home if they are unwell. Children should stay at home if they have the following illnesses:
 - a) Diarrhoea and/or vomiting. The 48-hour rule should be observed.
 - b) Fever of 38C or more.
 - c) An unexplained/undiagnosed rash or spots on the body or face.
2. If a child becomes unwell while in school, and requires medical treatment, he/she must obtain permission from a teacher or other duty staff member before going to the Nurse. A member of staff may choose to send an accompanying child with the unwell pupil. The parents/carers will be telephoned to collect the unwell pupil if necessary.
3. Any visits for medical reasons by children to the school nurse are recorded in the daily diary and the school IT system, CPOMS.
4. Over the counter medications for common ailments are kept in a locked cabinet in the Medical Room. The School Nurse, or in her absence, the appointed first aider will administer such medicines checking parental consent via the school IT system. Written confirmation of medication administration is sent home detailing medication/dosage/timing/reason for administration. All medicines given will be recorded on the Medication Administered Form, in the red file in the Medical Room.
5. If a child has a fever, vomiting or diarrhoea, the parents will be contacted and asked to collect their child.
6. Parents are requested not to send their children into school with medication either in their pocket or school bag. All prescribed medicines should be handed in at the School Office with a completed 'school medicine record' form and kept safe and administered by the nurse or first aider.
7. The School Nurse can be contacted via laura.baliey@rosehillschool.co.uk or by phone 01892 525591 Ext 333.

CONFIDENTIALITY WITHIN THE MEDICAL ROOM

The Medical Room provides a safe and confidential environment.

All conversations with the School Nurse are treated as confidential, unless of a safeguarding nature where the procedures of the safeguarding policy will be followed. All incidents are recorded on CPOMS. Medical information is shared with staff when necessary.

Parents give consent for this sharing of information, in their child's best interest, on the Medical Questionnaire.

The School Nurse attends the weekly Welfare meeting for PrePrep pupils and Prep pupils.

The welfare of the child must always be paramount. The nurse must inform pupils that information disclosed is confidential but may need to be shared if there are any safeguarding concerns.

Educational Visits

- For all educational visits parental consent which includes medical consent must be obtained up to 2 weeks prior to the departure via an online (Wufoo) permission form.
- Hard copies of medical information and emergency contacts will also be provided prior to departure and these must be returned to the School Office for shredding (GDPR) on return of the trip.



- Prior to a trip's departure, the trip leader must appoint a member of staff in charge of first aid and arrange to meet with the school nurse for information and discussion about pupils with an IHCP.
- The school nurse will arrange first aid provision and supply the trip leader or designated first aider with any extra medical provision-
- External providers who request information on pupils must enter a sharing agreement with the school (GDPR).

Mike Bryan & Laura Bailey

Reviewed: Summer 2024

Updated: Emma Neville – Autumn 2025

APPENDIX**Administration of Medicines****This policy is applicable to all pupils, including those in the EYFS**

The school follows procedures based on advice given in Supporting pupils with medical conditions at school. DfE September 2014 (updated August 2017)

1. All new parents are required to fill out an 'Essential Information Form' when their child joins the school; this includes within it a list of over-the-counter medication kept on the school premises. Parents must indicate with a tick, those specific medications that they give permission for their child to receive in certain circumstances and sign the bottom of the form to verify their permission. The listed medications are as follows:
2. Paracetamol liquid/fast-melts for children
Paracetamol tablets (12 years and over)
Ibuprofen liquid
Ibuprofen tablets (12 years and over)
Throat lozenges
Bite/sting relief cream
Arnica cream
Antihistamines (including Cetirizine, Loratidine and Chlorphenamine)
Parents are asked to update the school with any changes in their child's medical condition. The school nurse will contact parents of any new pupil with food allergy before he/she joins the school.
3. All medication given during the school hours will be administered by the School Nurse, or Parents will be notified in writing of any medication given via a letter sent home in the school bag or email.
4. All medications must be recorded in the file provided (see Record of Medicines Administered to all Children). Information regarding pupil name, medication, along with date and time of administration must be signed for by the member of staff administering the medication.
5. If a pupil requires prescription medication the parents must complete a 'School Medication Form' which should be given in at the school office along with the medication. Medicines will be given to the school nurse. These forms are available from the school office, or can be downloaded from the website. All details on the form must be filled in and a separate form completed for each medicine that is required. The school nurse will record on the form each dose given in school and sign for it. A letter will then be sent home as written confirmation of any medicine administered that day.
6. All prescription medication brought into school must be in its original container and clearly labelled by the pharmacy with the child's name and dose of medication. The medication will be returned to the parent at the end of the school day if necessary.
7. All risk assessment procedures need to be adhered to for the correct storage and administration of medication. There is a lockable refrigerator in the Medical Room for the safe storage of all medicines requiring refrigeration (of which daily minimum and maximum temperatures are recorded for audit purposes) and all other medications will be locked in the drug cupboard in the Medical Room.
8. Pupils are not permitted to bring in medication and keep it in their pockets or bag. All medication that may be required during school hours, must be given to, and administered by, the school nurse. Prep School pupils with asthma or life-threatening allergy are permitted to carry medicines in their school bag if they wish. All pupils with asthma will also have a spare inhaler kept in a named wall mounted box outside the Medical Room. Adrenaline auto-injectors for Prep-school pupils with life-threatening allergy will be kept in an easily accessible, clearly labelled box in the Medical Room. PrePrep asthmatic pupils' inhalers are stored in named wall-mounted boxes in the PrePrep staff room.



Adrenaline auto-injectors for PrePrep pupils with life-threatening allergy are kept in an easily accessible cupboard in the pupil's class room, which is marked with a large green cross labelled 'Epipen'.

Controlled Drugs

Controlled drugs, including pupils in EYFS, that have been prescribed for a pupil should be kept securely stored in the locked medicine cabinet in the Medical Room and only named staff should have access (those who have completed 'administration of medicine training'). Controlled drugs should be easily accessible in an emergency. A record should be kept in the 'Controlled Drug Recording Book' of any doses used and the amount of controlled drug held.



ASTHMA POLICY

Aims

- To enable all pupils with asthma to participate fully in all school activities and to ensure they are not disadvantaged by their condition.
- To ensure that all staff have a clear understanding of what asthma is and how to deal with a pupil having an asthma attack.
- To encourage all pupils to take responsibility for their own medication, if appropriate.
- Pupils, parents, school staff and asthma professionals to work together for a greater understanding of the effect of asthma and to adopt a responsible attitude to its treatment.
- To ensure information is supplied by parents updated when needed.

Definition of Asthma

Asthma is the most common respiratory disorder of children. Chronic inflammation of the bronchial mucosa and hyperreactive airways results in bronchoconstriction and reversible airway narrowing. It typically presents with wheeze, dry cough, difficulty breathing and/or chest tightness.

Managing Asthma in School

Pupils with asthma are identified from the Medical History Sheet. The School Nurse will liaise with the parents to ascertain the full extent of the condition. The Individual Health Care Plans for each child with asthma are stored electronically under the Shared Area of the Server under Medical Info.

Pupils are encouraged to take responsibility for their asthma from an early age. The inhaler should be clearly named and in date.

Prep School pupils can keep a spare salbutamol (blue) inhaler in their sports bags if they wish. Prep School pupils' salbutamol inhalers are stored in a named box in the wall mounted unit outside the Medical Room for easy access. PrePrep pupils' inhalers are stored in the same way, in the PrePrep staff room. At the beginning of each school year/term, staff will be informed of any new pupils with asthma.

Teachers in charge of school trips must ensure that pupils have their inhalers with them. A list of known medical conditions, including asthma, is given to staff ahead of trips.

Parents are responsible for supplying, a named, in-date inhalers at school. The school nurses will aim to check, as a courtesy, the condition and expiry date of inhalers kept at school. and will inform parents when a replacement inhaler is required.

Asthma and PE

Exercise has proven health benefits to people with asthma, but can be a trigger for asthmatic symptoms. The school seeks to involve all pupils in sport with support and guidance from the School Nurse.

Staff Education

School staff are regularly updated on the care of pupils with asthma. This includes what to do in the event of an asthma attack and those pupils must be allowed to take their medication as soon as needed. Please see **ASTHMA PROTOCOL** below.



ASTHMA PROTOCOL

Asthma Treatment

There are two types of treatment:

Preventers – Inhaled corticosteroids. These are usually taken twice daily to prevent symptoms from developing. They are usually in a brown, red or orange container. They take 10-15 days to work. This inhaler does not help an acute asthma attack and should not be kept at school, unless a prescribed dose is required during the school day. The main inhaled steroid preventer medications are Beclometasone, Budesonide, Ciclesonide, Fluticasone and Mometasone.



Relievers – Short acting bronchodilators. These are the inhalers used in an acute asthma attack. They are often (but not always) blue in colour and are used to relieve the symptoms of asthma by relaxing the muscle in the airways. The two main reliever drugs are Salbutamol (Ventolin) and Terbutaline. It is recommended that spacer devices are used with aerosol inhalers.



Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of salbutamol inhaler and rest (e.g. stopping exercise).

Signs of asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue.
- Tracheal tug (pulling in of the skin at the base of the neck)

If a child is displaying the above signs of an asthma attack, the following guidance should be followed:

1. Help the child to sit up - do not lie them down. Try to keep them calm.



2. Help them to take one puff of their reliever (blue) inhaler with their spacer every 30-60 seconds, up to a total of 10 puffs.
3. If it is not helping or if you are worried at any time, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.
(AsthmaAndLung.org.uk)

At School

All Prep School pupils should have their own labelled reliever inhaler and spacer kept in a named box outside the Medical Room. PrePrep pupils' inhalers and spacers are kept in a named box in the PrePrep staff room. Inhalers must be taken on any school trips or away match fixtures.

The School Nurse will aim to check the condition and expiry date of the spare inhaler at the end of each term. However, it is the parents' responsibility to ensure a valid inhaler is kept at the school. Expired drugs cannot be administered.

School trips

Teachers in charge of trips must ensure consent forms with all relevant medical and drug treatment information are completed and signed by parents/guardians.

It is the responsibility of the trip leader to liaise with the School Nurse and collect the relevant asthma medication for pupils attending the trip.

If a pupil has an asthma attack on a trip and the staff have any concerns regarding the severity of the attack, an ambulance must be called.

Staff must complete an accident form and report the incident to the School Nurse as soon as possible.

Use of the Emergency Salbutamol Inhaler

The emergency salbutamol inhaler should only be used by children:

- ✓ who have either been diagnosed with asthma and prescribed an inhaler;
- ✓ OR have been prescribed an inhaler as reliever medication.

The emergency inhaler can be used if the pupil's prescribed inhaler is not available.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma symptoms and could save their life.

Staff

Any member of staff can volunteer to take on this responsibility but they cannot be required to do so.

It is reasonable for **all** staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;



Storage of the emergency inhaler

The emergency inhalers' expiry date and condition are checked once a term by the School Nurse. They are located in the following areas:

- 1 Medical Centre
- 1 P.E. Department Sports Hall
- 1 PrePrep Staff Room

Each emergency asthma inhaler kit contains

- 1 x salbutamol inhaler
- 1 x single use plastic spacers
- A record of administration

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place and how much medication was given, and by whom. A letter should be sent home to parents informing them of any medication given and at what time. In the case of an asthma attack parents should also be telephoned.



DIABETES

AIMS

To ensure that all children have equal access to education. To enable the individual to participate in all aspects of the school day (as far as is possible) in a safe and secure environment.

IMPLEMENTATION

A planning meeting with the parents of a child with diabetes will be made by the school nurse and an individual care plan drawn up. This will include input from any secondary care/external services/care providers.

All school staff that will come into contact with the child should have clear guidance with regarding the following;

Emergency contact numbers for the child
Known symptoms of hypoglycaemia and hyperglycaemia
Preparations needed before exercise and PE

The Facts

The impact of diabetes will be different for each individual.
A child with diabetes may need to go to the toilet more frequently than his/her peers.
Sometimes it may be necessary for a child to check their blood sugar. They should be given the opportunity and privacy needed in order to do this.
A child with diabetes must have access to a suitable snack at all times especially when embarking on physical exercise.
Meal times must be regular to help maintain stable blood sugar levels, therefore the child must not be held back at break/lunch.

RESPONSIBILITIES

School Nurse's responsibility:

To ensure an up-to-date health care plan is written for the child and that all relevant staff have access to this information.
To provide information regarding signs and symptoms of hypoglycaemia/hyperglycaemia to all school staff. This may involve using external agencies for training.

All staff responsibility

To help the child to overcome any barriers to learning.
To read any information, including the child's health care plan.
To liaise closely with the School Nurse.

If a child has a hypoglycaemic/ hyperglycaemic attack:

Call the school nurse.
DO NOT MOVE THE CHILD OR LEAVE THE CHILD UNATTENDED.
Reassure.
Act in accordance with child's care plan.
Inform parent if necessary, as written in care plan.
Send the child to hospital if appropriate.



EPILEPSY

Epilepsy is a condition that affects the brain causing repeated seizures. Epilepsy can start at any age, and there are many different types of seizure. Everyone's epilepsy is unique to them, but there are two main types: **generalised seizures** which includes tonic clonic, absence, myoclonic or atonic, or **focal (or partial) seizures** which affects specific areas of the brain. Epilepsy is one of the most common serious neurological conditions in the world, affecting around 1 in 100 people in the UK.

Epilepsy.org.uk provide free online training for school staff. Staff who work with any pupil's with Epilepsy are encouraged to access the training.
Staff should follow the following Epilepsy first aid.



Seizure first aid

Time the seizure



- Time the duration of the seizure
- Let the seizure run its course

Keep the person away from hazards



- Move any hazards out of the way
- Cushion their head
- Make sure nothing hinders their breathing
- Guide them away from danger (focal seizures)

Don't restrict their movements



- Don't restrain them
- Don't put anything in their mouth

Stay with them



- Reassure them
- Stay with them until they have fully recovered
- After the seizure, put them in the recovery position (if they are on the floor)

Make a record of what happened



- Include what happened before, during and after the seizure

Call 999 for an ambulance If...



- They have never had a seizure before
- They are not breathing or are blue around the lips
- The seizure lasts more than 5 minutes
- They are not responding after the seizure has stopped
- They have sustained an injury during the seizure

**Allergy & Anaphylaxis: summary**

(Please refer to Allergy Policy)

The School is committed to ensuring the safety of all its pupils and staff at risk of anaphylaxis. Anaphylaxis is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something they are allergic to (known as an allergen). An allergic reaction occurs because the body's immune system reacts to a substance that it wrongly perceives as a threat. Reactions usually begin within minutes and progress rapidly, but can occur up to 2-3 hours later.

The School Nurse is responsible for maintaining and updating the pupil allergy lists. These lists are accessible to all staff on via the school IT system. Hard copies are also available in the following places:

The School Office
The Medical Room
PrePrep and Prep Staff Rooms
The Kitchen

- Pupils with life-threatening allergy have a prescribed Adrenaline Auto Injector (AAI) pen. Pupils should have x2 pens along with antihistamine medication kept at school. There are 3 brands of AAI currently in use in the UK: Epipen, Jext and Emerade.
- PrePrep pupils' AAI pens are kept in an easily accessible cupboard in the pupil's class room, which is marked with a large green cross labelled 'Epipen'.
Prep-school pupils' AAI pens are kept in an easily accessible, clearly labelled box in the Medical Room. AAI's are accessible at all times whilst pupils are on site.
All pupils with allergy have an Allergy Action Plan which is stored with their emergency medication. This plan should be read before administering any medication.
- If a pupil with known allergy is exposed to an allergen, DO NOT MOVE THE PUPIL. Contact the School Nurse immediately informing her that the pupil requires their allergy meds. If the School Nurse is not available a member of staff should be sent to collect the pupil's allergy medication from the Medical Room.
- If anaphylaxis is suspected, lie the child flat with their legs raised. If the pupil is having breathing difficulties allow them to sit.
- Follow the instructions on the child's Allergy Action Plan and administer their Adrenaline pen without delay and call 999.
- Rose Hill School is committed to a whole school approach to the health care and management of those members of the school community suffering from allergy. The school position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self-responsibility, and plan for an effective response to possible emergencies, as per Allergy UK advice.
- A number of staff across the school complete yearly online Anaphylaxis training.



ACCIDENTS

1. All visits to the School Nurse by pupils for medical reasons are recorded in the Medical Room diary and copied onto the individual pupil records on CPOMS.
2. In the event of an accident, injury or medical emergency the following steps should be taken to ensure that the correct help is given as quickly as possible:
 - In the event of a medical emergency an ambulance should be called immediately by dialling 999.(see Calling an Ambulance)
 - **The injured person should not be moved if there is any suspicion that doing so could exacerbate his or her injuries.**
 - The School Nurse should be called to examine the injured person or if the Nurse is unavailable, the nearest available First Aider should be contacted.
 - If hospital treatment is necessary either an ambulance needs to be called or if a member of staff uses his/her own car to take an injured person to hospital, consideration should be given to the need for another responsible adult to accompany the driver.
 - Essential information regarding the injured person and any details of the event/accident must be taken to the hospital with the person.
 - The parent(s) or guardian must be contacted as quickly as possible and asked to join their child at school or hospital as appropriate. Members of staff should not wait for parents to arrive to take pupils to hospital unless they are certain that treatment is not urgently required.
 - The School Nurse or an appropriate member of staff must accompany pupils to hospital if parents have not arrived in time to do so. The member of staff accompanying a pupil should wait at the hospital until the pupil's parent or guardian arrives.
 - In the event of an accident or medical emergency occurring outside school hours on the premises the same procedure should be put into action and it is the member of staff responsible for the activity or the nearest First Aider who should ensure the correct procedure is adhered to.
3. All significant injuries and accidents to staff or pupils must be recorded in the Accident Book B1 510 according to the regulations for Reporting of Injuries, Diseases and Dangerous Occurrence as laid down by the Health and Safety Executive. Accident Books are kept in the Medical Room filing cabinet. It is the responsibility of the member of staff attending the incident either on site or at away matches or trips, to fill in the Accident Book.
4. All incidents involving a blow to the head or an injury of some significance that does not require hospital treatment should be reported to the parents. This may be done either by a phone call or a 'General Injury' or 'Minor Head injury' letter.
5. EYFS: all accidents/injuries are recorded on paper in a folder which is located in the classroom. Accidents that occur at home are recorded by the class teacher in the same file. The file also contains a 'Minor Head injury' letter is kept in the individual classrooms. The letter should be completed and at the end of the day at pick up time shown to parents who must sign to say they have been informed. EYFS parents must be informed of any accident or treatment given.



HEAD INJURIES

Concussion Guidance (RFU)

Concussions can occur in many situations in the school environment; any time that a pupil's head comes in contact with a hard object such as the floor or a desk, or another pupil's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE, and if messing around indoors during breaks. The nature of rugby means that concussion can occur in training and in matches.

Concussion is a temporary impairment of brain function usually caused by a blow that has shaken the brain within the skull. It is usually caused by a blow directly to the head, or indirectly if the head is shaken when the body is struck. It is important to recognise that most concussions occur without there being any loss of consciousness.

Failure to assess, evaluate and manage a pupil with a concussion can have serious adverse consequences, particularly if a pupil with concussion is allowed to continue playing, eg rugby, or returns too early to training or playing.

A pupil who has suffered concussion must comply with the UK Concussion Guidelines for Non-Elite (grassroots) Sport (April 2023). In line with guidance players with suspected concussion must go through a graded Return to Play Protocol with medical practitioner clearance before a return to play.

Procedure

A pupil who sustains a head injury should be assessed by the School Nurse or school First Aider as soon as possible.

The RFU Concussion Recognition Tool (CRT6) should be used to identify any 'red flags'. As per the guidance, if any red flags are identified an ambulance should be called.

Any child with a suspected concussion should be removed from play immediately, and should not return to any activity with risk of head contact, fall or collision, until assessed medically.

The parents or guardian of the pupil will be informed as soon as possible and advice will be given to contact a medical professional for further assessment if necessary.

A 'Minor Head Injury' letter will be sent home with any pupil who has sustained a minor head injury and does not display any signs of concussion. The letter lists the signs of concussion and alerts parents to the fact that concussion symptoms can develop hours after an injury.

England Rugby/HEADCASE guidance

<https://keepyourbootson.co.uk/rugbysafe-toolkit/headcase/>

UK Concussion Guidelines for Non-Elite (grassroots) Sport (April 2023)

<https://keepyourbootson.co.uk/wp-content/uploads/2022/03/UK-Grassroots-Concussion-Guidelines-April-2023.pdf>



SUN PROTECTION POLICY

BACKGROUND

Why is sun protection important for children and young people?

Skin cancer is one of the most common cancers in the UK. Most skin cancers are caused by UV radiation from the sun, and are preventable. Young skin is especially vulnerable to UV exposure, and with sunburn during childhood strongly associated with an increased risk of skin cancer in later life, it is vital to create good sun protection habits early on.

'OUTDOOR KIDS SUN SAFETY CODE'

The Outdoor Kids Sun Safety Code was devised by the Melanoma Fund. It is partnered with the Youth Sport Trust, Association for PE, Child Protection in Sport Unit (NSPCC) and UK Coaching. Its three core elements are

1. Education
2. Protection
3. Leading by example

AIM

To provide information for staff, pupils and parents that will enable them to make good decisions regarding pupils' health and safety whilst in the summer sun.

To ensure that sun safety procedures are implemented at the school, and on relevant trips, to ensure pupils are protected from the effects of the sun.

INTRODUCTION

What is a sun protection policy?

This policy has been developed in consultation with the whole school community and is specific to Rose Hill. These are the key elements to our sun safety policy:

- **PROTECTION:** providing an environment that enables pupils and staff to stay safe in the sun
- **EDUCATION:** learning about sun safety to increase knowledge and influence behaviour
- **COLLABORATION:** working with parents, governors and the wider community to reinforce awareness about sun safety and promote a healthy school.

IMPLEMENTATION

At Rose Hill we want staff and pupils to enjoy the sun safely. We will work with staff, pupils and parents to achieve this through:

PROTECTION

Shade:

- We provide sheltered areas around the grounds and in the playgrounds. (*Ongoing audit will identify future needs*)

Clothing:

- School sun hats are available for parents to buy from the school shop.
- Teachers have been advised to wear hats as necessary, when on playground duty and during sports sessions (and to set a good example).

Sunscreen:

- We ask all parents to apply high factor sun screen to their children at home before coming to school. All pupils should have a named sunscreen in their kit bag during the summer term. This should be applied before going into the sun at lunch breaks, sports sessions and matches.
- Sunscreen use will also be encouraged on school trips.



- Where possible sunscreen will be applied by the pupils themselves. Where assistance might be needed permission to apply sunscreen must be obtained from parents (*particular reference to younger children*).

A high factor hypoallergenic sunscreen is also available for Prep pupils use. This can be found attached to the cricket pavilion. Pupils are encouraged to reapply sunscreen before matches and to use the school supply if they have forgotten their own.

Hydration

- We ask that all children are supplied with a named water bottle to ensure they remain hydrated. Extra water is available at all times.

EDUCATION

- All pupils will have at least one Sun Safety reminder session per year.
- We will talk about how to be Sun Safety in assemblies at the start of the summer term.
- Parents and guardians will be reminded through the newsletter explaining what the school is doing about sun protection and how they can help at the beginning of the summer term.
- Teachers will be reminded of the key issues of the policy at the start of the summer term in a staff meeting.

The school follows the Sun Safety Code

ROLES AND RESPONSIBILITIES

Pupils: To remember to dress correctly and to apply sunscreen as necessary.

Staff: To remind pupils to apply sunscreen; to ensure that there are enough shaded areas for pupils to move to when necessary; to monitor the length of time that pupils are in the sun (even in cloudy conditions radiation can still penetrate).

Parents: To provide the pupils with the correct factor sunscreen, the correct protective wear for sports and the correct sun hat, as necessary.

The **Management Team and the School Nurse** will monitor & evaluate this policy every year.

REFERENCES

Guidance: First aid in schools, early years and further education, DfE, Updated 14 February 2022
<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

Prescribing over-the-counter medicines in nurseries and schools. BMA September 2020.
<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools>

Supporting pupils with medical conditions at school. DfE September 2014 (updated August 2017)
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Administering medication in schools- from every day to emergencies. Onlinefirstaid.com/ First Aid for Life. <https://onlinefirstaid.com/medication-schools/>

Early years foundation stage statutory framework. Setting the standards for learning, development and care for children from birth to five. Published 8 December 2023. Effective 4 January 2024.
https://assets.publishing.service.gov.uk/media/659d3e53aa18b1000da199ba/Early_years_foundation_stage_statutory_framework_for_childminders.pdf



AED guidance for schools DfE August 2023

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1178446/Automated_External_Defibrillators_AEDs_guidance_for_schools.pdf

If In Doubt, Sit Them Out. UK Concussion Guidelines for Non-Elite (grassroots) Sport. DfE April 2023.

<https://keepyourbootson.co.uk/wp-content/uploads/2022/03/UK-Grassroots-Concussion-Guidelines-April-2023.pdf>

HSE Basic advice on first aid at work: <https://www.hse.gov.uk/pubns/indg347.pdf>

www.asthmaandlung.org.uk

www.epilepsy.org.uk

www.sparepensinschools.uk/for-schools

www.allergyuk.org