DURLSTON

Policy 2.12

Durlston School Medical and First Aid Policy

(Including EYFS pupils)

Prepared with regard to DfE Guidance on First Aid for Schools

Updated:	23.07.26
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Next Review date:	01.09.27

Durlston School 2.12 Medical and First Aid Policy

1. Aim

1.1 To promote the health and wellbeing of all pupils in order that they are best able to reach their potential and participate fully in school life. This is achieved by:

- Monitoring the wellbeing of each child;
- Being available for advice and support;
- Recognising and respecting that each child is an individual with his or her own needs and aspirations;
- Providing links between child, parents/guardians, members of staff and other health professionals.

1.2 The school First Aid Room is there for everyone and is based on a philosophy of:

- Listening
- Healthy living
- Understanding
- Respect
- Trust
- Providing a safe and caring environment

1.3 First Aid arrangements in school cover the welfare of staff, pupils and visitors. This Policy has regard to the DfE "Guidance on First Aid for Schools".

1.4 First Aid arrangements reflect the assessment of risk associated with both routine and occasional activities and tasks, undertaken during the school term, school holidays, on school premises and off-site.

2. The First Aid Room Contact Details

2.1 The First Aid Room is where first aid/medical treatment is prescribed and administered. It is also a port of call for children feeling unsure, or needing to chat.

2.2 The nominated first aid rooms are the receptions at the Senior School and the Pre-Prep Department. In addition, a medical room with a basin is available at the Senior School, for use as appropriate. Pre-Prep has a dedicated medical area for use. A dedicated emergency pupil 'first aid' toilet is located next to each reception area and will be sign posted. Both rooms have a nearby 'Designated Emergency First Aid Child Toilet'.

Please refer to Appendix 1 for a list of staff training and qualifications.

2.3 The following staff have received appropriate training in the administration of medication: Appendix 1

2.4 It is the intention of the staff member leading on the medical emergency to make every child feel welcome, however big or small the problem, and to see them back into their school day feeling confident that, whether they have needed medical treatment or not, they have been listened to and understood.

2.5 There is always at least one qualified person on the school site when children are present, who has access to appropriate resources and pupils' medical records. Almost all staff have a first aid qualification.

3. First Aid Policy

3.1 First Aid is the initial treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance, doctor or other qualified person. First aid is provided promptly and efficiently.

- This first aid policy outlines first aid facilities for pupils, staff and visitors.
- The term 'first aiders' refers to the staff members who hold a valid first aid certificate.
- Staff First Aid training is updated every three years.
- Almost all staff are first aid qualified.

3.2 Aim:

- To provide effective first aid cover for pupils, staff and visitors.
- To ensure that all staff and pupils are aware of the systems in place.
- To provide awareness of Health and Safety issues within the school and on school trips, to prevent, where possible, potential dangers or accidents.

3.3 This will be achieved by:

- Providing adequate first aid cover as outlined in the Health and Safety Regulations.
- Monitoring and responding to all matters relating to the health and safety of all persons within the school.
- Ensuring that all new members of staff are made aware of first aid procedures throughout the school.
- Ensuring that first aid training is kept up to date.
- Ensuring that first aid kits are adequately stocked and readily available within the school.

3.4 First Aid Kits are kept in the following locations:

- Kitchen
- Dining Room
- Main Office
- Science Lab X 2
- Pre-Prep Building
- Middle School building
- Art Room
- Medical Room
- Minibuses (kept in the vehicle) with Trip bags added as required
- Pavillion
- Multi-purpose Hall
- Outdoor Education - Forest School
- The Light House
- D&T
- Maintenance

Emergency EPIPEN's and Reliever Inhalers are available in:

- Medical Room
- Dining Room
- Forest School

3.5 All first aid kits are regularly checked by a member of the medical team, and staff briefed to flag stock usage to the medical coordinator

3.6 There is no mandatory list of items for a first aid container, but HSE recommend that where there is no specific risk identified, a minimum provision would be:

- a leaflet giving general advice on first aid

- 20 individually wrapped sterile adhesive dressings of assorted sizes
- two sterile eye pads
- four individually wrapped triangular bandages
- six safety pins
- six medium-sized individually wrapped unmedicated wound dressings
- two large individually wrapped unmedicated wound dressings
- one pair of disposable gloves

3.7 We aim to:-

- Ensure that a first aider attends the casualty and treats him/her safely and effectively. This includes wearing protective clothing, i.e. disposable gloves, and seeking assistance from other first aiders if required.
- Ensure that any child who has sustained a significant head injury is taken to hospital and assessed professionally.
- Ensure that if a child goes to hospital by ambulance, they are accompanied by a relative or staff member. The staff member will act 'in loco parentis' if required. (Accident Forms should be taken to the hospital as this details the information required by hospital staff)
- Ensure that a record is kept of injury sustained and treatment received using the school's recording and monitoring system;
- Ensure adequate infection control measures are adhered to by the cleaning and clearing of equipment and the correct disposal of used items, e.g. gloves and dressings, to prevent contamination.
- Ensure effective assessment of a child feeling unwell or who is injured.
- Ensure staff, who do not possess a valid first aid certificate refer an injured child to a first aider. However, if emergency aid is required, it may be necessary for the staff member to initiate simple lifesaving measures.
- Ensure that at the beginning of each term, a list of children with medical requirements is made available to all staff e.g. asthma, allergy and dietary lists.
- Ensure that a casualty will not be moved until assessed by a qualified first aider, unless the casualty is in immediate danger.
- Ensure that a child with any minor injury is accompanied to the medical centre to be attended to by a First Aid Medical Coordinator.

3.8 Every effort is made to minimise the risk of accidents but we recognise that accidents may still occur.

- Any accidents to pupils, staff and visitors will be reported to the First Aid Medical Coordinator and to the Head.
- Details regarding the accident will be recorded. An investigation into any accident may be undertaken to minimise the risk of a similar incident occurring.
- Records will be kept for a minimum of seven years. They are to be monitored termly by the Health and Safety Committee
- The Head/Deputy will ensure that accidents reportable to the Health and Safety Executive are reported on the appropriate form.
- A regular review and analysis of the accident records will be undertaken to identify any trends and areas for improvement.

4. First Aid within School

4.1 Action to be taken:

- Keep calm
- Be aware of danger
- Assess the injured person
- Summon help if required
- Use first aid kit in location to give immediate assistance
- Carry out first aid to the level trained
- If minor injury, accompany casualty to the medical centre

AND/OR

- If the casualty requires further emergency medical assistance an ambulance will be called and a member of staff will accompany the casualty to hospital.
- Parents will be notified immediately.
- Record details of incident using the school's recording system

5. First Aid Outside the School (during sporting fixtures/events)

5.1

- During sporting fixtures, home or away, first aid kits are made available. This enables staff to administer basic first aid.
- Staff must report the incident to the First Aid Medical Coordinator on return to school. In the event a child is taken to hospital from the fixture or event the first aider should inform the school as soon as possible.

6. First Aid for pupils on approved school trips

6.1 For further information, please refer to the Risk Assessment Policy and Guidelines.

- First aid arrangements are detailed in the risk assessment.
- Any medical conditions/information is conveyed by the First Aid Medical Coordinator to the designated teacher in charge of pupils.
- A medical bag is always taken.
- Medication is carried in the medical bag if required, e.g. asthma inhalers and epipens, and is the responsibility of the teacher in charge
- Staff carry mobile telephones to enable communication within the school at any time should an emergency occur. Please note that the use of mobile phones must be in line with the Staff Code of Conduct and Safeguarding Policy
- Documentation of any accidents will be recorded as per the school's procedures

7. Suspected Serious Injury

7.1 Examples: Fracture, back or neck injury, head injury, level of consciousness impaired.

- The staff member in charge will assess the injury and if necessary will immediately call for an ambulance.
- The casualty should not be moved until assessment has been made.

8. Making your assessment

8.1 Danger – check that there is no danger to yourself or others close by

- Response – does the child respond to your voice or tapping on the shoulders?
- Check A – Airway
  B – Breathing
  C - Circulation
- Give emergency first aid as appropriate

Depending on your assessment, you will then either:

- Move the child
- Leave the child in the same position and observe
- Call an ambulance. Move him/her into the recovery position and observe
- Call an ambulance. Begin mouth-to-mouth ventilation or CPR

9. Spinal Injury

9.1 If a neck injury is suspected, DO NOT put the child in the recovery position unless immediate loss of life is at risk. An ambulance must be called.

10. Head Injury

10.1 If a child loses consciousness, for however short a period of time, appears dazed or confused, or suffers disturbances of vision, the child should receive immediate medical attention. Any child with a suspected head injury must go to hospital. Advice will be given by medical staff as to how long the child should remain off games. This time frame will be adhered to.

11. Reporting and Recording of Accidents

11.1 We have a duty to report incidents that involve the:

- Health and Safety at Work Act 1974
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

11.2 For EYFS pupils, parents will be informed of any accident or injury sustained by the child on the same day, or as soon as is reasonably practicable, and any first aid given. Ofsted must be notified of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.

12. Arrangements for pupils with particular medical conditions - in addition to Individual Care Plan Information

12.1 Asthma

- Asthma is the result of inflammation of the lining of the bronchioles and an increase in the production of mucus, causing a dry cough and tightness in the chest. Classic symptoms of asthma include: wheeze, cough, shortness of breath and tightness in the chest.
- The common asthma triggers are: exercise, cold air, upper respiratory tract infection, grass pollen, emotional stress, exposure to pets, smoke, house dust mites and medicines such as non-steroidal anti-inflammatory drugs.
- There are two main types of inhalers for the treatment of asthma – relievers and preventers.

12.2 Relievers – Bronchodilators (Blue, Ventolin)

- These relax smooth muscle, dilating the bronchi and opening the airway.
- Relievers are essential in treating an asthma attack.
- Relievers are a safe and effective medicine and have very few side effects. However, some children may feel shaky if they take several puffs.
- Children cannot overdose on reliever medicines, and these effects pass quickly.

12.3 Preventers – Steroids and non-steroidal anti-inflammatory agents (usually brown, orange, purple)

- These reduce and prevent inflammation of the airways and prevent muscle spasm and swelling, thus protecting the lining of the airways. Taking preventer medicines means that a child with asthma is less likely to react badly when he/she comes into contact with an asthma trigger.

12.4 Common signs and symptoms of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Difficulty speaking in full sentences

12.5 How to help:

- Keep calm
- Encourage the child to sit and lean slightly forward
- Make sure the child takes two (2) puffs of reliever (blue) inhaler immediately (preferably through a spacer)
- Reassure and encourage the child to breathe slowly and deeply
- Loosen tight clothing
- The child may require another 2 or more puffs of reliever inhaler through the spacer (spacers give a more accurate delivery of dosage of medication).

12.6 If there is no improvement, and:

- The reliever has no effect after 5 to 10 minutes
- There is an audible wheeze
- The child is too breathless to talk
- The child's lips are blue
- Or if you are in any doubt
- **CALL 999 OR 112 FOR AN AMBULANCE STATING ASTHMA ATTACK – CHILD** and follow the instructions given by the operator.
-

Emergency Reliever Inhalers are available in:

- Medical Room
- Dining Room
- Forest School
- Walled Garden
- Boarding House

13. Diabetes

13.1 Parents of children with diabetes are responsible for providing diabetes equipment for their children in school and also providing a detailed healthcare plan which has been drawn up for the child by a paediatric diabetes specialist Nurse.

13.2 What is diabetes?

- Diabetes is a long-term medical condition where the body cannot produce enough insulin. Sometimes those who have diabetes may have a diabetic emergency, where their blood sugar level becomes too high or too low. Both conditions could be serious and may need treatment in hospital.
- Insulin is a chemical produced by the pancreas (that lies behind the stomach). It regulates the blood sugar (glucose) levels in the body. When someone has diabetes, their body cannot keep the blood sugar level within the normal range. Their level can be higher or lower than normal blood sugar.
- There are two types of diabetes:
    - Type 1, known as insulin-dependent diabetes
    - Type 2, non-insulin dependent diabetes.

14. Hyperglycaemia

14.1 This is where the blood sugar level is higher than normal. It may be caused by a person with diabetes who has not had the correct dose of medication. They may have eaten too much sugary or starchy food or, they may be unwell with an infection.

14.2 Signs and symptoms - Look for:

- warm, dry skin
- rapid pulse and breathing
- fruity, sweet breath
- excessive thirst
- drowsiness, leading them to become unresponsive if not treated (also known as a diabetic coma)
- Medical warning jewellery or medication.

14.3 What to do

- If you suspect hyperglycaemia (high blood sugar), they need urgent treatment. Call 999 or 112 for emergency help and say that you suspect hyperglycaemia.
- They may be wearing a medical bracelet or medallion, or have a card on them which can alert you to their condition.
- While you wait for help to arrive, keep checking their breathing, pulse and whether they respond to you.
- If they become unresponsive at any point, open their airway, check their breathing and prepare to start CPR.

15. Hypoglycaemia

15.1 This is where the blood sugar level is lower than normal. It can be caused by an imbalance between the level of insulin and the level of glucose in the blood. Someone with diabetes may recognise the onset of a hypoglycaemic episode.

15.2 Signs and symptoms - Look for:

- weakness, faintness or hunger
- confusion and irrational behaviour

- sweating with cold, clammy skin
- rapid pulse
- palpitations
- trembling or shaking
- deteriorating level of response
- medical warning jewellery or medication.

15.3 What to do

- If you suspect hypoglycaemia (low blood sugar), help the person to sit down. If they have their own glucose gel or glucose tablets, help them take it. If not, you need to give them something sugary, such as a 150ml glass of fruit juice or non-diet fizzy drink; three teaspoons of sugar or sugar lumps; or three sweets such as jelly babies.
- If they improve quickly, give them more of the sugary food or drink and let them rest. If they have their blood glucose testing kit with them, help them use it to check their blood sugar level. Stay with them until they feel completely better.
- If they do not improve quickly, look for any other reason why they could be unwell and call 999 or 112 for emergency help.
- Keep monitoring their breathing and level of response while waiting for help to arrive.
- If they are not fully alert, don't try to give them something to eat or drink as they may choke.
- If they become unresponsive at any point, open their airway, check their breathing and prepare to give CPR.

16. Seizures including Epilepsy

16.1 What are seizures? A seizure can also be known as a convulsion or fit. In young children, seizures are usually caused by a raised body temperature, often following an infection. This type of seizure, known as a febrile seizure, occurs because the brain is not mature enough to cope with the body's high temperature.

16.2 Signs and symptoms - Look for:

- loss of or lack of a response
- vigorous shaking, with clenched fists and an arched back
- signs of a fever, with hot, flushed skin and sweating
- twitching of the face
- squinting, fixed or rolled back eyes
- breath holding with a red face and neck
- drooling at the mouth
- vomiting
- loss of bladder or bowel control.

16.3 What to do

Clear any objects away from around the child that could be dangerous. Then place pillows or soft padding, such as rolled-up towels, around the child. This will help to protect them from injuring themselves while having the seizure.

- Do not restrain the child or move them unless they are in immediate danger.
- Do not put anything in their mouth.
- Try to cool the child down.
- Take off any bedding and clothes, such as a t-shirt, to help cool them. You might need to wait for the seizure to stop to do this. Make sure there is fresh air circulating, but be careful not to overcool the child.

- When the seizure has stopped, place them in the recovery position to keep the airway open. Call 999 or 112 for emergency help.
- While you wait for help to arrive, reassure the child and parent. Monitor the child's level of response.

17. Anaphylaxis

17.1 Aim:

- To ensure children with serious allergies are safe.
- To educate staff and parents.
- To raise awareness within the school environment.

17.2 Kitebrook Preparatory School will take every reasonable precaution to protect children from their allergens.

17.3 Anaphylaxis is a severe reaction that can occur when exposed to a particular trigger, e.g. nuts, insect bites or medicines.

17.4 During anaphylaxis, cells release histamine in large quantities. The blood vessels become leaky, resulting in swelling in the surrounding tissues. It is characterised by the following features:

17.5 Mild Reaction

- *Tingling, itchiness or metallic taste in the mouth*
- *Watering of eyes and nose, sneezing*

Breathing is NOT compromised *- Send the child accompanied by an adult to First Aid Medical Coordinator/matron for treatment with PIRITON (an antihistamine) and observation.*
(NB Piriton is effective if the reaction is localised; the airway is not impaired)

17.6 Severe Reaction

- Hives, redness, generalised flushing, rash, itching
- Swelling-eyes, ears, lips, tongue, face and skin-hands and feet or local area if stung
- Itchiness or tightness in throat, choking, tightness in chest
- Wheezing, hoarseness, hacking cough
- Nausea, vomiting, stomach pain and /or diarrhoea
- Dizziness, unsteadiness, drowsiness, feeling of impending doom
- Fall in blood pressure
- Loss of consciousness
- Coma and death

Breathing IS compromised - Emergency Protocol

- Administer ADRENALINE via AAI (Adrenaline Auto-injector) as soon as possible.
- Call 999 or 112 and state ANAPHYLAXIS
- Stay with child and monitor airway
- If conscious, keep child sitting down, observe and reassure
- If unconscious, place child in recovery position and monitor airway
- Monitor child's progress – breathing should ease, colour improve and consciousness return
- A second EpiPen may be administered after 10 minutes
- Be prepared to resuscitate if necessary

- Send the EpiPen with the child to hospital
- Record the incident on the child's nursing card and complete an accident form.
- Inform parents/guardian as soon as possible
-

Emergency EPIPEN's are available in:

- Medical Room
- Dining Room
- Forest School
- Walled Garden
- Boarding House

17.7 Please see Annex B for guidelines on how to use an EpiPen.

18. Hygiene procedures including dealing with the spillage of body fluids

18.1 Body fluids are a source of infectious micro-organisms (bacteria, viruses and fungi). The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin (cuts or scratches).

18.2 The school will follow guidance from the HSE on Cleaning Up Body Fluids

- Erect barriers and notices
- Provide dedicated cleaning equipment. Chlorine-releasing disinfectant is suitable, e.g. hypochlorite solution
- Provide lockable containers and bags, labelled 'Clinical waste' (provided by Head of Operations)
- Provide buckets with disinfectant and long-handled brushes for personal decontamination at the exit point

18.3 Control procedures

- Ensure a good standard of general ventilation
- Scrape up residues into the closable container, for safe disposal
- Bag up contaminated material that needs laundry or disposal, eg bedding, clothing
- Wash surfaces clean with detergent before disinfecting
- Heavily fouled soft furnishings may need bagging for disposal as clinical waste.

18.4 Personal protective equipment (PPE)
Respiratory protective equipment (RPE) is not needed.
Other protective equipment

- Provide eye protection – a full-face visor.
- Provide disposable coveralls with a hood.
- Provide a disposable plastic apron.
- Provide wellingtons or waterproof disposable overshoes.
- Provide waterproof, abrasion-resistant gloves, eg nitrile.
- Ensure that all cuts and abrasions are covered with a waterproof dressing before work begins.

18.5 Cleaning and housekeeping
Decontamination - Assume that everything that might be contacted by body fluids is contaminated.

- Clean and disinfect the area after the task.
- Change out of work clothing before exiting the area.
- Provide bags labelled 'Clinical waste – Biohazard' for all contaminated PPE.
- Disinfect or sterilise reusable work equipment.

- Ensure that waste from the cleaning of body fluids is disposed of safely according to local rules and regulations.
- Caution: If soiled, bag up work clothes for laundry as a separate load.

18.6 Personal decontamination and skin care

- Wash before eating or drinking, and after touching any surface or object that might be contaminated.
- Provide warm water, mild skin cleansers, nailbrushes, and soft paper, fabric towels or hot air for drying. Avoid abrasive cleansers.

19. Clinical Waste

19.1 Sharps

- Sharps are placed in the sharps container, kept in a locked cupboard.
- When full, they are disposed of as per the council's collection scheme.

19. 2 Clinical Waste

- Clinical Waste is placed in a yellow bag and collected by the council.
- General waste is placed in the surgery bins, either for recycling or for standard disposal.

19. Documentation and record-keeping

20.1 The school will keep a record of any first aid treatment given by first aiders and appointed persons. This will include:

- the date, time and place of incident
- the name (and class) of the injured or ill person
- details of the injury/illness and what first aid was given
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)
- name and signature of the first aider or person dealing with the incident

20.2 This information can help the school identify accident trends and possible areas for improvement in the control of health and safety risks. It can also be used for reference in future first-aid needs assessments. Please note, in an emergency, the school will contact the child's parent/guardian/named contact as soon as possible. It is also best practice to report all serious or significant incidents to the parents.

20. Gillick Competency

21.1 In line with Lord Scarman's comments in his judgement of the Gillick case - "parental right yields to the child's right to make his own decisions when he/she reaches a sufficient understanding and intelligence to be capable of making up his/her own mind on the matter requiring decision."

21.2 Should a child in our school decide she/he does or does not require the care that has been prescribed and/or requested by parents, the child is referred to the family doctor via the parents for Gillick Competency to be assessed.

21. Confidentiality

22.1

- All information provided to the First Aid Medical Coordinator, by the child or the parents, is confidential and will only be passed on to staff members or health professionals on a need-to-know basis.
- All medical and nursing notes are kept securely with restricted access.
- Nursing staff work in line with the Nursing and Midwifery Code of Professional Standards.

Appendix 1.

First Aid Trained Staff as at September 2025			
Name	**Type of Training**	**Training Completed**	**Expires**
BLAKEY, Helen	TES First Aid Essentials	10/10/2025	09/10/2028
HILL, Damien	TES First Aid Essentials	24/03/2025	23/03/2028
GILL, Julia	TES First Aid Essentials	06/03/2025	05/03/2028
WHEELER, Leanne	TES First Aid Essentials	05/02/2025	04/02/2028
STONE, Nadia	TES First Aid Essentials	16/01/2025	15/01/2028
WALKER, Clare	TES First Aid Essentials	14/11/2025	13/11/2028
SMITH, Kirsty	TES First Aid Essentials	09/01/2025	08/01/2028
STICKLEY, Tim	Emergency First Aid at Work	16/04/2024	15/04/2027
PARDY, Nicola	Emergency First Aid at Work	20/09/2024	19/09/2027
RING, Tanya	TES First Aid Essentials	24/04/2025	23/04/2028
Name	**Type of Training**	**Training Completed**	**Expires**
LAUNCHBURY, Emma	First aid at work – Certificate 2200136139	18/02/2026	17/02/2029
WALE, Wendy	First aid at work – Certificate 2400193318	22/11/2024	21/11/2027
Name	**Type of Training**	**Training Completed**	**Expires**
LAUNCHBURY, Emma	CPD - Administering Medicine in School		
SIUDA, Lisa	CPD - Administering Medicine in School		
WALE, Wendy	CPD - Administering Medicine in School	07/10/2024	06/10/2026
SMITH, Gilly	CPD - Administering Medicine in School	02/05/2024	02/05/2026
Name	**Type of Training**	**Training Completed**	**Expires**
ALDRED, Natasha	Paediatric First Aid (12 hour) - St Johns	02/01/2024	01/01/2027
ARNOLD, Sarah	Paediatric First Aid (12 hour) - Proactive Training	03/09/2024	02/09/2027
BLAKEY, Gail	Paediatric First Aid (12 hour) - St Johns	22/03/2024	21/03/2027
BLAY, Daniel	Paediatric First Aid (12 hour) - St Johns	16/01/2024	15/01/2027
CRANE, Jack	Paediatric First Aid (12 hour) - Tigerlily	02/08/2024	01/08/2027
EMBERTON, Annie	Paediatric First Aid (12 hour) - St Johns	02/01/2024	01/01/2027
HILL, Damien	Paediatric First Aid (12 hour) - St Johns	02/02/2024	01/02/2027
JOHNSON, Emma	Paediatric First Aid (12 hour) - St Johns	02/01/2024	01/01/2027
LYNCH, Claire A	Paediatric First Aid (12 hour) - St Johns	02/01/2024	01/01/2027
MILLER, Charlotte	Paediatric First Aid (12 hour) - St Johns	02/01/2024	01/01/2027
MOODY, Bonnie	Paediatric First Aid (12 hour) - St Johns	16/01/2024	15/01/2027
MONDINO, Naomi	Paediatric First Aid (12 hour) - St Johns	06/10/2023	05/10/2026

PANKS, Jessica	Paediatric First Aid (12 hour) - St Johns	01/12/2025	30/11/2028
PERSONNIC, Anna	Paediatric First Aid (12 hour) - St Johns	01/12/2025	30/11/2028
ROSHER, Sarah J	Paediatric First Aid (12 hour) - First Aid Zone	05/01/2022	
SMART, Emily	Paediatric First Aid (12 hour) - St Johns	20/11/2023	19/11/2026
SMART, Gary	Paediatric First Aid (12 hour) - St Johns	02/01/2024	01/01/2027
SMITH, Gillian	Paediatric First Aid (12 hour) - St Johns	01/12/2025	30/11/2028
SPARSHOT-THOMPSON, Angela	Paediatric First Aid (12 hour) - St Johns	02/01/2024	01/01/2027
SWANNEY, Rebecca	Paediatric First Aid (12 hour) - St Johns	02/01/2024	01/01/2027
TOOVEY, Edward	Paediatric First Aid (12 hour) - St Johns	06/10/2023	05/10/2026
WEBB, Karen	Paediatric First Aid (12 hour) - St Johns	02/01/2024	01/01/2027
Name	**Type of Training**	**Training Completed**	**Expires**
SPARSHOT-THOMPSON, Angela	Swimming First Aid (STA Level 2)	15/04/2024	14/04/2026
SMART, Gary	Swimming First Aid (STA Level 2)	15/04/2024	14/04/2026
GILL, Julia	Swimming First Aid (STA Level 2)	15/04/2024	14/04/2026
COLLARD, Darren	Swimming First Aid (STA Level 2)	15/04/2024	14/04/2026
PERSONNIC, Anna	Swimming First Aid (STA Level 2)	15/04/2024	14/04/2026
VAUGHAN, Philippa	Swimming First Aid (STA Level 2)	15/04/2024	14/04/2026
BLACKBURN, Vicky	Swimming First Aid (STA Level 2)	15/04/2024	14/04/2026
BLAY, Daniel	Swimming First Aid (STA Level 2)	15/04/2024	14/04/2026
ALDRED, Natasha	Swimming First Aid (STA Level 2)	15/04/2024	14/04/2026

Annex B - Guidelines for using an Epipen

Children with Severe Allergies

- After contact with the allergen the child may have minor symptoms – itchy mouth, runny eyes – and should, in the first instance, be given advised dosage of piriton syrup (following dosage instructions).
- If the child's condition deteriorates – widespread skin reaction, swollen tongue and lips, noisy/laboured breathing – the following procedure should be followed.

Procedure if the attack is serious

1. Administer Epipen.
2. Send someone to call 999 or 112, stating that the child is suffering from anaphylactic shock.
3. Sit the child upright, observe and reassure. If necessary a further Epipen may be administered.
4. If unconscious, lay child in the recovery position. Monitor closely and be prepared to resuscitate.
5. Used epipens need to accompany the child to hospital.

Storage

- Each child should have two epipens.
- All children must have access to an Epipen when **off the premises**. Games teachers and expedition takers must ensure that this life saving treatment is to hand. Please collect two epipens for each child and return them when you arrive back in school.
- *Epipen – one off intramuscular dose of adrenaline. Instructions on how to use it are included in the boxes. **Whenever an Epipen is administered an ambulance should be called**.

DIRECTIONS FOR USING AAI

1. Pull off the safety cap. *(Never put fingers over black tip, when safety cap has been removed).*
2. Place black tip on thigh, at right angle to leg.
3. Always apply to thigh, never to buttock. The Epipen may be administered through clothing in an emergency situation.
4. Press hard into thigh until the Epipen mechanism functions. This will consist of a positive click and the feel of the force as the needle is released. (This force may take you by surprise as it can seem very severe. The leg will have to be held still as this is done.)
5. Hold the Epipen there for 10 seconds to allow the unit to empty.
6. Rub the injection area for 10 seconds post delivery.
7. If no improvement after 10 minutes, the dose may be repeated.One would expect colour to improve with easier breathing and return to consciousness.
8. Replace used Epipen in plastic box and take to hospital with child.
9. Record what has been given, when and by whom.

Annex C - The First Aid Medical Coordinator is responsible for:

- Providing day to day medical, nursing, first aid, emergency and pastoral care to all children.
- Maintaining accurate and confidential medical records
- Recording prescribed medication, time and dosage

- Use of Controlled Drug Log
- Care plans for children with chronic illness or allergy
- Competency assessments for children who carry their own emergency inhalers or epipens
- Filling out accident forms. Accident forms will be kept for a minimum of 7 years
- Writing and updating school policies and disseminating information to relevant members of staff on a need to know basis
- Liaising with staff and parents
- Ensuring that any child who needs to see a doctor is taken to the local surgery
- Organising vaccinations/immunisations in line with public health recommendations
- Following procedures for the safe disposal of drugs and clinical waste
- Checking First Aid Kits
- Maintaining surgery stock, hygiene and tidiness
- Medication audit – surgery stock and children's prescribed medication. Record of expiry dates.
- Implementing current health promotion initiatives
- Ensuring that the children eat a balanced diet and liaising with other staff members and the kitchens to facilitate this.
- Fulfilling revalidation requirements to maintain NMC registration (as appropriate)

Annex D - Storage and Administration

- All medicines including prescribed, non-prescribed and vitamins must be stored in locked cupboards with the exception of ventolin and epipens
- All controlled drugs must be locked in a container inside a locked cupboard. They are only to be administered by, or in consultation with, the First Aid Medical Coordinator. The capsules must be counted after each dose and details recorded in the CD Recording Book.
- Medicines should only be administered by the First Aid Medical Coordinator or by someone who has the appropriate qualification and training to administer medication.

However, in an emergency, any member of staff may administer an epipen or ventolin (blue) inhaler.

- Any child who takes regular medication will have this recorded.
- Some children who take regular medication will also have a Care Plan. This care plan will be updated when the child is seen by the doctor, and the care plan will be reviewed at regular intervals as required.
- If a child returns with medication not prescribed by the school doctor, the administration instructions must be supplied in full, and in English, and consent must be obtained from the parents.
- There is a list of any boarders who self medicate, together with an appropriate risk assessment and control measures.

Annex E - Medical accommodation

The school provides suitable and sufficient accommodation in order to cater for the medical and therapy needs of pupils, including:

- accommodation for the medical examination and treatment of pupils;

- accommodation for the short-term care of sick and injured pupils, which includes a washing facility and is near to a WC;
- where there are pupils with complex needs, additional medical accommodation is provided for these needs