Avon House School

First Aid, Administration of Medication, Medical Conditions Policy and Guidance Notes (13a)

CELEBRATING & SUPPORTING EVERY CHILD

Prepared: May 2024

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First Aid, Administration of Medication, Medical Conditions Policy and Guidance Notes (13a)
(Whole School including EYFS)

FIRST AID

The First Aid procedure at Avon House School is in operation to ensure that every pupil, member of staff and visitors will be well looked after in the event of an accident, no matter how minor or major. They will be tended by a staff member in possession of a valid first aid certificate and in the case of an Early Years child by a paediatric first aider.

1.0 Aims: The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors.
- Provide a framework for responding to an incident and recording and reporting the outcomes.
- To identify effective systems for ensuring the provision of adequate and appropriate first aid equipment, facilities and personnel at Avon House both on and off-site.
- To identify the first aid needs in line with the Health & Safety (First Aid) at Work Regulations 1981.
- To ensure that first aid provision is always available whilst pupils are on site or during off-site visits.
- To ensure that there are an appropriate number of suitably trained first aiders on site and maintain a training log.
- To provide awareness and training to staff, pupils and visitors on First Aid arrangements.
- To keep records as appropriate and report accidents to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013).

1.2 Guidance: The School has in place procedures for:

- Carrying out first aid risk assessments which cover:
  - Numbers of appointed first aiders
  - The locations of first aid boxes and bags
  - Arrangements for when the pupils are off site
  - Arrangements when pupils are at The Wells
  - Arrangements for out of hours events such as tea timers, concerts and parent consultations
- Training staff in first aid and refresher training prior to expiration dates (every three years).
- First aid equipment/supplies and stock management.

1.3 The purpose of the Policy is therefore:

- To provide effective, safe First Aid cover for pupils, staff and visitors.
- To ensure that whenever a pupil is on site we have a member of staff with the relevant first aid qualification present.
- To ensure that all staff and pupils are aware of the system in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent where possible, potential dangers or accidents.
- To review the accident and incident books on a half-termly basis. Any learning points are rolled out to further improve staff and pupils' wellbeing in the future.

2.0 Appointed person(s) and first aiders

Avon House School has a Welfare Administrator who is based in the quiet room of the Daniels building. This facility operates from 8am to 4.30pm in term time. The School also has a large number of first aid trained staff. Alongside the Welfare Administrator, they are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 3 and 4)

Our school's paediatric first aiders are listed in appendix 1. Their names are also displayed prominently near the first aid boxes around the school.

Our school Welfare Administrator is on site from 8am to 4.30pm Monday to Friday. Outside of these hours the senior staff member may be called upon to respond and support with a medical need.

2.1 All Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 3) for all incidents they attend to
- Informing the Welfare Administrator or Headteacher of any specific health conditions or first aid needs for themselves or pupils
- Be aware of specific medical details of individual pupils
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger
- Send for help as soon as possible, either in person or telephone, ensuring that the Welfare Administrator knows the precise location of the casualty
- Ensure they have a current medical consent form for every pupil that they take out on a school visit, which indicates any specific conditions or medications of which they should be aware
- All members of staff can treat pupils using basic first aid
- Staff must inform the Welfare Administrator by email if items from the first aid boxes or bags need replenishing
- Disposable gloves must be worn when dealing with bodily fluids
- Sterile wipes or gauze and water may be used to clean grazes
- Anything more serious must be looked at by the Welfare Administrator – this includes all head injuries or severe bleeding
- All incident minor or major needs to be recorded on the relevant incident report form see section (12.0) regarding recording incidents
- The class teacher is responsible for informing any teacher taking their pupils (e.g. music teacher, support staff) of their medical condition

2.2 Training

The Welfare Administrator and staff will be given particular training for any child with a condition or relevant medical need in their class e.g. Auto-injectors/ diabetes/ epilepsy. A record and qualification details of those trained in first aid is kept by the HR Lead. During school hours, there will always be at least one person on site who is Paediatric first aid trained and always one trained member of staff on school visits. All staff in early years have received Paediatric First Aid training in line with the statutory framework.

3.0 In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.

- The Welfare Administrator, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the Headteacher or if not available the School Admin team will contact parents immediately.
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

3.1 Incidents involving medical attention

If a pupil needs medical attention after an incident that involved an altercation. The injured pupil/s will be seen to by the trained first aider. First Aid will be administered where necessary. If they need further medical assistance, they may come to the quiet room and be seen by the Welfare Administrator. An incident form must be filled in by the staff member present with details of the pupils involved and where they got hurt. The form must be given to the class teacher or TA to be investigated and followed up with a call to the parent including any monitoring for head injuries.

3.2 Notifying parents

The Welfare Administrator (Welfare Administrator) will inform parents of any accident or injury sustained by a pupil after investigating. Parents should also be informed of any first aid treatment given, on the same day, or as soon as reasonably practicable.

4.0 After-School Care (Split into three groups: F1–F2, Y1-Y2 and Y3-6)

The team has a copy of any medical conditions and dietary requirements which have been passed on by the parents/carers. This confidential information is kept in a file and locked away after school, in line with GDPR.

A qualified first aider will always be present for each group.

5.0 Off-site Visits

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Ensure they have a current consent form for every pupil that they take out on a school visit, which indicates any specific conditions or medications of which they should be aware

Risk Assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises.

Where pupils are travelling out of school, a portable first aid kit must be carried. This needs to be checked by a first aider before being taken.

A first aid bag is to be collected from the quiet room for any off-site visits. Ensuring all relevant medical/first aid equipment is available and the school mobile phone. The emergency EpiPens and asthma inhaler will be packed to go with the first aider.

When going to the Woodford Wells during breaktime, lunch time or for a walk a member of staff must take a first aid bag, walkie talkie and a mobile phone with them.

All portable first aid bags now include a laminated card with the schools and the Woodford Wells Club address and telephone number to refer to in an emergency. E.g. calling the emergency services.

The majority of staff including teachers, teaching assistants and support staff are pediatric first aid trained. Therefore, there will always be at least one first aider on off-site school visits.

6.0 Contents of First Aid Boxes *(Locations of first aid boxes is in appendix 2)*

These should contain:

- Individually wrapped sterile adhesive dressings (assorted plasters)
- Sterile eye wash
- Sterile eye pad bandages
- Triangular bandage
- Regular and large bandages
- Roll of micropore tape
- Antiseptic wipes
- Packet of gauze pads
- Packet of disposable gloves.
- Scissors

All portable first aid kits and supplies are kept in the Quiet Room.

6.1 Sanitary Accidents and Bodily Fluids

Any bodily fluids will be cleaned up using the granules which are kept in the Quiet Room. There are red comfort bags in every Pre-Prep classroom (these contain wipes, disposable gloves, aprons, and the Intimate Care Policy). In the case of a pupil wetting themselves, the attendant staff member will wear a pair of disposable gloves to assist in the changing and washing of the pupil.

The area where the incident has happened will be told to the site lead or Welfare Administrator who will ensure that everything is cleaned wearing disposable gloves, any bodily fluids on the ground or furniture must be washed away thoroughly with the yellow mop and bucket, the mop head will be disposed of after each use. Staff will wash their hands thoroughly before and after cleaning. No contaminated or used items should be left lying around. The soiled clothing is to be placed in a bag and handed to a parent/guardian at collection. A supply of clean clothing is kept in the quiet room.

7.0 Emergency services

A staff member who may be present when an incident below has occurred, may use their personal mobile phone to call 999 or 111 if they are unsure.

Any members of staff, including midday and PE teachers should always take a walkie talkie to the Woodford Well and a mobile phone.

An ambulance (999) will need to be called for any of the following reasons:

- **seizure (fit)**
  shaking or jerking because of a fit, or unconscious (cannot be woken up)
- **broken bones or severe injuries**
  after a serious accident
- **choking**
  on liquids or solids right now

- **difficulty breathing**
  making grunting noises or sucking their stomach in under their ribcage
- **use of EpiPen**
  ask for an ambulance and say 'anaphylaxis' (anna-fill-axis)
- **unable to stay awake**
  cannot keep their eyes open for more than a few seconds
- **blue, grey, pale or blotchy skin, tongue or lips**
  on brown or black skin, grey or blue palms or soles of the feet
- **limp and floppy**
  their head falls to the side, backwards or forwards
- **heavy bleeding**
  spraying, pouring or enough to make a puddle
- **signs of a stroke**
  face dropping on one side, cannot hold both arms up, difficulty speaking
- **sudden rapid swelling**
  of the lips, mouth, throat or tongue
- **sudden confusion**
  agitation, odd behaviour or non-stop crying

A laminated card with the schools and Woodford Wells address, postal code and telephone number will be kept in all first aid boxes and bags. This is to ensure you can give the correct location for the ambulance service.

If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

8.0 Record Keeping

- A minor injury sheet is completed if the injury needs only very minor first aid e.g., a wipe, cold compress, plaster or ice pack for a short time see appendix 4
- For children in Foundation 1 and 2 and any notifiable accident will be reported to the parent/carer, recorded on a green accident/incident form and written up on pupils notes on ISAMS.
- Minor injuries in Foundation 1 are recorded on the class minor injuries sheet and written in the communication booklet
- As much detail as possible should be supplied when reporting an accident.
- All minor injuries in Foundation 2 will be verbally communicated to parents at the end of the day where practicable or by telephone after school
- Accidents in Years 1 to 6 such as head injuries, fractures, illness will be reported and completed on a green accident/incident/injury form and uploaded to ISAMS.

Each class has a pack of blank green accident/incident/injury forms and minor accidents form is kept in the green medical folder in a locked drawer in the classroom. Once an accident/injury has been assessed, a form is completed and if a phone call to the parent is required, this is added to the accident form. It is then emailed to the Welfare Administrator and the school secretary who corresponds with the parent by email or telephone and recorded on ISAMS.

Completed minor injuries sheets should be emailed or handed to the Welfare Administrator who keeps first aid, accident and incident records electronically and are summarised monthly. Parents are notified of head bumps by telephone on the same day or, if they cannot be contacted, at the end of the school day. Any discussion with a parent/carer is always recorded on these forms. All head bump forms are uploaded onto the health document section of the child's record on ISAMS.

The Welfare Administrator will monitor those children who have more bumps than expected.
Where possible records are stored on ISAMS, physical documents are locked away in the Quiet Room securely.

9.0 REPORTING TO THE HEALTH & SAFETY LEAD

What Must Schools Report Under RIDDOR?

Under RIDDOR only certain incidents are reportable. A reportable incident must have happened in relation to the workplace and its related activities. For example, asthma that is triggered by a known irritant in the workplace is reportable. However, an asthma attack caused by a cold and unrelated to work isn't reportable.

Requirements surrounding reportable incidents differ between staff and students. RIDDOR defines what constitutes a reportable case in both instances.

9.1 Reportable Cases Involving Staff

- Result in death or a specified injury.
- Specified injuries, which are:
- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

9.2 Reportable Cases Involving Students or Visitors

- The incident occurred as a direct result of a work activity or lack of sufficient safety measures in the workplace.
- The person dies or is taken directly from the scene of the accident to hospital for treatment. Note that examinations and diagnostic tests are not considered treatment in this definition.

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

Evacuation

In the event of a school evacuation, the Welfare Administrator will collect the Go bag from the quiet room, in an event where the Welfare Administrator is absent a member of the support team will collect the bag. The Go bag contains: an emergency salbutamol inhaler and AAI foil blanket and first response kit.

The Welfare Administrator will normally be responsible for taking out their own blue Hi-Viz jacket and first aid kit to deal with any incident/accident/injury.

10.0 Returning to school after an injury (broken bones, severe head injuries etc)

If a child is returning to school after an injury sustained outside of school and has been admitted to hospital, the discharge letter is required to be emailed to the school office or a copy needs to be handed to the school as soon as possible.

Where a child is known to be having an operation or procedure it is important that this is flagged to the Welfare Administrator by both class staff and office staff so that liaison with parents/carers with regards to any follow up care needs. Where a child suffers an injury that requires a plaster cast a Risk Assessment must be carried out by School Risk Assessor and Welfare Administrator. It is the responsibility of all staff to ensure children are NOT dropped off in school and left without this having been done.

The Welfare Administrator will meet with the parent and child to consider if sufficient Risk Assessment has been taken before the pupil returns to school. A risk assessment will be carried out and then evaluated by the Headteacher, School Risk Assessor (SRA) and the Welfare Administrator to analyse if we can accommodate the pupil's return. Parents must inform the school about any particular injury or when a child first develops a condition that may need support, so we can arrange a face-to-face risk assessment meeting to arrange their child's return to school.

11.0 Mental Health and Wellbeing

At Avon House Preparatory school, we aim to promote positive mental health and well-being for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement.

Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where:

- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma

- positive mental health is promoted and valued
- bullying is not tolerated

12.0 ADMINISTRATION OF MEDICATION

Most school age children will need medication at some time in their school life. Although this will mainly be for short periods, (e.g., to finish a course of antibiotics), there are a number of pupils with chronic/allergic conditions, who may need regular medication throughout all/part of their school life. It is often possible for parents to arrange for medication to be taken outside school hours; however, there will be circumstances when it will be necessary for children attending school to be given medication during the school day.

There is no legal duty that requires staff to administer medicines and medicines should only be taken to school when essential. Staff have a duty of care to act like any reasonably prudent parent. This duty of care may lead to administering medicine and/or acting in an emergency. It should be recognised that some children would be unable to attend unless such 'duty of care', i.e., medication, was made available during school hours.

12.1 Aim

Our aim is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

12.2 Overview

- Parents are encouraged to administer medicines to their children outside of the school day, e.g. antibiotics can be administered three times a day from home.
- Medicines will only be administered at school when there is no other alternative and when failure to do so may be of detriment to the child's health.
- Parents must complete the Request for School to Administer Medication Form before medicines are administered at school.
- Staff must keep a record of any medicines administered at school in the medicine log.
- Medicines will be kept in labelled containers in the Quiet Room in a locked refrigerator or locked cupboard
- Confidentiality - The school will not disclose details about a child's medical condition without the consent of the parents or the child him/herself. All parties should agree how much other children are told about a child's medical condition. Duty of Care and Assessment of Risk
- Staff administering medication on behalf of the school are deemed to be acting in 'loco parentis' in terms of their duty of care.
- Some children may suffer from conditions such as Diabetes, Epilepsy or Anaphylaxis, and in some cases may require the administration of life saving medication in an emergency.
- The school trains staff who may be required to administer medication in these life-threatening circumstances on a regular basis.
- With adequate training, the potential risks administering medication should be minimal compared with the risk to the child if medication is not given, or is delayed, in a life-threatening situation.
- If the school accepts a child with a rare, chronic or life-threatening condition, the parents must provide detailed information on how the condition can be managed in school. This will include:
    - advice from the child's GP and/or paediatrician.
    - procedure/s to be followed in an emergency.
    - medication / day to day and food management (where relevant).

12.3 Absence

Parents should not send a child to school if he/she is unwell. If a child is ill and not attending school, the parents must telephone the School Office on the first day of absence and keep the school informed on an ongoing basis. If a child has been given medication at home before they attend school, parents/carers should disclose this by email. The school must be advised of any infectious diseases that could be passed on to other pupils. If a child is signed off by their GP, parents should let the school know how long he/she will be away from school.

12.4 Training

The school recognises the need for staff required to administer medication by injection or invasive routes to receive adequate training. A record of all medical training will be kept. It is important that all staff likely to come into contact with a child who has a condition that may require urgent medical attention should receive sufficient information and/or awareness training to enable them to recognise symptoms of the condition and take appropriate action in the event of an emergency.

Staff have access to regular training on the use of epipens (adrenaline) in the event of severe allergic reactions. In the event of a child with specific medical needs joining, the school may seek advice on training needs from the local authority. Epipen awareness training will take place in school.

New members of staff are made aware of these procedures during their induction within the first term of employment. There are numerous first-aiders staff with varying qualifications and lists are published in the school.

12.5 Non-prescribed 'ad-hoc' medicines

A supply of over the counter medications such as Calpol, Ibuprofen(nurophen) and Piriton are kept securely in the Quiet Room and given out when appropriate. Parental consent is always sought.

12.6 Prescribed Medication

Schools should only accept prescribed medicines if these are in-date and labelled. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

When a child is fit to attend school, but requires medication to be given during the school day, the School will administer prescribed medicine providing that it comes into the School in a pharmacy-labelled container with full details i.e.:

- The child's name;
- Date of birth; and
- Full prescription details on the front.

Prescription medicines will be given by the member of staff who has the appropriate training, usually the Welfare Administrator. Pupils' own medication can be brought in and kept with the Welfare Administrator. Parents are asked to provide full written details of administration of the medication. Medication is stored in accordance with instructions. Medication is clearly labelled with the pupil's name, in the original container with the expiry date visible and prescriber's instructions for administration. Pupils with asthma pumps keep these in the classroom under the supervision of the staff in that classroom. In preparation for school residential trips parents sign a form if they consent to their son/daughter being given over the counter medication. Medication is reviewed regularly and at

least annually. The Welfare Administrator will meet with parents of children with asthma plans to check the right instructions have been given to school. All pupil medical records are reviewed at the start of the school year when new consent forms are issued.

Parents are encouraged to administer medicines to their children outside of the school day.

Staff administering medication on behalf of the school are deemed to be acting 'in loco parentis'.

12.7 Antibiotics

Antibiotics can be administered by the Welfare Administrator once the *'Record of Medicine Administered to an Individual Child'* (Appendix 5) form is completed and signed. Details of the reason for taking antibiotic, dosage and timing of administration and expiry date should all be checked by the office and welfare administrator before taking back the form.

12.8 Procedures for managing prescription medicines that need to be taken during the school day

Parents are required to complete the *Request for School to Administer Medication Form* (appendix 5) if they wish the school to administer medication. This details the medication, frequency, dosage and any other relevant information. Oral information from the child/parent cannot be acted upon.

The school will normally only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Where possible, not more than one week's supply should be sent at any time.

Medicines must always be provided in the original container and include the prescriber's instructions for administration. The school will not accept medicines that have been taken out of the container as originally dispensed or make changes to dosages on parental instructions. The container should be clearly labelled with:

- the child's name
- the name of the medicine
- the method, dosage and timing of administration
- the issue date and expiry date.

The school will maintain records of all medicines received and returned to parents. A daily record of each dose given must be kept to avoid overdose. The record should be signed with:

- the name of the child
- the name of the medication
- the dosage administered
- the time the medication was given.

Medicines must be kept in a safe place and at the correct temperature, separate from the 'general' first aid box. They must be stored in strict accordance with the instructions on the original packaging. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily accessible to staff and children in the appropriately pre-agreed locations and should not be locked away. Medicines no longer required must be handed back to the parent.

Where clinically appropriate, it is helpful if medicines are prescribed in dosages that enable them to be taken outside school hours. Medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

12.9 Procedures for managing prescription medicines during sporting activities

Any restrictions on a child's ability to participate in sport will be recorded in their Individual Health Care Plan. All adults will be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and some may need immediate access to specific medicines, such as inhalers. Sport staff need to be aware of individual Health Care Plans, and ensure that the appropriate medication is readily available during all lessons, whether in the hall, playground or off site.

12.10 Procedures for managing prescription medicines on trips

The school encourages children with medical needs to participate in educational trips, and will consider reasonable adjustments to enable all children to participate fully and safely. This might include writing risk assessments for specific children.

Staff supervising excursions will always be aware of any medical needs and relevant emergency procedures. Any health care plans and prescribed medication will be taken on school visits in case of emergency.

A member of staff who has received first aid training will always accompany any educational visit. First aid facilities will form part of the Risk Assessment conducted by the Visit Leader. In serious cases an individual risk assessment may be required for a pupil who is required to take medication on a trip, this should take place between the nurse and party leaders and details confirmed with the parent/guardian prior to the visit.

12.12 Adverse reactions

Medication can sometimes cause adverse reactions in some people. If a pupil experiences adverse reaction to a medication do not give any further doses until instructed to do so by the pupil's GP. A medical incident form should be completed.
If a serious reaction occurs, medical attention should be sought immediately.

13.0 MEDICAL CONDITIONS

At the start of every academic year the Welfare Administrator must receive all medical forms and information regarding specialist health needs and conditions of individual pupils. Parents should also provide a copy of their child's current care plan if applicable. This information needs to be updated annually or sooner should the condition change. It is the responsibility of the parent to ensure the School is provided with the relevant information. Any information will be shared in the interests of the pupil and in accordance with the School Data Protection Policy.

Lists of pupils with asthma and food allergies, and the associated conditions, and lists of pupils with conditions are held at the Medical Centre and will be shared accordingly in line with the School's Data Protection Policy.

13.1 Health Checks and vaccinations

On admission parents/carers are asked to complete a medical questionnaire about pupil's past medical history. This information is held on ISAMS and shared with the relevant members of staff. Whilst the school will encourage parents to have their children immunized, parental consent will always be sought before a vaccination is given.The school health authority attend school annually to administer the flu vaccine for pupils in from reception to Year 6.

13.2 Assisting children with long-term or complex medical needs

Where a child has a long-term medical need, e.g., allergies or asthma, a written Health Care Plan will be drawn up between the School the parent/s and on the advice of health professionals. An 'Allergies' register and an 'Asthma' register is kept in the School Office containing all the relevant details/information on each child's Health Care Plan. Copies are also kept by the pupils' class teachers and in the pupils' confidential files.

If your child has asthma and requires an inhaler to be held at school, please provide a spare pump so that we can hold it for use in any after school clubs that your child may attend. It is also then available as a replacement should the inhaler run out during use.

A salbutamol inhaler and 2 AAI (EpiPens) are kept in the school office for those children with consent, for use in case of emergency.

Parents must inform the school about any particular needs before a child is admitted or when a child first develops a medical need.

13.3 Health Care Plan

Children requiring regular medication, such as for asthma, hay fever or allergies, must have a Health Care Plan. This should be completed and returned to the School Welfare Administrator without delay.

13.4 Parental responsibilities for managing their child's medical needs

Parents must inform the school about any particular needs before a child is admitted or when a child first develops a medical need.

Parents should make every effort to arrange for medicines to be administered outside of the school day, or to come into school and administer medicines themselves. If necessary, it must be a parent (or any person with parental responsibility) who gives consent for medicines to be administered by the school during the day. The permission form must be completed prior to any medicines being administered.

Parents are responsible for checking the expiry date of medication and replacing asthmatic inhalers, epilepsy medication and EpiPens as required.

If a child requires creams applied to his/her skin (e.g. for eczema cream or sunscreen) parents should administer them before school. The *Request for School to Administer Medication Form* should be completed if medicated cream is required to be applied during the school day for a specific reason.

14.0 TABLE OF COMMON DISEASES AND MEDICAL CONDITIONS

Condition	Action Required
Asthma	If your child has asthma we must be notified and they must have an inhaler in school together with an Asthma Healthcare Plan. We can give two puffs but if we are worried that this does not work we will contact you immediately. If the school has been unable to contact you and the episode/asthma attack progresses after the first 2 puffs, the school will administer 2 puffs every 2 minutes up to 10 puffs in this emergency situation. At any time before this event an ambulance can be called before 10 puffs have been reached. Following the Department of Health guidelines issued in September 2014, a Salbutamol inhaler is kept in the school office, permission from the parents can be granted so that the child can use this inhaler in emergencies. All parents are informed. Please note that if a child has more than three episodes in school requiring an inhaler they will be deemed as not managing their asthma and referred to a GP by their parent/carer.
Chicken Pox	Consult your doctor and advise the school of the diagnosis. Keep your child at home for a minimum of 5 days from the onset of the rash. Spots should be dry and your child should feel well again before returning to school.
Conjunctivitis	Children must be home until this is treated and they are free of all symptoms. There should be at least 48 hours of treatment before they return to school.
Coughs and colds	Although inevitable and not serious, young children can feel very poorly and will be unable to work. Coughs and colds spread rapidly so children should be kept at home until well enough to participate fully in activities.
COVID-19	Please use the guidance of the government's website for current information as the pandemic changes. The school may implement guidance for parents/carers to enhance safety of pupils from time to time via email; please ensure you can access all emails from the school.
Croup	Croup is usually fairly mild but can make children very unwell in some cases. Children must be kept at home until completely well. It usually lasts for 3 days but the cough can persist for a week or so.
Cuts	Deep cuts should receive medical attention. Tetanus vaccinations should be kept up to date in case of cuts from rusty metal, contamination from soil etc.
Flu	Keep children at home until fully recovered. NHS offer vaccinations to the School.
Fractures	We can have children in school with arms/legs in plaster provided that they can cope physically i.e. manage any stairs and take themselves to the toilet. This will require individual assessment as circumstances arise. Health & Safety Officer informed.
German Measles	Consult your doctor and advise school of the diagnosis. Children should be kept at home for a minimum of 3 to 4 days from the onset of the rash, and are infectious until the rash disappears.
Hand, Foot & Mouth Disease	Children should be kept at home until the blisters have gone. The illness is usually fairly mild but it can take 7 to 10 days for the blisters to disappear. Children are still infectious until the blisters have gone.
Head Lice	Hair should be treated appropriately and inspected again 7/10 days later. Your child will be sent home if head lice are noticed.

Impetigo	Children should be kept at home until the infection has cleared or until 48 hours of treatment has been given. If it is suspected that a child in school has impetigo, we will ask you to consult your doctor.
Measles	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 4 days from the onset of the rash. Children are still infectious until the rash has disappeared.
Meningitis	This is variable depending upon the type. Consult your doctor and advise school of the diagnosis. Children must be certified well by their GP before returning to school.
Mumps	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 5 days from the onset of the symptoms or until the swelling has totally subsided.
Rashes	If a rash appears please consult your doctor before sending your child to school and please advise the school of the diagnosis. If a rash appears during school time we will send the child home.
Ringworm	Children with ringworm do not need to stay off school. However, you should inform the school your child has the condition. In addition to the treatment your child should maintain a good level of personal hygiene to prevent the infection spreading. It should be covered for PE.
Scabies	Scabies treatment is usually recommended for members of the same household, particularly for those who have had prolonged skin-to-skin contact. You should consult your GP and children can usually return to school the day after treatment.
Scarlet Fever	Consult your doctor and advise school of the diagnosis. Children with scarlet fever must be kept away from school until they have been on a course of antibiotics for at least 48 hours.
Sickness and/or diarrhoea	Children MUST be kept at home for a full 48 hours following any sickness or diarrhea. This is to prevent the rapid and inevitable spread of infection and to allow them time to recover. If a child is sick or has a bout of diarrhoea they will be sent home.
Slapcheek (Human Parvovirus)	There is no need to keep your child at home, but you should consult your doctor and advise school of the diagnosis.
Temperatures	Children with a temperature should be kept at home. Calpol can only be administered in school as a mild pain relief and not as fever control.
Threadworm	This is easily remedied, and children can return to school once treated. Pharmacists can recommend appropriate medications.
Tonsillitis	This can be viral or bacterial. It can be spread easily so children need to be kept at home until symptoms ease to avoid passing on infection.
Tuberculosis	Consult your GP and advise school of diagnosis. Children should remain off school until declared free from infection.
Verrucae	Children should wear a protective sock whilst swimming or for PE, otherwise should not participate in barefoot activities until clear.
Whooping Cough	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 21 days from onset of paroxysmal cough unless treated with antibiotic when child may return after minimum of 5 days' treatment and only if the child is well enough.

15.0 TOILETING/ CONTINENCE

15.1 Continence is normally achieved when a child reaches 3 years of age. If a child is experiencing continence issues this should be discussed with the Welfare Administrator upon school entry or as the matter arises.

15.2 The school will carry out a RA outlining any difficulties and monitoring will be put in place.

15.3 A continence management Plan for the pupil would be developed by the Welfare Administrator and shared with parents and carers.

15.4 Targets for improving continence can include:

- Increasing the pupil's awareness of the problem
- Going to the toilet at regular intervals
- Going to the toilet independently
- Ability to clean themselves, e.g. wiping bottom
- Ability to tell staff if they have soiled themselves
- Ability to wash hands after using the toilet

15.5 Toilet training programme:

- Give positive praise when the toilet is used
- Ensure regular visits to the toilet are made
- Ensure that clothing is appropriate for toilet training
- Keep a diary of successful visits to the toilet

15.6 Soiling procedures:

In the event that a pupil does soil themselves:

- A TA should escort the pupil to the quiet room so they can clean themselves
- Ensure two adults are present when a child is being cleaned
- Keep a record of these occasions
- If this is a first occasion establish whether the child is unwell or if there is a continence issue
- If this happens on more than one occasion then convene a meeting with the parents or carers
- If this becomes a regular problem then medical support may need to be sought

15.7 Hygiene

- Staff should wear disposable gloves when dealing with an incident
- Changing area should be cleaned after use
- Effective hand washing is important for controlling the spread of infections
- Discard all paper towels in the bin. Clothes should be bagged up.

16.0 EPILEPSY

The balance between a pupil's safety and the ability to enjoy a full range of activities is tested when it comes to recommendations regarding sports and other physical activities.

Because epilepsy affects each person differently, the approach must be individualised. The seizure type and frequency of the seizures, the type of medication and its adverse effects, the pupil's ability to follow instructions and act responsibly, and the nature and supervision of the activity must all be considered.

Individual care plans are provided by the pupil's healthcare professional and teaching staff are informed of the protocol should a pupil experience a seizure at school or whilst under the School's care. The plan must he reviewed annually.

The goals should be both safety and a lifestyle that is as normal as possible. No activity is completely safe. Making safety the exclusive concern will unnecessarily limit the pupil's activities. Restriction and isolation foster low self-esteem and emphasise the disability. Nevertheless, certain activities and sports can be dangerous for some children with epilepsy, and safety concerns require that these activities be forbidden or carefully supervised.

The type of seizures and their frequency are critical in determining which activities are safe. Children whose motor control or consciousness is impaired during seizures are at higher risk for injuries.

If a child's seizures are more common at certain times (within 2 hours of awakening, for example), activities can be scheduled for the times when seizures are less likely to occur.

Seizures are only rarely provoked by exercise, but when this pattern is identified, physical exertion should be limited. However, it may be possible to devise a satisfactory program of exercise in which the level of exertion is gradually increased. Prolonged physical activity in a hot environment may provoke seizures in some children. In such cases, plenty of cool drinks and frequent rest periods can help reduce the risk of seizures.

Children with epilepsy should be encouraged to participate in competitive sports. Group activities are part of childhood and foster a sense of “belonging,” high self-esteem, and independence. These benefits are extremely valuable, and the risks of participation must be serious to warrant prohibiting a child from joining group activities.

16.1 Stair Climbing

For most children with epilepsy, stairs should not be barriers to getting around. However, seizures that impair motor control or consciousness can cause serious injuries if they occur while the child is on a staircase.

If a child has an aura, or warning, before a seizure, they may be able to sit down until the seizure is over. In school, however, this restriction can cause the child to be late for classes or to stand out from schoolmates. In these unusual cases, a buddy who is aware of the epilepsy may be able to accompany the child from one class to the next.

16.2 Swimming

Children with well-controlled seizures can safely swim, but it's crucial to ensure that someone knowledgeable about epilepsy and basic first aid is nearby. For those with occasional seizures affecting motor control or consciousness, swimming is still possible under close supervision with a lifeguard aware of the child's condition. Additional supervision is needed for off-site swimming events. Competitive swimming can be encouraged, but coaches and participants must acknowledge the added risk and make informed decisions. High diving is not recommended for children with epilepsy unless their seizures are well-controlled.

16.3 Cycling

Despite the dangers, children with epilepsy can learn to ride and enjoy bicycles. Because most serious bicycle injuries involve the head, everyone who rides a bicycle should wear a helmet. If the seizures are under control or do not impair motor control or consciousness, bicycle riding should be unrestricted. When the seizures pose a danger, bicycles can be ridden in a park or other place where there are no motor vehicles.

Risks and benefits of horse riding must be carefully weighed for these children. Competitive horse riding often involves galloping and jumping and should only be considered for children with mild or well-controlled epilepsy.

16.4 Contact sports

Contact sports such as football, basketball, rugby, and cricket are generally safe for children with epilepsy. The principal concern with contact sports is the chance of head or bodily injury, but children with epilepsy are not necessarily more likely to be hurt than other children. If an absence or complex partial seizure were to occur during a game, there is a small chance of injury if someone were to tackle the child, for instance, during the spell. The risks must be weighed against the benefits of the sport. The chances of serious injury are small compared with the positive effects of team participation.

16.5 If a child has a seizure

The person loses consciousness, the body stiffens, and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth can be present, due to irregular breathing. Loss of bladder and/ or bowel control may occur. After a minute or two the jerking movements should stop, and consciousness slowly returns. Documentation of seizure duration and nature of severity is always paramount. Follow the individual care plan.

DO

- Ensure the immediate surrounds are safe to protect from injury - remove harmful objects from nearby
- Cushion their head without restricting movement
- Aid breathing by gently placing them in the recovery position once the seizure has finished
- Be calmly reassuring
- Stay with the child until recovery is complete
- Alert the Welfare Administrator

DON'T

- Restrain
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they fully recover
- Give emergency medication unless instructed to do so by the Emergency Service dispatcher or if administered by a medical practitioner

Call for an ambulance if:

- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without regaining consciousness between seizures
- Injury occurs during the seizure

17.0 ANAPHYLACTIC SHOCK

17.1 Anaphylaxis is a severe allergic reaction that may occur in a child or young adult who is allergic to specific foods, drugs or insect stings. Severe food-allergic reaction may present for the first time at school and overall 20% of food reactions occur at school. DFE-Guidance Supporting pupils at school with medical conditions — December 2015.

Key Definitions

- **Anaphylaxis**: A life-threatening allergic reaction requiring immediate medical attention.
- **Allergens**: Substances triggering allergic reactions; common ones include food, medication, animal dander, pollen, latex, and insect stings.

School Roles and Responsibilities

- **Allergy Lead**: A designated staff member responsible for allergy management, staff training, policy updates, and overseeing adrenaline pen stock.
- **Welfare Administrator**: Coordinates allergy documentation and ensures medication is current and available.
- **Admissions Team**: Gathers initial allergy information for new students and communicates it to relevant staff.
- **All Staff**: Must be allergy-aware, trained to respond to anaphylaxis, and ensure pupils always have access to their medication.

Allergy Action Plan and Individual Healthcare Plan

- **Allergy Action Plan**: Outlines treatment for specific allergies; must be filled out by a healthcare professional.
- **Individual Healthcare Plan**: Detailed record of a pupil's allergy history, treatment, and risk assessment. Created collaboratively between schools and parents.

Spare Adrenaline Pens

- Quiet Room has a spare adrenaline pens as back-up for emergencies or for pupils without their own.
- EpiPens must be accessible, stored correctly, and used according to guidance.

Responding to Anaphylaxis

- Follow the Allergy Action Plan; if unavailable, administer adrenaline immediately and call 999.
- Ensure the affected person lies down with legs raised.
- Stay with them until medical help arrives. Anyone treated with adrenaline must go to the hospital.

Allergy Risk Assessment

- **Activities**: Include allergy considerations in all risk assessments, including classroom activities, education visits, and events.
- **Food**: Ensure food allergens are clearly identified, and special arrangements are made

for pupils with allergies.

- **Animal and Insect Allergies**: Monitor grounds for wasp and bee nests; ensure precautions are taken with animals.

Allergy Training and Anaphylaxis Drills

- All staff must receive annual allergy training, including understanding allergies, emergency response, and adrenaline pen use.
- Conduct an anaphylaxis drill once a term/annually to ensure the school's readiness in an emergency.

Final Notes

- The school promotes inclusion and mental health support for pupils with allergies.

17.2 Symptoms of anaphylaxis usually involve more than one part of the body such as the skin, mouth, eyes, lungs, heart, gut, and brain.

Symptoms include:

- Skin rashes, itching and hives
- Swelling of the lips, tongue and/or throat
- Shortness of breath, trouble breathing, wheezing (whistling sound during breathing)
- Dizziness and/or fainting
- Stomach pain, vomiting or diarrhoea
- Feeling like something awful is about to happen

17.3 The reaction causes substances to be released into the blood that dilate blood vessels and constrict air passages. Blood pressure falls dramatically, and breathing becomes difficult. Swelling of the tongue, face and neck increases the risk of suffocation. The amount of oxygen reaching the vital organs becomes severely reduced.

17.4 Emergency Care:

- Call 999 for an ambulance immediately — mention that you think the person has anaphylaxis. Ensure the School Office are informed of their expected arrival.
- Remove any trigger if possible — for example, carefully remove any wasp or bee sting stuck in the skin.
- Lie the person down flat, legs raised if condition allows — unless they're unconscious, pregnant or having breathing difficulties. If having difficulty breathing, sit them up so airway is open.
- Use an Adrenaline Auto-Injector if the person has one — but make sure you know how to use it correctly first. Make a note of the time this was administered. It can be injected through clothes.
- Give another injection after 5-15 minutes if the symptoms don't improve and a second auto-injector is available. Inject into the opposite leg from the first

injection.

- Pupils with anaphylaxis must have a completed BSACI action plan which has been signed by the parent/carer.
- The School follows the new MHRA (Medical and Healthcare Products Regulatory Agency May 2014) advise that two adrenalin auto-injectors should be available at all times, so pupils will be expected to provide spare prescribed medications/adrenalin auto-injectors to be kept in the Medical Centre. https://www.gov.uk/drug-safetv-update/adrenaline-auto-injector-advice-for-patients
- Staff will receive regular updates and training on how to manage pupils with anaphylaxis.
- The expiry dates of Adrenaline Auto-Injectors will be checked by the Welfare Administrators, and parents will be contacted if a new injector pen is required. There are facilities on the Epipen http://www.epipen.co.uk) and other similar websites to request reminders when the auto- injector requires renewal.
- All staff will have access to pupils' BSACI action plans when they are taken from the School site. Most staff have received First Aid training where anaphylaxis is covered.
- All Sports staff, SLT management and the Catering Department are informed of pupils who have a diagnosis of severe allergies with prescribed Adrenaline Auto-Injector medication. Teaching Staff will be notified of any newly diagnosed or new pupils with anaphylaxis.
- In lines with DFE Guidance, the School now holds emergency auto-injectors in the Quiet Room.

1. These are to be administered by trained staff to those that have been diagnosed and carry a prescribed auto-injector that may be out of reach or not usable.
2. These can be administered to pupils who have not been prescribed an auto-injector but the School has received medical and parental consent that an auto injector can be used in the event of an emergency. This will be on ISAMs.
3. The School's spare Adrenaline Auto-Injector may be used in emergency situations notwithstanding the lack of medical authorisation or parental consent. For example, a pupil may have an unrecognised allergy and may present for the first time with anaphylaxis, posing a risk to life. In such exceptional circumstances, the Medicines & Healthcare products Regulator Agency (MHRA) advises that the School's spare Adrenaline Auto-Injector may lawfully be used.

18.0 ASTHMA

18.1

- The school recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma by having this clear policy which is to be followed by all staff in school who come into contact with the pupils. The policy is reviewed annually by the Head Teacher. Parents are required to inform the School Welfare Administrator about their child's asthma and their treatment.
- Ensure that children with asthma participate fully in all aspects of school life by ensuring that the Asthma Policy is understood by teaching staff, associate teachers, visiting

professions, and the School support staff. PE staff are aware that asthma may be triggered by exercise and will encourage those affected to use their inhaler before the lesson and again during the lesson if required.

- Recognises that immediate access to reliever inhaler is vital so pupils are encouraged to carry their reliever inhaler with them at all times and have a spare one in their green bag. All school staff will let pupils take their own medication when they need to. The School also has spare inhalers and spacers which can be used in an emergency. The Welfare Administrator will ensure that these inhalers have not expired.
- Ensure all staff who come into contact with children with asthma know what to do in the event of an asthma attack. The Welfare Administrator will produce clear instruction notices so that all staff who encounter pupils with asthma know what procedure to follow in the event of an asthma attack.

Steps to take if a child has an asthma Attack

1. Ensure that the reliever inhaler is taken immediately, (normally a blue inhaler). As they are breathless, they may need several attempts before it successfully reaches the lungs. It opens the narrowed passageways.

2. Help the pupil to breathe. Let the pupil sit (not lie) down, encourage slow, deep breathing. Ensure tight clothing is loosened and offer them a drink of water.

3. If attack continues, allow them to use their (blue) inhaler every 5-10 minutes preferably through a spacer* (kept in Medical Centre) as their breathing will be shallow. If symptoms improve but do not completely disappear, take to Medical Centre for parents to be contacted. Continue treatment.

4. Contact the Welfare Administrator in the quiet room if during the school day. Allow the pupil to sit quietly, listen to anything they say, and observe.

5. If it develops into a severe attack. i.e. too breathless to talk, pulse over 120 per minute or respiration rate above 30 per minute or signs of exhaustion call for an ambulance (and the parents and nurse) and continue treatment every few minutes. A nebulizer is available in the Medical Centre.

6. Always ensure parents know about an attack. If not controlled quickly then a doctor's assessment is advisable to avoid a repeat attack.

Appendix 1

Designated First Aid Staff

F Alvi	Paediatric First Aid course EYFS
J Babra	12 hour Level 3 Paedictric First Aid
V Barrett	emergency first aid at work + emergency paediatric first aid
A Begum	Paediatric First Aid course EYFS
M Bettany	emergency first aid at work + emergency paediatric first aid
G Biston	12 hour Level 3 Paedictric First Aid
A Campbell	12 hour Level 3 Paedictric First Aid
J Chambers	12 hour Level 3 Paedictric First Aid
M Connolly	12 hour Level 3 Paedictric First Aid
D Crow	Paediatric first aid + emergency first aid at work
J Dade	12 hour Level 3 Paedictric First Aid
M Diedrick	Paediatric first aid + emergency first aid at work
H Dunne	Paediatric first aid + emergency first aid at work
J Evans	Paediatric first aid + emergency first aid at work
A Feeney	12 hour Level 3 Paedictric First Aid
A Fergusson	12 hour Level 3 Paedictric First Aid
V Gagliano - Styczynski	emergency first aid at work + emergency paediatric first aid
S Gleadell	12 hour Level 3 Paedictric First Aid
N Goldman	emergency first aid at work + emergency paediatric first aid
H Grant	emergency first aid at work + emergency paediatric first aid
A Heath	12 hour Level 3 Paedictric First Aid
I Hilaj	12 hour Level 3 Paedictric First Aid
P Hussein	Paediatric first aid + emergency first aid at work
K Ioakim	Paediatric first aid + emergency first aid at work
P Kalsi	Paediatric first aid + emergency first aid at work
T Kelly	Paediatric first aid + emergency first aid at work
J Lewis	12 hour Level 3 Paedictric First Aid
R Lord	Paediatric first aid + emergency first aid at work
K MacDonald	Paediatric first aid + emergency first aid at work
J Manning	Paediatric first aid + emergency first aid at work
E Mistry	12 hour Level 3 Paedictric First Aid
N Monehen	emergency first aid at work + emergency paediatric first aid
A Neal	emergency first aid at work + emergency paediatric first aid
B O'Mara	Paediatric first aid + emergency first aid at work
A Phillips	emergency first aid at work + emergency paediatric first aid
L Pudaruth	12 hour Level 3 Paedictric First Aid
N Ramasamy	12 hour Level 3 Paedictric First Aid
M Robertson	12 hour Level 3 Paedictric First Aid
R Saharoy	Paediatric First Aid course EYFS
N Strickson	12 hour Level 3 Paedictric First Aid
P Tant	12 hour Level 3 Paedictric First Aid

R Telling	12 hour Level 3 Paedictric First Aid
M Thornley	emergency first aid at work + emergency paediatric first aid
L Westmaas	12 hour Level 3 Paedictric First Aid
F Whitestone	Paediatric first aid + emergency first aid at work
J Woods	Peadiactirc First Aid
I Yasmeen	emergency first aid at work + emergency paediatric first aid
S Young	12 hour Level 3 Paedictric First Aid

First Aid Box Locations **Appendix 2**

DANIELS BUILDING

Library
School office
1st floor (outside the music room)
Quiet Room

- School emergency EpiPen and Inhaler
- Evacuation bag (Go bag) first aid kit
- Go bag EpiPen and Inhaler
- School visit bag – large and small

FERRARI BUILDING

Cookery Room
Staff Room
Pre-Prep Lobby

- Wells for Lunchtime (Large Bag)
- Teachers Wells (Small Bag)
- Lunchtime (Small Bag)

Puffins
Kingfishers
Mallards
Flamingoes

FELDMAN BUILDING

Kitchen
Year 5PH
1st floor on the wall of the landing

SCHOOL HALL

Hall
Under the stairs

Appendix 3

AVON HOUSE PREPARATORY SCHOOL

ACCIDENT, INCIDENT & INJURY FORM

This form should be completed following an accident, incident or injury. One copy of this form should be retained in class and another handed to the school nurse. Please make sure the parent has been contacted in line with policy and that the form has been signed by a parent or carer. (Please complete the form in blue or black ink.)

Date:	**Time:**	**Staff Signature:**

Pupils name in full:	**Class:**

Accident details/description	**Location where the accident took place**	
Injury incurred	**Action required**	**Recovery/Outcome**

Please ensure you give as much detail as possible to assist in the treatment of the pupil.

Bumped Head (circle as appropriate): Yes / No	Parent informed (circle as appropriate): Mother / Father	Comments:
	How parent was informed (circle as appropriate): Phone call / Email / In person	(e.g. Teacher informed, parent given advice to monitor for 24/48 hours, etc).
	Time:	

Parents Signature (if applicable): .....

Accident Form_v02 17.01.2022

Appendix 4

MINOR ACCIDENTS/INCIDENTS/INJURIES LOG

PLEASE HAND INTO THE CLASS TEACHER EVERY DAY AFTER AT THE END OF LUNCH BREAK.
INFORM MEMBER OF SCHOOL STAFF OF ACCIDENTS RELATED TO HEAD BUMPS.

CLASS: _____

DATE	TIME	PUPIL'S NAME	LOCATION – LARGE/ SMALL PLAYGROUND	DETAILS- (EG- LEFT/RIGHT KNEE GRAZED)	ACTION TAKEN	PRINT NAME

Appendix 5

AVON HOUSE PREPARATORY SCHOOL

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

School's name	Avon House Prep School
Pupil's name	
Pupil's class	
Doctor's name	
Date handed in	
Name of medication	
Strength	
Quantity received	
Expire date	

Dosage	
Frequency to be given	
Circumstances in which medication is to be administered (if for emergency use)	
Date when medication will no longer be required to be given	_____ (last day to be given)

I confirm that medication, dosage and timings indicated are correct and authorise this medication to be administered by Avon House School's member of staff:

Parent's name: _____ Parent's signature: _____

I confirm that Avon House School has received the above-mentioned medication and quantities:

Staff's name: _____ Staff's signature: _____

Date given	
Time given	
Dose given	

Staff's name: _____ Staff's signature: _____