

First Aid Policy

(including Administration of Medicine protocol)



UPDATED BY	DATE OF ISSUE	NEXT REVIEW DATE
Chantelle McLeod, Lead School Nurse	August 2025	August 2026

Aims

The school aims to provide a level of first aid cover and expertise that ensures a swift and competent response to any accident or illness suffered by a girl, member of staff (while they are in school or engaged on a school activity out of school) or by visitors (parents, contractors and others). First-aid provision must be available at all times when there are pupils on school premises and also when attending activities off site.

'First-aid' means:

- cases where a person will need help from a medical practitioner or Nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and
- treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or Nurse;

H&S (First Aid) Regulations 1981

The school site

The school is situated at 3 Maresfield Gardens. The Junior School is situated at 5 and 12 Netherhall Gardens which is a 6-minute walk from the Senior School. There is a well-equipped and professionally staffed medical room on the main site at Maresfield. There is a small medical room located in 12 Netherhall Gardens. The Royal Free hospital is 10 minutes away by taxi. The school has a sports site on Lymington Road and the girls travel by coach or walk to get there.

Specific hazards

Specific hazards include high-risk activities such as PE; outdoor education; science and technology experiments and events; catering and works departments; out-of-school trips; special events and road safety. Risk assessments are made routinely for all potentially hazardous activities or special events, including trips out of school, building work or major public occasions.

Specific needs

There are a small number of girls with specific health needs such as asthma, severe allergies, diabetes, and emotional health needs etc. A list of such girls is compiled by the school Nurse at the beginning of each academic year and the shared drive link is emailed to staff each term. It is also to be found in Reception at both senior and Junior Schools.

Members of staff who wish similar information to be known about them, are invited to advise the school Nurse and/or any other individuals in person.

Accident statistics

A record is kept of all injuries to staff and pupils occurring both on and off the school premises as a result of school activities. Detailed guidance on how and where to do this is given in the Accident Recording and Reporting section on H&S Oracle. Records will be kept in accordance with the Trust's policy on the retention of documents which can be found on Oracle. In practice this means that records relating to pupils should be kept until pupils attain the age of 25, and records for all other categories of people should be kept for a minimum for 6 years. All serious injuries are reported to the Headmistress and in addition, for Year 6 and below, to the Head of the Junior School.

The HSE is informed of injuries that are reportable under RIDDOR without delay. Detailed guidance on how and when to do this is given in the Accident Recording and Reporting section on H&S Oracle.

Dangerous occurrences and significant near misses are recorded. Detailed guidance on how and where to do this is given in the Accident Recording and Reporting section on H&S Oracle.

Any serious accident or serious injury to, or death of, any child within EYFS will be notified to Ofsted/ Children's Services and Social Care agencies as soon as possible and certainly within 14 days. The criteria for reporting to the Health and Safety Executive (www.hse.gov.uk) –should be followed at all times. The Nurse will normally report these but in her absence the Senior Leadership member of staff responsible for First Aid will ensure these are reported.

Accident statistics are considered by the school Health and Safety Committee every term and first aid provision will be reviewed in the light of any resulting concerns about particular activities or departments. Any major incident is reviewed immediately by the Health & Safety Co-ordinators, the Director of Finance and Operations, Deputy Head responsible for First Aid; and the GDST Health and Safety advisor.

First aiders should be aware of and implement the guidance on infection control at school and minimum exclusion periods. This can be found on H&S Oracle pupil Health section or <https://www.gov.uk/government/organisations/uk-health-security-agency>

A First Aider's Main Duties

- First aiders must complete a training course approved by the Health & Safety Executive (HSE).
- First aiders must be aware of and check, where necessary, the list of girls with specific medical issues and those requiring emergency medication.
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. Where possible, it is good practice to manage first aid in the medical room; this has the equipment that is needed, and is a clean, safe, private area. Apart from first aid containers, all equipment should be stored in the medical room.
- However, it may be necessary to carry out first aid where the pupil is located.
- When necessary, ensure that an ambulance or other professional medical help is called and that the medics are given all relevant information about the incident or accident. All staff must make themselves aware of how to contact Ambulance Services (see below).
- The First Aider will gather the facts of the incident or accident from the pupil at the time of assessment. If more facts are required the First Aider will ask a colleague to find out any further relevant background. This could be speaking to a teacher in charge of a lesson or a staff member or pupil who was at the scene of the incident or accident.
- Call the School Nurse and a member of SLT where appropriate.
- If a pupil needs to go to Accident and Emergency, staff should not drive pupils in their own car. An ambulance should be called to transport the pupil, or advice taken from the Senior Leadership Team or School Nurse.

The School Nurse has specific responsibility for:

- Taking charge at the earliest opportunity when someone is seriously ill or injured.

- Ensuring that an ambulance or other professional medical help is summoned when appropriate and that the medics are given all relevant information about the incident or accident.
- Carrying out a risk assessment to ascertain the needs of the school and the level of provision of first aiders required.
- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the assessed needs of the School.
- To provide sufficient and appropriate resources and facilities. This includes monitoring and restocking first aid equipment as needed. Information about any equipment used should be communicated to the school Nurse so that areas can be fully stocked.
- To provide relevant training and ensure monitoring of training needs.
- To inform staff and parents of the School's First Aid arrangements and ensure this is part of the induction for new staff.
- To report serious accidents to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- To ensure all significant accidents or near misses are recorded on the SpheraCloud (formerly RIVO) reporting software in accordance with GDST guideline. Records will be kept in accordance with trust policy and, in any event for a minimum of 3 years.
- To keep a record of all first aid administered.

The School Nurse can be contacted at all times by walkie-talkie if necessary. Landline is 32233 (internal) and 0207 309 6233 from outside. Mobile number is 07931 864989. The School Nurse works from 9.30am – 5.30pm.

If non-emergency transportation to hospital is required, the authorised taxi service will be used and the School Nurse, qualified First Aider or other suitable adult will remain with the pupil until their parent/guardian is available.

If a child needs to go home due to illness or injury, permission has to be given by the School Nurse or her designated first aider or one of the staff members below. Girls up to and including Year 11 must not leave school unaccompanied, unless express consent is given by the parent at the time of the dismissal.

Senior School	Anna Paul (Headteacher), Zoë Brass (Senior Deputy Head Pastoral), Adam Westwood, (Deputy Head Academic), Chris Dearmer (Deputy Head CCC) Richard White (Director of 6 th Form), Ed Lamba (PA to the Headteacher).
Junior School	Miss Zoe Paramour (Headteacher), Miss Laura Lougee (Deputy Head Teacher), Miss Agnieszka Sanchez Sawicka (Deputy Headteacher)

The School Nurse, Reception or Welfare Assistant will contact the parents to inform them their daughter is ill or injured and needs to be collected and / or needs to see a doctor or be taken to hospital.

Practical arrangements when a girl becomes unwell in a lesson

Senior School

The member of staff will make an assessment and where necessary send the girl to the School Nurse or qualified first aider. A girl seeking treatment during a lesson should be sent to the school Nurse and she should be accompanied by one other girl if there is any concern about her ability to get to the Nurse safely. In most cases, the pupil can make her way to the Nurse on her own.

Junior School

If a child complains that she feels unwell, the member of staff involved will make an initial assessment depending on the child's symptoms. If the teacher considers it necessary she may do any of the following things:

- Ask a first aider to come and see the child and make an initial assessment
- Ask the School Nurse for further advice
- Continue to monitor the child

The First Aider or School Nurse may make the decision that the child needs to go home and their parent will be contacted.

If a pupil is taken from no. 12 to no. 5 for any medical reason then any emergency medication she might require should go with her.

Head injuries

In the event of a head injury sustained by either student or staff, the school Nurse or qualified first aider should be notified immediately so that an assessment can be made. The Head Injury Assessment Form can be used to aid this assessment. If you have any concerns about a head injury you should liaise with the school Nurse immediately. If the school Nurse is unavailable, or it is an evening or weekend sports fixture further medical advice should be sought by consulting NHS 111, or by calling 999.

Details of the head injury should be recorded on Medical tracker/CPOMS (and Sphera if appropriate), including any head injury symptoms. If further medical assessment is not required at the time and the student remains in school parents should be informed and the NHS head injury advice guidance should be sent home with the student or emailed to the parent.

Senior School

The girl will see the Nurse who will contact parents as necessary. A 'head bump' wristband or similar should be given to the student with the date and time of the head injury noted on it, to show teachers in the remaining lessons of the day. Parents should be informed following usual school procedure and the NHS guidance sent home for parental reference. Usual school procedure for informing parents is medical tracker (or by a form/ verbally by PE staff and followed up on CPOMS). The NHS guidance is usually sent via email to parents after sending the medical tracker.

Junior School

The Nurse should be informed if any pupil has a head injury. If the pupil is well enough to stay in school then she will be given a 'head bump' wristband with the date and time of the head injury noted on it and the class teacher should be informed. Parents should be informed via phone call by the first aider who dealt with the incident, with a follow up head injury form and NHS guidance sent home which informs parents of further symptoms to be aware of. The class teacher will also inform the

carer who collects the child. For children within Early Years Foundation Stage, this form must be given to the adult who collects the child.

First-aid arrangements specific to sport

Return to school and sport following any diagnosed concussion will be informed by medical advice and using the Concussion Guidelines from:

- [The Sport and Recreation Alliance](#)
- [Association for Physical Education \(AfPE\)](#)
- [Return2Play](#)

Serious consideration should be given to the chance and effects of a second head injury during the recovery period from the initial incident, and appropriate precautions, eg rest or phased return taken. The medical letter and /or return to school care plan should be recorded on CPOMS and all necessary staff alerted. It is the responsibility of the parents to inform the school if their child has had a head injury outside of school. If a concussion has been suspected or diagnosed a letter should be obtained from the injured person's GP to confirm it is safe for them to return to sport. If a GP's letter is not possible, confirmation must be given by the parents in writing that they have sought medical advice and have had confirmation that it is safe for their child to return to sport.

Head injuries during PE sessions

Senior School

A pupil should be assessed by the teacher, given an ice pack if deemed necessary. Pupils can then be sent to the Nurse accompanied by a friend. For any off-site head injuries, then the member of sports staff should accompany the pupil to the Nurse if available; if not they should follow guidance from head injury policy and call an ambulance if deemed necessary.

Junior School

A pupil sustaining any head injury in a lesson will sit out during the lesson and be given ice if the first aider deems it is necessary. On returning to her class, the PE staff will inform the class teacher and the school Nurse. The class teacher will deal with the incident as documented above. For any off-site head injuries, then the member of sports staff should accompany the pupil to the Nurse if available; if not they should follow guidance from head injury policy and call an ambulance if deemed necessary.

Instructions for calling ambulances services

In an emergency, an ambulance should be called immediately and the school Nurse should be informed. First-aid qualified staff on the site should be contacted to help.

If an ambulance needs to be called, it is likely that the following information will be needed:

- Name of school – South Hampstead High School
- School telephone number
 - Senior: 0207 435 2899
 - Junior: 0207 794 7198
- School address including postcode
 - Senior: 3 Maresfield Gardens, NW3 5SS
 - Junior: 5 or 12 Netherhall Gardens NW3 5RN
- Location of the casualty
- Name of the member of staff present

- Brief description of student's symptoms/injuries. Ensure they know that this is a child and it is an emergency.
- Which school access the ambulance should use
- A member of staff should stay with the casualty and as far as possible the area should be cleared of other students. Another member of staff should wait to meet the ambulance. Parents need to be contacted.
- If the student is taken to hospital a member of staff or the Nurse should remain with her until a parent or carer arrives.

Guidance on when to call an ambulance

- Members of staff who are qualified in first aid will respond to injury or illness in accordance with their training.
- If a member of staff who is not first-aid qualified requires assistance or advice in dealing with a person who is injured or ill, the first point of contact is the school Nurse via walkie-talkie. S/he can also be contacted on 0207 309 6233 or internal calls 32233. Senior School reception (0207 435 2899) (32899) can summon the School Nurse or, if she is unavailable, a First Aider.
- If a member of staff is in charge of a group of girls when such a situation arises, s/he should normally stay with the patient. S/he should send one girl to the nearest phone to call school Nurse, and another to the nearest member of staff (normally the next classroom) for assistance.
- There are a number of staff qualified in first aid who will deal with an emergency whenever possible if the School Nurse is not available.

As stated above the School Nurse or, if not available, the First Aider on the scene will make the judgment. Anaphylaxis, severe asthma, suspected broken bones, heavy blood loss are obvious conditions which require an ambulance. Any head injury should be considered carefully. It will depend on the situation what action needs to be taken. If in doubt call an ambulance. See guidelines below for treatment of specific conditions.

First Aiders

Responsibilities of First Aiders and Appointed Persons

There is a difference between first aiders and appointed persons. First aiders directly carry out first aid, and first aiders must always be present in the school when there are children or adults present. There does not necessarily need to be an appointed person in the school at any given time, but it is necessary that all employees are clear who the appointed persons are. At South Hampstead, this is the School Nurse.

Number of first aid staff required

Schools are deemed as low risk environments, so the recommended number of certified first aiders is one per 100 pupils/staff. The GDST require a 3-day qualified first aider to be in each separate school site when pupils are present. In EYFS it is a requirement that there is a trained paediatric first aider on site at all times.

The School Nurse is responsible for establishing the number of first aiders required in certain situations, with agreement from the head. Risk assessments should be used to agree this.

In particular the following situations should be considered:

- Off-site PE
- School trips
- Science labs
- DT/Art rooms
- Playground
- Adequate provision in case of absence, including trips
- Out-of-hours provision e.g. clubs, events
- Medical room

Qualifications and Training

The School Nurse is responsible for identifying and planning staff training for first aid.

The School invites staff to volunteer to become first aiders/emergency first aiders, and will provide the necessary training when appropriate. The first aid needs assessment will be reviewed annually or following any significant incident. First aid provision should also include consideration of mental health. Mental Health First Aid (MHFA) training is encouraged to support pupil and staff well-being. A list of trained mental health first aiders should be maintained and updated annually.

From 1st October 2009, a first aider:

- Must complete a 3-day First Aid at Work HSE-approved course and hold a valid certificate of competence. The certificate is valid for 3 years and the School will organise refresher training before its expiry. First aiders are qualified to give immediate help to casualties with common injuries and illnesses and those arising from specific hazards in school.

The [Resuscitation Council Guidelines](#) changed their definition of 'paediatric' in 2021 from a child up to the age of 8 to a young person up to the age of 18.

A 1-day Emergency First Aider in the Workplace trained person:

- Is not a first aider but, in the absence of the first aider, can take charge of an injured person until a first aider arrives and take responsibility for first aid equipment.

All 3-day First Aid at Work and Emergency First Aider in the Workplace persons are covered by the Trust's insurance against claims for negligence provided that they are suitably trained, are carrying out their duties for the Trust and act within the School's guidelines for the administration of first aid. All first aid certificates are valid for 3 years and staff will be re-trained when necessary. The School Nurse keeps a record of all certificates and books training courses.

A Risk Assessment determines the number of first aiders and their training requirements for the School. This will take into account before and after-school events, number of staff/students on the site, location of sites and any high-risk areas and off-site activities. The requirement for the school is one 3-day first aider to be present on each school site when pupils are in the school. This is a requirement before and after usual school hours.

A list of trained staff is available for both Senior and Junior Schools. See Appendix 1 for the list of trained first aiders in both the Senior and Junior Schools.

This list is also found in the Reception/School office and staff rooms of both Senior and Junior Schools. In the Senior School it is also found in the PE office, the kitchen, the science department and the list is located next to most first aid kits and is attached to this policy. (See Appendix 1)

At the beginning of the new school year, all new staff, as part of their induction, will have a brief talk from the school Nurse. This will include an explanation of school emergency procedures; advice on precautions to avoid infection; basic hygiene procedures; use of adrenaline auto-injectors, etc as appropriate.

Paediatric first aid

In line with the Ofsted Early Years Foundation Stage requirements, a nominated member of staff in the Junior School will have a paediatric first aid certificate which is updated every three years. At least one person on the school premises and at least one person on EYFS outings will have a paediatric first aid certificate. The course must involve a minimum of twelve hours training. As a general principle, the first aid training should be appropriate to the age of the children in question. The [Resuscitation Council Guidelines](#) changed their definition of 'paediatric' in 2021 from a child up to the age of 8 to a young person up to the age of 18. Some junior school staff may have a combination training that covers both adult and paediatric first aid training.

First Aid areas

Senior School

The Nurse's office is situated in room 408, just behind reception.

It has a sink in the office, drinking water, and locked medicine cabinet and all necessary first aid equipment. The room is locked when the Nurse is not there. If access is needed when the Nurse is not present then the key is with the receptionists in Reception, or the site manager has a master key.

Emergency medication: Spare medication for girls with allergies and asthma and other diagnosed conditions is kept with an individual healthcare plan in an unlocked cupboard in Reception so is easily accessible for all.

AED machine: is situated in the main lobby by Reception and at the Cumberland Sports ground. No formal training is required to use an AED; however, staff should be familiarised with its location and basic operation during induction.

Junior School

No. 12: The medical room has facilities for lying down, a sink, drinking water and first aid equipment. Emergency medication and supplies for first aid equipment is kept in a locked cupboard. Ice packs are in the kitchen next to the medical room.

No. 5 – The Office has a locked medicine cupboard and first aid provision and is a place where girls can be seen. However if more intrusive first aid needs to be undertaken such as dressings, the pupils should be taken to the medical room situated in the number 12 building. Ice-packs and first aid supplies are in the staff room and medication that requires refrigeration is kept in a labelled container in the fridge.

The playground shed has first aid provisions and an area for doing first aid.

Emergency medication: No. 12 - Spare medication for pupils with diagnosed conditions is kept in the locked cupboard with the key hanging behind the door. (currently all medication is kept in number 5- I inherited this but perhaps need to go back to policy and split the meds)

No. 5 – Spare medication is on shelves in the staff room.

AED machine: This is located on the wall in the staff room of no. 5.

Administration of medication

Medication will be administered according to the Administration of medication protocol (see appendix 3)

OTC medication administration: Despite parents having given consent on admission, parents need to be called for verbal consent prior to giving an OTC medications. Once administered a medical tracker notification is sent home informing the parent of the dose and time the medication was given. The School Nurse or a designated first aider can administer medication to a pupil.

In the Senior School the School Nurse or a designated first aider can administer OTC medications to pupils who have written consent from their parents, this consent is recorded on SIMS. They should check she has not received paracetamol in the previous 6 hours.

Emergency Adrenaline: Girls who require auto-injection adrenaline pens are encouraged to be fully responsible for their own medication. They should carry two devices with them at all times whilst at school and when travelling to and from school. Spare auto-injector adrenaline is available in unlocked cupboards for staff to give to access in an emergency. These are located in Reception and the Canteen in both the Junior and Senior Schools. There are also two located at the Sports Ground. A first aider may be required to administer this medication to a girl if there is a life-threatening situation.

Emergency Asthma inhalers: Girls who require asthma inhalers are encouraged to be fully responsible for their own medication. They should carry an inhaler with them at all times whilst at school and when travelling to and from school. The school possesses four Emergency Asthma inhalers. They are located in Reception in both the Junior and Senior Schools. They are also located in the Sports Hall and Sports Ground. The Sports staff also have an emergency inhaler in the cross-country backpack. Staff are allowed to administer these in an emergency to girls whose names are held on the SMC list. Parents will be informed following any use of the emergency inhaler.

First aid kits

Location of kits

A number of first aid boxes are sited in key locations around the school and specific staff have been delegated to check the contents regularly. Lists of the locations of the kits are in the senior and junior staffrooms and at both Receptions and by most kits.

The school Nurse will supply first aid kits for out of school activities on request and will ensure that their contents are appropriate to the risks and the items are in date.

Any member of staff who uses first aid supplies must ensure that the school Nurse is informed so that they can be replenished. The school Nurse is responsible for checking boxes on a termly basis and re-stocking when necessary. S/he will record the dates of checks inside the lid of each box.

Sports staff and the Cumberland site

All PE staff have their own first aid bag which accompanies them to all off-site fixtures. There are first aid kits at all teaching sites. These are restocked as needed.

First aid kit locations in Senior School

Floor/Building	Room	Room Number
Oakwood	Next to Head of 6th Form Office	
	Caretaker's Office	Basement (locked)
	6th Form Kitchen	
	Reprographics	Basement
	Duke of Ed. Room (DofE leaders: J Arundale; N Elliott)	On staircase (locked)
Kitchen	Kitchen	First Aid & Burns Kits
Theatre	Lighting Office	
Floor 1	Sports Hall	
Floor 3	Music Office	310
Floor 4	Reception Office	
	Nurse's Room	408
	DT Workshop	420
Floor 5	Landing above Reception	
	Staff Room	508
	Art Room	518
	DT Computing Room	519
	DT & Art Workshop	520
	Waterlow Hall Office	
Floor 6	Landing by 617	
	Art Rooms	618, 619, 620
	Art Office	621
Floor 7	Landing by 701	
Science Building	All Laboratories	325, 339, 340
		428, 429
		529, 530
		648, 649

First aid kit locations in Junior School

First Aid Containers should be kept near hand washing facilities where possible and are housed in green containers with white crosses on them. There is no mandatory list of items to be contained in a first aid container though within the school the first aid boxes adhere to the guidelines set by the GDST.

No. 5 Netherhall Gardens	
Reception	Ground floor
Staff room	Ground floor
Art and DT room	First floor
Kitchen	Basement
Playground	Shed
No. 12 Netherhall Gardens	
Medical room	Ground floor
Science room	Top floor
Caretaker's room	Ground floor
Art Room	Top floor
Minibus	

Each first aid box should contain:

A leaflet giving general advice on first aid

20 individually wrapped sterile adhesive dressings

(assorted sizes)

2 sterile eye pads

2 triangular bandages

6 safety pins

6 medium sized (approx 12cm x 12cm) sterile unmedicated wound dressings

2 large (approx 18cm x 18cm) sterile unmedicated wound dressings

Three pairs of disposable gloves.

1 pair rust-less, blunt ended scissors

1 life-aid resuscitator

Equivalent or additional items are acceptable

Eye wash

Foil blanket

Burn gel and conforming bandage

Tape

Cleansing wipes

Travelling First Aid Containers

The HSE guidelines state that the minimum stock of first aid items for travel first aid containers are:

- general advice leaflet on first aid.
- 6 individually wrapped adhesive dressings.
- 1 large sterile unmedicated wound dressing.

- 2 triangular bandages.
- 2 safety pins.
- 1 pair of disposable gloves.

The School Nurse will provide travel first aid containers as requested. The Nurse requires 3 days' notice with pupil and teacher numbers for the activity.

Arrangements for management of spillage of body fluids

In this event, a caretaker or cleaner who have special cleaning agents.

Senior School

Bodily fluid spillage kits are also available at Reception, in the Nurse's room and in the Staff room.

Junior School – Spillage kits are under the sink in the staff room at no. 5 and in the staff room in no. 12. See Biohazard Spill Policy for further details.

Infection Control

In the event of the increase of an infectious disease, the School Nurse will liaise with cleaning staff to ensure that the possibility of cross infection is minimised. This may mean extra cleaning of door handles, taps etc. The Nurse stocks antibacterial wipes and sprays for this purpose.

Recording School Accidents

All incidents whether an accident, illness or giving medication must be recorded.

Senior School

The School Nurse records all accidents and injuries on a medical platform called Medical Tracker. More serious injuries are also recorded on the SpheraCloud (formerly RIVO) reporting system. A first aider may record accidents when the Nurse is not present. Anyone else administering first aid should inform the Nurse of what they have done so s/he can record it. PE staff should refer any girl onto the Nurse after giving them first aid and record their intervention on CPOMS.

Junior School

A Junior School first aider or School Nurse records all accidents and injuries on a medical platform called Medical Tracker. More serious injuries are also recorded on the SpheraCloud (formerly RIVO) reporting system.

Reportable accidents

The School Nurse will report relevant accidents on the school SpheraCloud (formerly RIVO) system and to the HSE and report all RIDDOR accidents when necessary. (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 99 23).

GDST require ALL staff accidents to be reported and certain types of accident or incident – the School Nurse does this. All such injuries are reported to the Headmistress and in addition, for Year 6 and below, to the Head of the Junior School.

Reference to RIDDOR

- The Headmistress must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

- Records are kept for a minimum of 3 years.
- HSE must be notified of fatal and major injuries and dangerous occurrences without delay.
- The Head is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer or the School Nurse.

Accident statistics

Any serious accident or serious injury to, or death of, any child within EYFS will be notified to Ofsted/ Child Protection agencies as soon as possible and certainly within 14 days. The criteria for reporting to the Health and Safety Executive can be found in Appendix 2.

Accident statistics are considered by the school Health and Safety Committee every term and first aid provision will be reviewed in the light of any resulting concerns about particular activities or departments. Any major incident will be reviewed immediately by the Director of Finance and Operations.

Staff who are unwell in school

The school Nurse is not employed to see staff that are unwell in school, however, in an emergency, the Nurse's expertise will be called upon if s/he is available. If a member of staff is unable to continue at school then they must see their line manager who will arrange cover.

Appendix 1: School First Aider Lists
Trained First Aiders

Senior School

Close to expiry

<u>Name</u>	<u>Course</u>	<u>Expiry date</u>	<u>Compliant training</u>
Adele Burnett <i>[PE]</i>	Sports First Aid	24/03/25	
Agnell Weekes <i>[Science]</i>	Emergency first aid at work 1 day course	24/05/25	
Alex Wrigglesworth <i>[DT]</i>	Emergency first aid at work 1 day course	24/05/25	✓
Alison Logan <i>[Science]</i>	Emergency first aid at work 1 day course	10/06/27	✓
Amy Winter <i>[PE]</i>	Pitch-side Sports First Aid course with AED training – 2 days	26/10/25	
	Emergency first aid at work 1 day course	02/12/25	✓
Annabel Williams <i>[Classics]</i>	Emergency first aid at work 1 day course	10/06/27	✓
Anthony Keiler <i>[English]</i>	Emergency first aid at work 1 day course	05/07/25	✓
Arsheen Aneja <i>[Maths]</i>	Emergency first aid at work 1 day course	19/06/25	✓
Barney Harkins <i>[English]</i>	Emergency first aid at work 1 day course	27/02/27	✓
Cara Chamberlain <i>[P+R]</i>	Emergency first aid at work 1 day course	10/06/27	✓
Catherine Finley <i>[MFL]</i>	Emergency first aid at work 1 day course	05/07/25	✓
Catherine Moffat <i>[History]</i>	Emergency first aid at work 1 day course	02/12/25	✓
Cecilia Ezike <i>[Science]</i>	Emergency first aid at work 1 day course	19/06/25	✓
Charlene Collins <i>[Reception]</i>	First aid at work 3 day course	06/04/25	
Charlotte Bluck <i>[Art]</i>	Emergency first aid at work 1 day course	16/10/26	✓
Charlotte Hardy <i>[PE]</i>	Emergency first aid at work 1 day course	27/02/27	✓
Chris Beecroft <i>[Music]</i>	Emergency first aid at work 1 day course	24/05/25	✓
Christina Padovano Soto	Emergency first aid at work 1 day course	10/06/27	✓
Christelle Driscoll <i>[MFL]</i>	Emergency first aid at work 1 day course	16/11/25	✓
Claire Waghorn <i>[Psychology]</i>	Emergency first aid at work 1 day course	16/10/26	✓
Clare Woodward <i>[Science]</i>	Emergency first aid 1 day course	26/05/24	✓
Craig McDonald <i>[Debating]</i>	Emergency first aid at work 1 day course	10/06/27	✓
Dan Stevens <i>[Waterlow Hall]</i>	Emergency first aid at work 1 day course	16/11/25	✓
Diksha Bent <i>[Drama]</i>	Emergency first aid at work 1 day course	21/05/26	✓
Dominic Learoyd <i>[PE]</i>	First aid at work 1 day course	24/05/25	✓
Douglas Atkinson <i>[Maths]</i>	Emergency first aid at work 1 day course	16/10/26	✓
Emilio Cabezas <i>[MFL]</i>	Emergency first aid at work 1 day course	05/07/25	✓
Emily Sanders <i>[Geography]</i>	Emergency first aid at work 1 day course	19/06/25	✓
Emma Green <i>[PE]</i>	Emergency first aid at work 1 day course	27/02/27	✓
Emma Jones <i>[Music]</i>	Emergency first aid at work 1 day course	16/10/26	✓
Emmie Blamey <i>[PE]</i>	Emergency first aid at work 1 day course	16/10/26	✓
Flore Faille <i>[Science]</i>	Emergency first aid at work 1 day course	16/10/26	✓
Gemma Cooke <i>[PE]</i>	Sports First Aid	08/11/26	

Georgina Aguilar-Nwoko <i>[MFL]</i>	Emergency first aid at work 1 day course	27/02/27	✓
Hannah McDougall <i>[History – on MAT leave]</i>	Emergency first aid at work 1 day course	19/06/25	✓
Harry Prance <i>[Classics]</i>	Emergency first aid at work 1 day course	10/06/27	✓
Himani Gandhi <i>[Support]</i>	First aid at work 3 day course	23/03/25	
Hugo O’Grady <i>[Economics]</i>	Emergency first aid at work 1 day course	10/06/27	✓
Isabel Covey <i>[Geography]</i>	Emergency first aid at work 1 day course	27/02/27	✓
Isabella Webber <i>[classics]</i>	Emergency first aid at work 1 day course	10/06/27	✓
Jenny Arundale <i>[Science/DofE]</i>	First aid at work 1 day course	29/06/24	✓
Jenny Beckwith <i>[Reception]</i>	First aid at work 3 day course	12/11/26	
Jenny Humphreys <i>[Geography]</i>	Outdoor First Aid	13/12/25	
Jenny Meyer <i>[MFL]</i>	Emergency first aid at work 1 day course	16/10/26	✓
Jess Saphir <i>[Reception]</i>	First aid at work 3 day course	10/08/26	
Joanne Kingston <i>[Science]</i>	Emergency first aid at work 1 day course	25/09/25	✓
Jorge Lopez <i>[Support]</i>	First aid at work 1 day course	14/12/24	✓
Juliette Massey-Smith <i>[Psychology]</i>	Emergency first aid at work 1 day course	19/06/25	✓
Kate Etheridge <i>[English]</i>	Emergency first aid at work 1 day course	02/12/25	✓
Kay Coyle <i>[DT]</i>	Emergency first aid at work 1 day course	16/11/25	✓
Kuan Ying Lu <i>[MFL]</i>	Emergency first aid at work 1 day course	27/02/27	✓
Lauren Martin <i>[PE]</i>	Emergency first aid at work 1 day course	27/02/27	✓
Lauren Wengrowe <i>[Art]</i>	Emergency first aid at work 1 day course	24/05/25	✓
Louise Hayes <i>[PE]</i>	Emergency first aid at work 1 day course	02/12/25	✓
Louise Summers <i>[PE]</i>	Emergency first aid at work 1 day course	02/12/25	✓
Lukasz Poza <i>[Science]</i>	Emergency first aid at work 1 day course	05/07/25	✓
Maddie Osborne <i>[Physics]</i>	Emergency first aid at work 1 day course	27/02/27	
Margaret Gadow <i>[Library]</i>	First aid at work 3 day course	07/12/25	
	Youth mental health first aid- 2 day course	11/01/25	
Maria Egan <i>[History/Politics]</i>	Emergency first aid at work 1 day course	23/06/25	✓
Matthew Morgan <i>[Geography]</i>	Emergency first aid 1 day course	02/03/25	✓
Matthew Morley <i>[MFL]</i>	Emergency first aid at work 1 day course	07/06/26	✓
Mellie Naydenova-Slade <i>[History of Art]</i>	Emergency first aid at work 1 day course	16/11/25	✓
Michael Hepburn <i>[English]</i>	Emergency first aid at work 1 day course	02/12/25	✓
Michelle Trounce <i>[PE]</i>	Paediatric Infant & Child First Aid Level 3	01/09/25	
Molly Janz <i>[English – on MAT leave]</i>	Emergency first aid at work 1 day course	24/05/25	✓
Naomi Colman <i>[Science]</i>	Emergency first aid at work 1 day course	21/05/26	✓
Niall Hunter <i>[Art]</i>	Emergency first aid at work 1 day course	16/11/25	✓
Niamh Kennedy <i>[P&R – on MAT leave]</i>	Emergency first aid at work	05/10/25	✓
Nicky Moore <i>[Support]</i>	First aid at work 3 day course	28/06/25	

Nicole Elliott <i>[Science/DofE]</i>	Emergency first aid 1 day course	19/05/27	✓
	Outdoor First Aid	21/05/27	
Niki Liston <i>[Geography]</i>	Emergency first aid 1 day course	22/06/24	✓
Ollie Thicknesse <i>[Classics]</i>	Emergency first aid at work 1 day course	24/05/25	✓
Pam Morgan <i>[History]</i>	Emergency first aid at work 1 day course	19/06/25	✓
Paul Larochelle <i>[English]</i>	Emergency first aid at work 1 day course	24/05/25	✓
Poppy Pearce <i>[DT]</i>	Emergency first aid at work 1 day course	24/05/25	✓
Rachel Banfield <i>[PE]</i>	Emergency first aid at work 1 day course	01/11/25	✓
Rachel Caine <i>[Drama]</i>	Emergency first aid at work 1 day course	21/05/26	✓
Reece Merk <i>[Science]</i>	Emergency first aid at work 1 day course	16/10/26	✓
Rhian Morgan <i>[PE]</i>	Emergency first aid at work 1 day course	27/02/27	✓
Richard White <i>[History]</i>	Emergency first aid at work 1 day course	19/06/25	✓
Robert Menzies-Wilson <i>[Science]</i>	Emergency first aid 1 day course	20/01/25	✓
Shaun Barnett <i>[P&R]</i>	Emergency first aid at work 1 day course	05/07/25	✓
Steve Collisson <i>[Music]</i>	Emergency first aid at work	26/03/27	✓
Sophie Ellis <i>[Music]</i>	Emergency first aid at work	16/10/25	✓
Talia Stevens <i>[Science]</i>	Emergency first aid at work 1 day course	02/12/25	✓
Thomas Miller <i>[Support]</i>	Emergency first aid at work 1 day course	16/11/25	✓
Tom Heaton <i>[DT]</i>	Emergency first aid at work 1 day course	10/06/27	✓
Veronique Teles <i>[Maths]</i>	Emergency first aid at work 1 day course	16/10/26	✓
Victoria Boyarsky <i>[History]</i>	Emergency first aid at work 1 day course	19/06/25	✓
Victoria Spawls <i>[Science]</i>	Emergency first aid at work 1 day course	05/07/25	✓
Vivi Ainger <i>[Classics]</i>	Emergency first aid at work 1 day course	27/02/27	✓
Zena Alhashimi <i>[Science]</i>	Emergency first aid at work 1 day course	05/07/25	✓

Junior School

<u>Name</u>	<u>Course attended</u>	<u>Expiry</u>	<u>Compliant training</u>
Casper Christensen	Emergency first aid at work	21/04/25	✓
Derek Lacey <i>[Support]</i>	Emergency First aid 1 day course	02/12/25	✓
Diamond Nee <i>[Learning Support Coordinator]</i>	Emergency first aid at work	02/02/25	✓
Erika Bartunekova <i>[TA]</i>	Paediatric First aid 2-day course	13/09/26	
Farida Yasin <i>[TA]</i>	Emergency First Aid at Work 1 day course	16/10/26	✓
Jessica Prothero	Schools first aid course (inc epi-pen administration)	05/02/2027	✓
Medina Alli <i>[TA]</i>	Emergency First aid 1 day course	21/05/26	✓
Pooja Barral <i>[Support]</i>	Paediatric First Aid	03/07/25	✓
Rhian Morgan <i>[PE]</i>	Sports First Aid	15/04/24	
Sue Hoefling <i>[Support]</i>	First Aid at work 3 day course	08/05/27	✓
Sumi Suganthan <i>[TA]</i>	Paediatric First aid 2-day course	21/03/27	✓
Zoe Paramour <i>[SLT]</i>	Schools first aid course (inc epi-pen administration)	22/04/27	✓

Untrained JS staff

<u>Name</u>	<u>Course attended</u>	<u>Expiry</u>
Agnieszka Sanchez Sawicka <i>[Teacher]</i>		
Alice Newling <i>[Teacher]</i>		
Alison McLennan <i>[Teacher]</i>		
Caroline Casali <i>[Art]</i>		
Caroline Spencer <i>[SLT]</i>		
Chloe Atkinson <i>[Teacher]</i>		
Danielle Fox <i>[Teacher]</i>		
Jennifer Raingold <i>[Support]</i>		
Jessica Prothero <i>[Teacher]</i>		
Laura Lougee <i>[SLT]</i>		
Nicky Young <i>[Teacher]</i>		
Stephanie Tan <i>[Teacher]</i>		
Tina Bhattacharya <i>[Teacher]</i>		
Xangi Sbriglio <i>[Teacher]</i>		
Zeena Hammond-Smith <i>[Teacher]</i>		

Appendix 2: Reporting

Reporting to the HSE

Some accidents that happen in schools, including off-site visits, or during activities organized by schools, have to be reported to the Health and Safety Executive (HSE). The requirement to report these accidents is set out in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 RIDDOR). Guidance on which incidents to report is listed in [Flowchart-Pupils](#) and [Flowchart-Employees](#).

(i) What has to be reported?

Accidents causing injury to staff, or to members of the public including pupils, if the injury is caused by faulty equipment or lack of supervision it must be reported.

In addition, work-related ill health affecting staff, such as dermatitis, work-related upper limb disorders or certain infections including TB and hepatitis if contracted at work must be reported. However, ill health affecting members of the public such as pupils is not reportable to the HSE but it may require reporting to the HPA (Health Protection Agency).

Some dangerous occurrences need to be reported. In the main, these are serious incidents in which somebody might have been badly hurt, but was not. The list of dangerous occurrences which require reporting includes fire or explosion, release of a dangerous substance, failure of a pressure system, failure of a structure or failure of lifting equipment.

For further guidance on what constitutes a injury, dangerous occurrence or disease, see **[Flow chart](#)** or <http://www.hse.gov.uk/riddor/index.htm>

(ii) Accidents to staff

Accidents to staff includes all categories of employees, including temporary and part time employees. Also report accidents to self employed persons working on the premises.

Report:

- An accident resulting in death if work related has to be reported as soon as possible to the Incident Contact Centre (0845 300 9923 during opening hours Mon - Fri 8.30 am to 5pm).
- An accident resulting in a specified injury must be reported within 10 days
- An accident resulting in the employee taking over seven days to recover has to be reported within 15 days

When calculating the seven days in the latter category, note that unfitness for work starts the day after the accident. If the accident lasts more than seven days this triggers the report – whether the person was due to work on those days is not relevant. Also, if someone comes into work but does “light duties” – in other words is unfit for their normal work, for more than seven days, this will be reportable.

If a member of staff or pupil is off due to a contagious infection this is reported to the HPA.

Injury due to an act of non-consensual physical violence to a member of staff is reportable if it comes into one of the categories above. Violence to a pupil is not reportable.

Road traffic accidents to staff will not usually be reportable.

(iii) Accidents to the public, including pupils

If a member of the public who is not at work, such as a pupil, a parent or a visitor, has an accident at school or during a school activity or at Trust Office, it must be reported if **both** of the following occur:

- The person involved is killed or taken to hospital **AND**
- The accident arises out of or in connection with the work of the school/Trust Office

Ill health resulting in a trip to hospital is not reportable.

Deciding whether an accident arises out of or in connection with work is not always straightforward. In general, if the accident is attributable to a fault in the premises, or in the work equipment, it will be reportable. Again, if it is attributable to a failure of supervision or organisation, it will be reportable. Otherwise, it does not need to be reported.

For instance:

- A girl falls down stairs, is injured, and is taken to hospital. Not reportable. However, if the stairs were wet from washing, or the nosing was raised creating a trip hazard, it will be reportable.
- A child crashes into another in the playground, knocks herself out, and is taken to hospital. Not reportable.
- Junior children are left unattended whilst a teacher takes a phone call, they engage in risky play and one is injured and is required to go to hospital. This is reportable because of a failure of supervision.
- Girls on a field trip are caught in adverse weather and one is injured in unplanned activity. Reportable because of a failure of organisation.
- A girl falls and injures her ankle during a netball match after school. This is not reportable – unless there was a defect of the playing surface or of the supervision of the game.

Note that the occurrence of a major injury does not alone make an accident to a pupil reportable – that requirement applies only to staff.

Deciding whether to report can require some judgement.

(iv) Making a report

A fatal specified injury to a member of staff, or a reportable accident to a member of the public, must be reported within 15 days, this means either by phone to the Incident Contact Centre on 0845 300 9923 or via the website at www.hse.gov.uk/riddor. When a report is made on the website or by telephone, a copy of the report will be sent to the school by the HSE. A note should be taken of the incident number and recorded on the GDST SpheraCloud (formerly RIVO) Accident Reporting software.

Accidents causing seven days or more unfitness for work to a member of staff do not have to be reported immediately, but must be reported within 15 days either by one of the methods of reporting described above.

The School Nurse or Senior First Aider will make the reports, providing information about them to the next Health & Safety Committee. The School Nurse or Senior First Aider must also inform the Head of any fatal or major injury accident to a member of staff, or of a reportable accident to a member of the public.

(v) Accidents to contractors

Reporting accidents to contractors at the school is the responsibility of their employer. Schools should record the details on the SpheraCloud (formerly RIVO) GDST Accident Reporting software which has recently replaced the accident book, but have no responsibilities under RIDDOR. However, if any injury could be attributed to a failure on the part of the school, a civil claim may follow, therefore the incident should be investigated and records should be kept.

(vi) Accidents off site

Accidents which occur during organised school activities such as educational visits, matches against other schools or games lessons will be reportable by the team leader who is leading the activity if they meet the criteria above, no matter where they occur. This includes accidents happening outside the UK – although RIDDOR is not applicable outside the UK.

Such incidents should be reported on the SpheraCloud (formerly RIVO) Accident Reporting software.

Accidents on the way to or from school, to pupils or to staff, are not reportable.

Accidents during activities which are not part of the school's operations are not normally reportable, even if they occur on the school premises. PTA or parent led clubs would need to make their own report.

For instance:

- A member of staff breaks a leg whilst playing in a staff football game at the weekend. Not reportable.
- A child is injured during a trampoline club event held at the school but organised by an independent club. Not reportable by the school but would be reportable by the club.
- A girl on a ski-ing trip is injured during the evening entertainment. Probably not reportable – unless there was failure of supervision/organisation. If she were injured whilst ski-ing, because she failed to follow an instruction – not reportable. However, if she were injured as an outcome of poor instruction, or bad planning, or defective equipment provided, then it would be reportable by the organiser of the trip.

Accident reporting

All accidents to staff, pupils, contractors and visitors which result in an injury, however minor, must be reported on the SpheraCloud (formerly RIVO) Accident Reporting software which has been implemented by the Trust. Staff who have had the relevant training and have responsibility for inputting the data must ensure that they inform parents of the incident. This is important for children in early years.

- **Online report** – The online report records every interaction between the Nurse and a pupil, member of staff or other person seeking attention. If the Nurse is unavailable, a first aider

should list names and treatment on a separate sheet of paper, which can be collated into the online report by the Nurse. Teaching staff with queries should speak directly with the Nurse. The Nurse may choose to withhold certain interactions from the report, recording them for her own reference in a suitable, secure way.

- **RIDDOR F2508** – A RIDDOR report will be needed if an accident to staff results in a specified injury or seven days or more incapacity for work, or if an accident to a pupil or member of the public results in a trip directly to hospital from school and arises out of the school's activities.

□ **Investigation report** – See 4.3 below.

4.3 Accident investigation

The causes/reasons for any accident reportable to the HSE, Trust Office or where it is thought a claim is likely, should be investigated by the Head of Department/Health & Safety Co-ordinator or person supervising the activities during which the accident took place, in the case of non-classroom activities. The investigation should include photographs taken of the accident scene and a detailed record of events. The investigation may include statements taken from relevant witnesses. The investigation report should be given to the Head, a copy kept on file by the Health and Safety Co-ordinator, and a copy sent to Trust Office together with a note of any corrective action to be taken.

The report should include details of the risk assessments in place for the activities being undertaken at the time of the accident.

Detailed guidance on investigating accidents and incidents is available in the HSE's document HSG245 "*Investigating Accidents and Incidents*" (ISBN 0717 628 272) - available to download on H&S Sharepoint.

Appendix 3: Administration of Medicines

No child under 16 should be given medicines without their parent's written consent which is normally provided on the medical questionnaire prior to starting school, or on the "Administration of medication" form for prescribed medicines. Any member of staff giving medicines should check:

- the child's name;
- prescribed dose/time;
- expiry date; and
- written instructions provided by the prescriber on the label or container.

If in doubt about any procedure the named first aider should not administer the medicines but check with the parents or school Nurse before taking any further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or the school Nurse.

Each time a medicine is given to a child:

Senior School: Consent must be checked on SIMS for over-the-counter medication. The date, time, dose and reason for medication administration is documented in Medical Tracker, which is then used to send an email notification to the parents/carers (unless a call is more appropriate). Please see the below section for the protocol on administering prescribed medications.

Junior School and Early Years Foundation Stage: Parents must be contacted for consent prior to giving any over-the-counter medications for Junior School and Early Years Foundation Stage pupils.

The date, time, dose and reason for medication administration is documented in Medical Tracker, which is then used to send an email notification to the parents/carers. Please see the below section for the protocol on administering prescribed medications.

Prescribed medicines

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 day. The School will only accept medicines that have been prescribed by a doctor, dentist, Nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. Parents must have completed an 'Administration of medication' form detailing the individual medication, reason and providing written consent. This applies to pupils up to the age of 18.

Schools should arrange for staff to complete and sign a record each time they give medicine to a child. Where the pupil is in Early Years (EYFS), the school must ensure as soon as practicable preferably on the same day that the parents/carer are informed that the medication has been administered to the pupil as directed on the "Administration of medication" form – Appendix A.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 allows 'any person' to administer the drugs listed in the regulations. Staff administering medicine should do so in accordance with the prescriber's instructions.

Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for safety and audit purposes. A controlled drug should be returned to the pupil's parents/carer when it is no longer required to arrange for safe disposal.¹

Non-prescription medicines

- Medicines must not be carried into school or taken independently by any pupil in Years R – 11. Sixth Form pupils may carry their own non-prescription medicines to take as directed, but must not share those medicines with any other pupil.
- For pupils in Years R – 11, medicines should be given by nominated staff only. They will be nominated by the school Nurse.
- Nominated staff i.e. the school Nurse /named first aider should **never** give a non-prescribed medicine to a child unless there is a specific prior written permission from the parents.
- Criteria, in the national standards² for **under 8s** day care providers, make it clear that non-prescription medicines should not normally be administered.
- Where a non-prescribed medicine is administered by nominated staff to a child it should be recorded on medical tracker and the parents informed via medical tracker notification.
- **A child under 16 should never be given aspirin unless prescribed for medical purposes.**

¹ Managing medicines in schools and early years settings. DFES/Dept of Health March 2005

² National standards for under 8s day care and childminding (DFES/0649/2003)

Staff should be aware that despite obtaining written permission from the child's parent/carer allowing the School to administer the medication does not relieve the School of possible negligence in the unfortunate event of a child's death or injury. Any liability incurred by staff for injury arising from non-prescription medicine will be covered by the GDST's insurance.

Self-management for emergency medication

Generally, pupils should not carry medicines whilst at school. However, **pupils will be encouraged to carry and be responsible for their own emergency medicines**, when staff in conjunction with parents (bearing in mind the safety of other children and medical advice) judge that they are sufficiently capable and competent to do so. Other non- emergency medicines should generally be kept in a secure place, not accessible to pupils.

Refusing medication

If a child refuses to take medicine, staff should not force them to do so, but should note this in their records. Parents should be informed on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Responsibilities

Parents

Parents should provide details regarding any medicines their child requires administering during the school day (including school trips). The parents must ensure that the prescribed medication is presented in the original packaging with the prescription information on it. This should provide the details of the medicine to be taken, the child's name and date of birth in addition to the dosage required.

This information should be provided to the school on the 'Administration of medication form. See Appendix A.

It is also the responsibility of the parents/carer to ensure that the school is kept informed of any changes to a pupil's medical needs.

Teachers and Other Staff administering medicine:

During the school day

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a pupil should have appropriate guidance, including an awareness of any possible side effects of the medicine and what to do if they occur. It is suggested that the school Nurse or in her absence a named first aider to undertake this responsibility during the normal school day. Staff need to complete the GDST 'eLearning for administering medications' to be deemed competent.

A school Nurse should act in accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct (NMC 2002a) and Guidelines for the administration of medicines (NMC 2112b). In administering any medication, or assisting or overseeing any self-administration of medication, the Nurse must exercise their professional judgement and apply their knowledge and skill in the given situation.

Educational visits

Arrangements for taking any necessary medication will need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. A copy of individual health care plans should be taken on visits in the event of the

information being needed in an emergency and medication consent forms must be completed by parents if a pupil requires administration of prescription medication whilst on the trip.

Senior School

Pupils are responsible for bringing emergency medicines with them on visits. However, **staff must check that pupils have this medication** before departing on the visit especially if the pupil has an allergy, asthma or is diabetic. Staff must also take the pupil's spare emergency medication with them on the trip. Staff are expected to keep all non-emergency students' medication with them and to store this safely.

Junior School

Medication required on Junior School visits will be held by the first aider and given when appropriate. Junior School pupils who have anaphylaxis or asthma must have their own medication with them in a bum-bag. A member of staff will carry this for them if they are under Year 3 and if they are Year 3 to Year 6 then they should wear the bum-bag unless an exemption has been provided, in writing by parents, to the school Nurse and the Junior School head . A member of staff will hold their spare emergency medication for use in an emergency. Staff are expected to keep all non-emergency students' medications with them and to store this safely.

Competency of staff to administer emergency medicines should be taken into account when preparing risk assessments for educational visits and the appropriate training should be provided by the school Nurse where identified i.e. EpiPen training.

Sporting activities

Some children may need to take precautionary measures before or during exercise and may need immediate access to their medicines such as asthma inhalers. See the Chronic Illness Protocol.

Staff duty of care

Anyone caring for children including teachers or other school staff have a common law duty of care to act like any reasonably prudent parent. In some circumstances the duty of care could extend to administering medicine and /or taking action in an emergency. This duty also extends to staff leading activities off site, such as visits, PE fixtures, outings or field trips.

Certain medicines can be given or supplied without the direction of a doctor for the purpose of saving life. For example, the parental administration of adrenaline (1mg in 1ml), chlorpheniramine and hydrocortisone are among those substances listed under Article 7 of the POM order for administration by anyone in an emergency for the purpose of saving life (Prescription Only Medicines (Human use) Order 1997).

Staff assisting in an emergency in good faith and acting reasonably and responsibly, whilst carrying out their duties, will be covered by the GDST's insurance against claims of negligence.

Record keeping

Parents should inform the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required.

Parents should complete the "Administration of medication" form to record the details of any medicines required at school. Staff should check any details provided are consistent with the instructions on the container. Forms are available at Reception in the Senior School and from the school office in the Junior School or no. 12 medical room.

When giving authorised, prescribed medication, staff should record and sign the date, time and dose of medication given on the "Administration of medication" form in the Junior School and on medical tracker in the Senior School and ensure the parent is informed.

Storing Medicines

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container and an individual "Administration of medication" form provided to the school.

Staff who take regular medication themselves must also ensure that their medicines are securely stored.

Children should know where their spare medicines are stored. Non-emergency medication is kept:

Senior School: In the locked cupboard in the school Nurse office or fridge if applicable

Junior School: In the locked cupboard in the no. 5 building or fridge if applicable

Students' emergency medication is kept

Senior School – in an unlocked black cupboard in Reception.

Junior School - in the staff room of no. 5

All emergency medicines, such as asthma inhalers and Epipens should be readily available and should not be locked away. It is recommended that schools make special access arrangements for the emergency medicines that it keeps. Some pupils may carry their own emergency medicines, see the Self-Management section above.

Some medicines must be stored in a refrigerator because they may break down or 'go off'. The patient information leaflet supplied with the medicine will state whether the medicine needs to be stored in a refrigerator. Local pharmacists can also give advice.

There is a refrigerator in the Medical room at the Senior School solely for the storage of medication and likewise in the staff room of no. 5. The temperature of the medicine refrigerator in the Senior School is monitored daily when it is in use, and recorded. The refrigerator is cleaned and defrosted regularly.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. If parents do not collect medicines, they should be taken to a local pharmacy for disposal. Some hospitals also have disposal containers for old medicines.

Appendix 4:

Consent to Administer Prescribed or Over the Counter Medication in School

Pupil surname:		Pupil forename:	
Date of birth:		Class/form:	
Medical condition or illness medication required for:			

MEDICATION – If more than one medicine is to be given a **separate form** should be completed for **each**. A new form is required for each new course of prescribed medication.

All prescribed medication must be in the original container and packaging as dispensed by the pharmacy. The **pharmacy label** stating pupil's name, dose and time to be given **must** be attached. *If this is not adhered to the staff will not be able to administer the medication.*

Over the counter medicines supplied by parents such as paracetamol, ibuprofen, throat lozenges, antihistamine, E45 cream **must** be in the original container, with the medicine details (product name, expiry date, dose, method and frequency of administration) clear on the label. The pupil's name **must** be clearly written on the packaging.

Name of medicine to be given by the Nurse/nominated staff.	
Expiry date of medication:	

DIRECTIONS FOR USE

First dose to be given on (day/date): e.g antibiotic therapy	
Last dose to be given on (day/date):	
Dosage:	
Method of administration (e.g. oral/inhaled):	
Time to be administered:	
Special instructions/ precautions provided by prescriber:	
Any potential side effects the school needs to know about:	
Self-administration consented to by parent / guardian	Yes / No (please delete as applicable)
Procedures to take in an emergency:	

The above information is, to the best of my knowledge, accurate at the time of writing and **I give consent for school staff to administer medicine in accordance with the school policy**. I will inform the school immediately, in writing, if any change in dosage or frequency of the medication is required, or if the medicine is stopped.

Parent/guardian
Signed:

Parent/guardian
Name:

Date:

