

Oxford High School
First Aid Policy
Applies to the whole school, including
Early Years Foundation Stage

*Last reviewed: September 2023 (School Nurse);
Approved by Head: October 2023*

Next review: September 2024

1) Policy statement

This policy is designed to promote the health, safety and welfare of pupils, staff and visitors at Oxford High School through the provision of first-aid equipment and facilities and trained personnel in accordance to the requirements of the Health and Safety (First Aid) Regulations and relevant DfE guidance.

This policy is to be found on the policy page of the school website, as well as on the notice board in the Senior School, Prep and Pre-Prep staff rooms. This should be read in conjunction with the Girls' Day School Trust First Aid Policy and with the Administration of Medicines Protocol, *see Appendix 3*.

2) Aims

The school aims to provide a level of first aid cover and expertise that ensures a swift and competent response to any accident or illness suffered by a pupil, member of staff (while they are in school or engaged on a school activity out of school) or by visitors (parents, contractors and others).

'First-aid' means:

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

H&S (First Aid) Regulations 1981 (as amended)

The school site

The Senior School is situated on Belbroughton Road. The Prep School is situated on Bardwell Road and the Pre-Prep School on the Woodstock Road. There is a well-equipped and professionally staffed Health Centre on the main senior school site at Belbroughton Road and a medical room on both the other sites. The John Radcliffe Hospital is 10 minutes away by taxi. The senior school has a sports hall, swimming pool and playing fields but other sports sites at the Oxford Hawks ground and the Dragon School are also used.

Specific hazards

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

Specific needs

There are a small number of pupils in the school with specific health needs such as asthma, severe allergies, diabetes etc. A list of such pupils is compiled by the school nurse at the beginning of each academic year and updated termly and the link to where the list is found is emailed to staff each term.

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

3) School provision

The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. Oxford High School recognizes its responsibility to provide first aid and will ensure that staff, pupils and any visitors while on site, have access to adequate facilities and materials at all times during the working day. Therefore, in accordance with good practice, ISI and DSCF requirements, Oxford High School will ensure that:

- A first aid risk assessment is carried out to ascertain the needs of the school and the level of provision required. It will consider factors such as:
 - The number of staff / pupils on the site,
 - The location of sites and higher risk parts of the school site
 - The full range of activities undertaken by staff and pupils on the school premises during the normal school day, and as appropriate off-site and outside normal school hours, e.g. before/after the school day, at weekends and during the school holidays.
- As a minimum, at least one adult with a current 'First Aid at Work' qualification (3-day training) must be present on each identifiably separate school site when pupils are present, and at least one person with a current paediatric first aid certificate if Early Years Foundation Stage pupils are present. A paediatric first aider must also accompany all school trips/outings undertaken by Early Years Foundation Stage pupils.
- It may be sufficient for an 'Emergency First Aider in the Workplace' (1-day training) to be present at other times, e.g. early mornings, evenings, weekends and holidays, when employees are on the site, however this must be determined by risk assessment.
- The necessary **first aid equipment** and facilities are provided at appropriate locations throughout the school, as well as an adequate number of appropriately qualified first aiders¹.
- Adequate **training** and guidance is provided for first aiders, including refresher training at appropriate intervals and, where appropriate, specialist first aid training, for example:
 - Paediatric First Aid for Early Years Provision
 - First Aid for Lifeguards
 - Sports First Aid Training for PE staff
 - Schools First Aid/First Aid for staff accompanying pupils on lower risk educational visits
 - Activity First Aid/Outdoor First Aid / Rescue & Emergency training for staff accompanying pupils on higher risk educational visits or visits to remote places.
- **Lists of trained staff are available for both senior and preparatory schools** (see Appendix 1). These lists are also signposted from the Google All Staff Classroom.

¹The expression 'First Aiders' in this policy includes all staff with current first aid qualifications, such as First Aid at Work, Emergency First Aid in the Workplace, First Aid for Teachers, Schools First Aid, Sports First Aid, Paediatric First Aid, and Outdoor First Aid/Rescue and Emergency Courses.

A paper copy is located next to first aid kits and is also on the notice board in all staff rooms.

- **All staff are made aware of the first aid arrangements** and such information is included in the induction process for new staff and during the inset days at the start of each academic year.
- **Parents are made aware of the school's first aid arrangements** and the procedures for informing them if their child has had an accident, sustained an injury or received first aid treatment/medication at school or on an off-site school activity in the new pupil handbook and also via the first aid policy which is on the school website. NB wherever possible the parents of EYFS pupils must be informed on the same day as the accident/treatment.
- A **record** is kept of all **first aid treatment** administered by the school nurse or first aiders on the school CPOMS system and also of all medication administered by school staff.

A first aider's main duties:

- First aiders must complete a training course approved by the Health and Safety Executive (HSE).
 - First aiders must be aware of and check, where necessary, the list of pupils with specific medical issues and those requiring emergency medication.
 - Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. Where possible, it is good practice to manage first aid in the health centre; this has the equipment that is needed, and is a clean, safe, private area. Apart from first aid containers, all equipment should be stored in the medical room. However, it may be necessary to carry out first aid where the pupil is located.
 - When necessary, ensure that an ambulance or other professional medical help is called and that the medics are given all relevant information about the incident or accident. All staff must make themselves aware of how to contact ambulance services (see page 8).
 - The first aider will gather the facts of the incident or accident from the pupil at the time of assessment. If more facts are required, the first aider will ask a colleague to find out any further relevant background. This could be speaking to a teacher in charge of a lesson or a staff member or pupil who was at the scene of the incident or accident.
 - Call the school nurse and a member of SLT where appropriate.
 - If a pupil needs to go to accident and emergency, staff should not drive pupils in their own car. An ambulance should be called to transport the pupil, or advice taken from SLT or the school nurse.
 - All first aiders should be aware of and implement the guidance on infection control at school and minimum exclusion periods. This can be found on the GDST Hub under Pupil Health.
- A **record** is kept of **all accidents and injuries to staff and pupils** occurring both on and off the school premises as a result of school activities. Detailed guidance on how and where to do this is

given in the 'Accident Recording and Reporting' section on the H&S section of the Hub. (NB Photographs should not be taken of a child's injury or bruising¹, although it is acceptable to make a record / drawing on a body map). Records will be kept in accordance with the Trust's policy on the retention of documents. In practice this means that records relating to pupils should be kept until pupils attain the age of 25, and records for all other categories of people should be kept for a minimum for 6 years.

- **Reportable accidents:** The school nurse will report relevant accidents on the school SPHERA system and to the HSE and report all RIDDOR accidents, when necessary (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive. Detailed guidance on how and when to do this is given in the 'Accident Recording and Reporting Section' under Health and Safety on the GDST Hub.
- **Dangerous occurrences' and significant 'near misses'** (events that, while not causing harm to a person, have the potential to cause injury or ill health or significant property damage) are recorded. Detailed guidance on how and where to do this is given in the Accident Recording and Reporting section on the H&S section of the Hub.

Senior School: The school nurse and her assistant record all accidents and injuries on a pupil's CPOMS record. More serious injuries are also recorded on the SPHERA reporting system.

Anyone else administering first aid should record it in the first aid book kept at reception and inform the school nurse so it can be entered on CPOMS. All trip first aid kits have paper copies of SPHERA and other forms to record medication given and any first aid given.

Prep and Pre-Prep School: There are first aid books in the medical rooms with a separate book specifically for EYFS. All first aid or medicine given should be recorded in these books and entered onto CPOMS. The first aider should ensure that they contact the parents by phone if it is a more serious injury or a head injury. The first aider can delegate this job to the school office only if they are called to another incident or are unable to find time to make the phone call but the information is best coming from the first aider. If the injury is more minor, then school office contacts parents by email to inform them of any minor injuries and treatment given to their daughter during the school day.

P.E. and sport: First aid books are used as above for events outside school hours as a means of recording injury and treatment given so the member of staff can enter it on CPOMS later but no paper copy is to be given to the student. Parents should be verbally informed of any injury occurring at a match after school hours.

GDST require ALL staff accidents to be reported and certain types of incidents, the school nurse does this. All injuries to staff and pupils requiring treatment beyond that provided by the school nurse/first aider are reported to the Health and Safety Team at Trust office. This happens automatically as the school records such accidents on the SPHERA safeguard accident reporting system.

Reference to RIDDOR

¹ Section 24 - Guidance for Safer Working Practice for those Working with Children and Young People in Education Settings – May 2019 – Safer Recruitment Consortium

- The Head must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.
- HSE (Health and Safety Executive) must be notified of fatal and major injuries and dangerous occurrences without delay.
- The Head is responsible for ensuring this happens but may delegate the duty to the health and safety officer or the school nurse.

The criteria for reporting to the HSE can be found in Appendix 2.

Any serious accident or serious injury to, or death of, any child within EYFS will be notified to Ofsted/Children's Services and Social Care agencies as soon as possible and certainly within 14 days. The criteria for reporting to the Health and Safety Executive should be followed at all times. The school nurse will normally report these but in her absence the SLT member of staff responsible for first aid will ensure these are reported.

First-aid and accident reporting arrangements are reviewed by the school health and safety committee every term and first aid provision will be reviewed in the light of any resulting concerns about particular activities or departments. Any major incident is reviewed immediately by the H&S co-ordinators, the DFO, Deputy Head responsible for first aid; and the GDST Health and Safety Advisor.

4) School practice

All school staff are always expected to use their best endeavours, particularly in emergencies, to secure the safety and welfare of pupils.

The **school nurse**² is in the health centre at the senior school. It is part of her responsibility to:

- Administer first aid in a timely and competent manner (along with the school's first aiders), and organise an injured person's transfer to hospital in the case of an emergency,
- Provide first aid advice over the telephone to the prep and pre-prep school as required.
- Be available to all pupils, parents, and staff in the school.
- Organise an injured person's **transfer to hospital** in the case of an emergency (or the senior first aider at the Prep and Pre-Prep School). If non-emergency transportation to hospital is required, an authorised taxi service must be used and the school nurse or qualified first aider remains with the pupil until their parent/guardian is available.
- Organise contact of parents of any injured pupil.
- Keep a **register of staff** who have had first aid training and ensure that an **up-to-date list of all first aiders** is posted next to all first aid kits and available in the staff room on all sites.
- Keep **first aid certificates** (or copies) of trained staff.
- Organise **refresher training** of first aiders as required (usually every three years).
- Appoint the appropriate number of suitably trained people as to be first aiders.
- There are a wide range of first aid qualifications. Which courses staff should attend will be determined by the minimum requirements set down by the DfE, Trust policy and the Trust's

² Some GDST Schools do not have a qualified School Nurse in post, or the School Nurse may be absent on some days. The expression 'School Nurse' in this Policy therefore includes Senior First Aiders, School Welfare or Pupil Health Officers as appropriate.

insurers, and the school's first aid needs risk assessment. Detailed guidance is given in the 'First Aid' section on the Hub.

- Organise new first aiders as required.
- Keep a list of locations of **all first aid kits** and publicise this list, along with the list of first aiders on Google Staff Classroom/ Student Health.
- Organise the provision and replenishment of **first aid kits** in school locations and for trips.
- Organise **immunisation** programmes.
- Conduct **health checks** with pupils in Reception, Years 7 and any other new pupils.
- Record all **accidents** to staff and pupils and report those accidents promptly to SPHERA and the HSE website.
- To keep a record of all first aid administered.
- To inform staff and parents of the school's first aid arrangements and ensure this is part of the induction for new staff.
- All schools must have systems in place to ensure they are aware of any medical conditions which may require treatment whilst the pupil is in the care of school staff. Initially this information is collected on the Pupil Health Assessment Form which parents complete as part of the admissions process. Schools must have local systems to ensure that the information is regularly updated.

All first aiders are covered by the Trust's insurance against claims for negligence provided that they are suitably trained and are carrying out their duties for the School/Trust.

The school nurse can always be contacted on the mobile number 07972 862557 or via Reception if necessary (01865 559888 or internal extension is 30031). The school nurse works from 8.15am to 15:50pm, Monday to Friday.

5) First Aid Equipment and Materials

There is a health centre at the senior school and first aid medical rooms at the prep and pre-prep sites.

Detailed information regarding first aid equipment and materials can be found in the 'First Aid' section of the Health and Safety section of the GDST Hub.

A list of the location of emergency medicines (eg automatic adrenaline injectors / inhalers), defibrillators (AEDs) and first aid equipment, stored in containers marked with a white cross on a green background, should be maintained, and notices alerting people of their locations should be prominently displayed in appropriate areas. **NB** ensure travel first aid kits, kits in minibuses or school vehicles, mobile first aid kits carried by specific personnel, and first aid kits in outlying buildings, e.g. pavilions are included.

The member of staff responsible for the first aid kits in their department should notify the School Nurse when supplies have been used in order that they can be restocked without delay.

The School Nurse will make arrangements for the regular checking and re-stocking of all the first aid kits, and making appropriate records. Additional supplies are available from her if necessary.

All First Aiders should be aware of and implement the guidance on infection control which can be found in the 'Pupil Health and Wellbeing' section on the H&S section of the Hub.

First aid areas:

Senior School

The health centre is situated in the Ada Benson building. It has a sink in the office, tap drinking water, and a locked medicine cabinet and all necessary first aid equipment. The nurse's room is locked when the nurse is not there. If access is needed to the medicine cupboard when the nurse is not present, then the key is with the health centre administrator and at reception.

Emergency medication: spare medication for pupils with allergies and asthma and other diagnosed conditions is kept with a care plan in an unlocked cupboard in Reception so is easily accessible for all.

Prep School - Bardwell Road

The medical room has a bed for lying down and first aid equipment with a locked medicine cupboard. First aid supplies are found in drawers in the room.

Emergency medication is kept in a cupboard that is out of reach of children with a key in the door.

Pre-Prep School - Woodstock Road

The medical room has a bed for lying down and cupboards with first aid supplies. It has a locked medicine cupboard.

Emergency medication is kept in a cupboard in the medical room.

Defibrillators

All staff are reminded at the start of the academic year about the use of defibrillators. The location of Oxford High School defibrillators is as follows:

- Senior School: reception and sports' hall reception area.
- Prep School - Bardwell Road in the photocopying room off the main reception.
- Pre-Prep School - Woodstock Road in staff room.

First aid equipment

Location of first aid boxes:

Several first aid boxes (marked with a white cross on a green background) are sited in key locations around the school sites and specific staff have been delegated to check the contents regularly. They are responsible for stocking and checking the first aid kits on monthly basis, and making records of when the boxes have been checked on the inside of the lids. Additional supplies are available from the school nurse if necessary.

Lists or maps of the locations of the kits can be found in the senior and preparatory staffrooms and at the reception on each of the three sites. The school nurse will supply first aid kits for out-of-school activities on request. Any member of staff who uses first aid supplies must ensure that the school nurse is informed so that they can be replenished.

Sports staff

All PE staff have their own first aid bag which accompanies them to all off-site fixtures.

Science, Design Technology and Art Departments, and Cleaning, Caretaking and Maintenance Departments

All departments carry out risk assessments. In cases where hazardous chemicals/materials/equipment are used, this is covered in a risk assessment. A named member of staff is responsible

for updating the risk assessment and ensuring specific first aid procedures (e.g. eye washing) are in place and up to date.

Swimming pool

The Sport Department oversee the swimming pool. They are responsible for training lifeguards and for ensuring certificates are in date. The Normal Operating Procedure for the swimming pool details how the pool is managed.

Trips

The nurse supplies first aid kits for trips on request. These contain first aid supplies and paper forms which include a SPHERA form, a form to document first aid care or medication given and a slip to be given to parents with details of first aid or medication given. Medication supplied is paracetamol and an antihistamine and this is to be administered according to the Administration of medicine protocol. The nurse will train staff as needed to administer medication and emergency medication as needed.

6) Procedures in the Event of an Emergency (08/23)

Examples of emergencies which require immediate first-aid assistance include:

- Cardiac arrest / severe chest pain
- Stroke
- Severe allergic reactions and anaphylaxis
- Asthma attacks
- Difficulty in breathing / choking
- Seizures
- Fainting / collapse
- Diabetic emergency, eg hypoglycaemia
- Severe bleeding
- Severe burns
- Breaks or sprains
- Head injury and concussion
- Effects of severe self-harm
- Hypothermia / heat exhaustion

Schools should ensure that all staff and pupils are aware of the procedures to take in the event of a first aid emergency, e.g. by including advice along the lines below in staff and pupil handbooks:

Inform a member of staff and ask for immediate first aid assistance

If you witness an incident and the injured person is well enough to walk, take them to the medical room. If the School Nurse is not there send a message to Reception to ask them to contact a First Aider. Do not leave the person unattended.

If you witness an incident and the injured person does not seem able to move, do not try to move them; stay with them and ask for immediate help from a First Aider.

If a First Aider is not available, or the situation requires urgent medical assistance, do not hesitate to

call an ambulance by dialling 999 from any mobile or land-line telephone.

Further information on the action to take in the event of anaphylaxis, asthma attacks, seizures and hypoglycaemia/hyperglycaemia can be found in the 'Chronic / Long term Illness' and 'Allergies' Protocols, available in section 4 of the 'Pupil Health and Wellbeing' section of on the H&S section of the Hub.

Parents will be informed by phone as soon as possible if a pupil suffers an accident or injury or visits the medical centre and is deemed too unwell to stay in school and therefore needs to be collected to go home.

Instructions for calling ambulances services

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

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

- Name of school – Oxford High School telephone number
 - Senior: 01865 559888
 - Prep: Bardwell Road: 01865 515647
 - Pre-Prep – Woodstock Road: 01865 558279
- School address including postcode
 - Senior: Belbroughton Road, OX2 6XA specify which entrance – Belbroughton Road or Marston Ferry Road
 - Prep: 1 Bardwell Road OX2 6SU
 - Pre-Prep: Woodstock Road OX2 7ND
- Location of the casualty
- Name of the member of staff present
- Brief description of pupil's symptoms/injuries. Ensure they know that this is a child and it is an emergency.
- Which school access the ambulance should use.
- A member of staff should stay with the casualty and as far as possible the area should be cleared of other pupils. Another member of staff should wait to meet the ambulance. Parents need to be contacted.
- If the pupil is taken to hospital a member of staff or the nurse should remain with her until a parent or carer arrives.

Guidance on when to call an ambulance

- Members of staff who are qualified in first aid will respond to injury or illness in accordance with their training.
- If a member of staff who is not first-aid qualified requires assistance or advice in dealing with a person who is injured or ill, the first point of contact is the school nurse on 07972 862557 She can also be contact on 01865 599888 or internal calls 30031. Senior school reception 01865 559888 can summon the school nurse or, if she is unavailable, a first aider.
- If a member of staff oversees a group of pupils when such a situation arises, s/he should normally stay with the patient. S/he should send one pupil to the nearest phone to call school nurse, and another to the nearest member of staff (normally the next classroom) for assistance.
- There are several staff qualified in first aid who will deal with an emergency whenever

possible if the school nurse is not available.

As stated above the school nurse or if not available, the first aider on the scene will make the judgment. If in doubt call an ambulance.

Early Years Foundation Stage

- There is always at least one qualified first aider with a current paediatric first aid certificate present when pupils in Early Years are on the premises
- There is always at least one qualified first aider with a current paediatric first aid certificate who accompanies pupils in Early Years on a visit.
- There is a separate book for pupils in Early Years to record accidents and first aid treatment.
- Parents are informed of accidents, injuries and any first aid treatment given. In the case of serious accident or injury, parents will be informed immediately when possible. Contact will continue to be sought until it is made. In the case of minor injuries, parents will be contacted as soon as possible and certainly by the end of the school day.
- A report must be made to Ofsted, Trust Office and ISI within 14 days if a child under the age of 5 suffers a major injury (defined as those requiring the child to go to hospital) whilst on the school premises. The report should be made by submitting an [online report](#) to Ofsted's Children's Services Department. This is in addition to the HSE (RIDDOR) reporting requirements.
- The local child protection agency must be notified of any serious accident or injury to, or the death of, any child in the setting and act on any advice given.
- The School will inform Ofsted of any food poisoning incident involving Early Years students.

All procedures in this document apply to Breakfast Club and After School Care see Appendix A for list of qualified EYFS first aiders.

7) Procedures for when pupils are unwell

Oxford High School informs **parents and pupils** via the year handbooks and website (see Health Information) of the procedures we follow if a pupil is not well enough to attend school, or if she becomes ill during the day and needs to be taken home. Parents can seek help or advice from the school nurse for non-emergency situations, e.g. headaches, or to discuss any concerns at any time during the school day. Pupils are encouraged to come at break or lunchtime for such discussions.

If non-emergency transportation to hospital is required, use the authorised taxi service and ensure that the school nurse or qualified first aider remains with the pupil until their parent/guardian is available.

Practical arrangements when a pupil becomes unwell or is injured during the school day.

Senior School: The member of staff will make an assessment and where necessary send the pupil to the school nurse. A pupil seeking treatment during a lesson should be sent to the school nurse and she should be accompanied by another pupil. **If a child needs to go home** due to illness or injury, permission has to be given by the school nurse or her designated first aider. Pupils up to and including Year 11 must not leave school unaccompanied. Pupils in the 6th form may leave the site to go home on their own with the consent of a parent.

Prep and Pre-Prep school: If a child complains that she feels unwell, the member of staff

involved will make an initial assessment depending on the child's symptoms. If the teacher considers it necessary, they may do any of the following things:

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

The first aider or school nurse may make the decision that the child needs to go home and their parent will be contacted.

Head injuries

Head injuries are dealt with according to the school's head injury protocol (see Appendix 3).

Senior School: The pupil will see the nurse who will contact parents, as necessary.

The pupil should be given a head injury advice form to take home and a head injury wrist band to wear.

Prep and Pre-Prep school: The nurse should be informed if any pupil has a serious head injury. Parents should also be informed by the first aider who dealt with the incident or by the school nurse. If the pupil is well enough to stay in school, then she will be given a head injury wrist band and a head injury advice form will be sent home with her. This informs parents of further symptoms to be aware of. The class teacher will also inform the carer who collects the child. For children within Early Years Foundation Stage, this form must be given to the adult who collects the child.

Sport and head injuries

Senior school: A pupil should be sent to the nurse accompanied by a friend. For any off-site head injuries, the pupil should be given ice and should watch the rest of the lesson, then the member of sports staff should accompany the pupil to the nurse on returning to school. If after school, then the member of staff must inform the parents of the incident.

Prep and Pre-Prep school: A pupil sustaining any head injury in a lesson will sit out during the lesson and be given ice if the first aider deems it is necessary. On returning to her class, the PE staff will inform the class teacher and the school nurse. The class teacher will deal with the incident as documented above.

Administration of medication

Medication will be administered according to the Administration of Medicines protocol (see Appendix 4). Over the counter medication can be administered as below.

Senior school: The school nurse or in her absence a designated first aider can administer paracetamol or ibuprofen to pupils who have previous written consent from their parents which is recorded on SIMS.

Prep and Pre-Prep school: The designated first aider can administer medication to a pupil. Junior liquid paracetamol or liquid antihistamine can be administered by the designated first aider following written consent from a parent as well as verbal consent on the day from a parent. This consent should be recorded.

All schools must have documented systems and procedures in place to ensure that all medicines are stored and administered safely. All staff who are authorised to administer medicines will receive training on the procedures, essential precautions, possible side-effects of the medicine and the importance of making appropriate records and informing parents.

No child under 16 should be given any medicine without their parent's written consent. No prescribed medicines should be administered to an Early Years Foundation Stage pupil unless they have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and the parents have given specific written permission for each individual medicine and the reason why it is needed. The parents must be informed, wherever possible on the same day, if any medicines are administered.

Emergency Medication

Senior School: Pupils who require auto-adrenaline injector pens or asthma inhalers are encouraged to be responsible for their own medication and carry it with them around school. Spare emergency medication is held for each pupil and is available in an unlocked cupboard in reception. This spare medication should be taken by a member of staff and accompany a pupil leaving the school site for a school trip.

Prep and Pre-prep schools:

Inhalers: In the Prep School, all pupils with an inhaler should have their spare inhaler in a bum bag which is kept in their classroom in a plastic box. The pupils should take the bum bag with them when leaving the school site. A spare inhaler for trips and emergencies is kept in the medical room and staff are responsible for reminding the pupil to take their bum-bag when they leave the site and for taking the spare inhaler on trips. In the Pre-prep school this is the same procedure, but staff are responsible for carrying the bum bag for a pupil when she leaves the site and taking the spare inhaler on trips.

Adrenaline auto-injectors: Pupils in the prep and pre-prep will keep their AAls in a bum bag in the classroom which is stored in a clear plastic box. This bum-bag will accompany them when they leave the school site or if they are very allergic, when they go to lunch. This will be assessed on a case by case basis.

Emergency generic asthma inhalers are located as follows:

Senior School: in Reception, in the Health Centre and outside the office in the sport's hall

Prep school: in the medical room.

Staff can administer these inhalers in an emergency to pupils whose names are held on a list kept in the appropriate box. Parents will be informed following any use of the emergency inhaler.

Emergency generic auto-adrenaline injector pens (AAls) are located as follows:

Senior school: in Reception, by the kitchens and in the Health Centre.

Prep school: In the medical room.

Staff can administer these adrenaline auto-injectors in an emergency to pupils whose names are held on a list kept in the appropriate box. Parents will be informed following any use of the emergency adrenaline auto-injector.

Hygiene and Infection Control

Follow the school infection control policy

Arrangements for management of spillage of body fluids:

In this event, call for the nurse, a caretaker or cleaner who have special cleaning agents.

Senior School - Bodily fluid spillage kits are also available at reception and in the health centre.

Prep and Pre-prep school – Spillage kits are in the medical rooms on both sites see Biohazard Spill Policy for further details.

Infection Control:

In the event of the increase of an infectious disease, the school nurse will liaise with cleaning staff to ensure that the possibility of cross infection is minimised. This may mean extra cleaning of door handles, taps etc. The nurse stocks antibacterial wipes and sprays for this purpose. All staff must take precautions to avoid infection and must follow basic hygiene procedures. They must have access to single use disposable gloves situated in all first aid boxes and the health centre and medical rooms and must wash their hands after any incident. The maintenance staff are trained to deal with spillage of blood and other bodily fluids and may be called to deal with such material if the nurse or a cleaner is not available. All materials used in these incidents are disposed of in the yellow clinical waste bins. For further information please see 'Medical Conditions Section' under Health and Safety on the GDST Hub for infection control. Please see GDST pupil health and wellbeing on guidance to exclusion periods for common illnesses and the public health England document on health protection in schools and other childcare facilities.

Further information on infection control can be found in section 6 of the '[Pupil Health](#) and Wellbeing' section of H&S section of the Hub and in the GDST Common Childhood Ailments Protocol.

8) Further Information and Guidance (02/22)

- H&S Hub - Health & Safety - 'First Aid'
- H&S Hub - Health & Safety - 'Accident Recording and Reporting'
- H&S Hub - Health & Safety – 'Pupil Health and Wellbeing'
- [First Aid in Schools, Early Years and Further Education](#) – DfE - 2022
- Approved Code of Practice and Guidance to the H&S (First Aid) Regulations – L74 – HSE - 3rd edition 2013 + 2018 amendments.

Reviewed annually in September

Reviewed: Sept 2023

Lucy Mullins School Nurse

Appendix 1

This list is correct as of September 2023. For updates throughout the academic year please consult the master list in the staff room or via the All Staff Google Classroom.

Prep and Pre-prep school and Early Years Foundation Stage First Aiders				
Surname	First name	Type of certificate	Site	Cert Expires
		First aid at work 3 day		
Asman	Liliane	First aid at work	Woodstock Road	11/25
Dandridge	Abbie	First aid at work	PE Prep	1/26
Eyre	Jill	First aid at work	Bardwell Road	12/24
Gasper	Colin	First aid at work	PE Prep	12/25
		Paediatric 2 day		
Dubois	Susan	Paediatric first aid	Woodstock Road	02/25
Collins	Sally	Paediatric first aid	Woodstock 4.0	11/24
Eyre	Jill	Paediatric first aid	Bardwell Road	2/25
Ghosh	Patrali	Paediatric first aid	Bardwell Road	11/25
Kane	Poppy	Paediatric first aid	Woodstock Rd	10/25
Murray	Megan	Paediatric first aid	Woodstock Road	11/25
Sareen	Tracy	Paediatric first aid	Woodstock Road	12/24
Walker	Claire	Paediatric first aid	Woodstock Road	5/25
Wong	Connie	Paediatric first aid	Bardwell Road	3/26
		1 day course		
Andrews	Sinead	Emergency first aid at work	BR and WR	9/26
Aslam	Bianca	Emergency first aid at work		5/26
Asman	Liliane	Emergency first aid at work	Woodstock Road	05/25
Aylward	Molly	Emergency first aid at work	Woodstock Road	1/26
Chai	Shirui	Emergency first aid at work	Barwell Road	2/26
Chuard	Anike	Emergency first aid at work	Bardwell Road	1/26
Dandridge	Abbie	Emergency first aid at work		10/24
Hurst Ramsay	Stacy	Emergency first aid at work		1/26
McGarrity	Louise	Emergency first aid at work	Bardwell Road	5/25
Ochiela	Mark	Emergency first aid at work	Barwell Road	5/26
Panatti	Claudia	Emergency first aid at work	Bardwell Road	5/24
Sweeney	Annette	Emergency first aid at work	Bardwell Road	5/24
Walker	Olivia	Emergency first aid at work		1/26
Warren	Carolyn	Emergency first aid at work	Bardwell Road	5/24
Wei	Wei	Emergency first aid at work	Bardwell Rd 4	5/24
Williams	Jessica	Emergency first aid at work	BR and WR	5/26
Wong	Connie	Emergency first aid at work	Bardwell Road	3/26

Oxford High Senior School Trained First Aiders

Surname	First name	Type of Certificate	Dept	Expires
		First aid at work 3 day		
Bramall	Julie	First aid at work	Drama	09/24
Ferrelly	Victoria	IQL Lv. 2 Lifeguarding equivalent to First aid at work	PE	09/23
Gilbert	Liam	First aid at work	PE	05/24
Gilbert	Niki	First aid at work	Health Centre	09/26
Hawtin	Lauren	First aid at work	Sport	06/26
Hay	Mike	First aid at work	Theatre Manager	06/24
Lowe	Katie	First aid at work	PE	06/24
McGonigle	Kat	First aid at work	PE	05/24
Mullins	Lucy	First aid at work	Health Centre	12/25
Pelling	Jeffrey	First aid at work	Drama	11/24
Pountney	Laura	First aid at work	Admin	08/25
Thompson	Ella	First aid at work	PE	11/25
		Outdoor first aid		
Sobey	Jack	Remote Emergency Care Level 2	Science	1/25
		Emergency first aid at work	1 day	
Barbour	Gill	Emergency first aid at work	Physics	5/25
Bastin	Melissa	Emergency first aid at work	Music	5/25
Batchelar	Ed	Emergency first aid at work	SLT/Science	1/25
Berrett	Marc	Emergency first aid at work	Art	11/25
Berry	Sue	Emergency first aid at work	Biology	5/24
Black	Laura	Emergency first aid at work	Geography	5/24
Brackett	David	Emergency first aid at work	Minibus	8/26
Brazel	Anne	Emergency first aid at work	History	5/24
Burton	Rachel	Emergency first aid at work	Maths	5/24
Chipchase	Claire	Emergency first aid at work	Maths	5/24
Chorley	Emma	Emergency first aid at work	MFL	5/25
Clark	Sally	Emergency first aid at work	PE	5/25
Colyer	Robin	Emergency first aid at work	Drama	1/25
Dass	Patricia	Emergency first aid at work	Psychology	5/26
Day	Jo	Emergency first aid at work	PE	02/26
Dighton	Neil	Emergency first aid at work	Science Tech	5/24
Dong	Jane	Emergency first aid at work	MFL	1/25
D'Souza-Eva	Penny	Emergency first aid at work	Maths	5/26
Duggan	Denis	Emergency first aid at work	Minibus	8/26
Edwards	Charlotte	Emergency first aid at work	Reception	12/25
Foster	Peter	Emergency first aid at work	Music	1/25
Gallacher	Mike	Emergency first aid at work	Economics & Politics	5/25
Gardiner				
Legge	Marina	Emergency first aid at work	SLT	8/25
Gasper	Colin	Emergency first aid at work	PE	5/24
Gillham	Alex	Emergency first aid at work	English	5/26
Girling	Mari	Emergency first aid at work	English	5/25
Hattenkofer	Elisa	Emergency first aid at work	English	5/25

Hawtin	Lauren	Emergency first aid at work	PE	01/25
Hilary	Emmanuelle	Emergency first aid at work	MFL	5/24
Hughes	Alison	Emergency first aid at work	Learning Support	5/25
Idiahi	Mosleen	Emergency first aid at work	Science Tech	1/25
Karapanagioti	Niki	Emergency first aid at work	Classics	5/25
Knowles	Laura	Emergency first aid at work	SLT/History	1/25
Koria	Rakhee	Emergency first aid at work	Front office	8/26
Liebrecht	Sarah	Emergency first aid at work	MFL	5/25
Lonsdale	Richard	Emergency first aid at work	Classics	5/25
McMorrow	Tilda	Emergency first aid at work	Library	5/26
Mulholland	John	Emergency first aid at work	Minibus	8/26
Nebesnuick	Claire	Emergency first aid at work	SLT/English	5/24
Nicholl	Jonathan	Emergency first aid at work	SLT	12/25
Osborne	Mike	Emergency first aid at work	Minibus	8/26
Pallas-Brown	Rachael	Emergency first aid at work	SLT/RS	5/24
Phipps	Dani	Emergency first aid at work	English	5/25
Rackley	Tim	Emergency first aid at work	Minibus	8/26
Rhodes	Jennie	Emergency first aid at work	Physics	5/25
Rhodes	Maxine	Emergency first aid at work	Administration	5/25
Rudnay	Jennifer	Emergency first aid at work	Speech & Drama	12/24
Rugna	Massimo	Emergency first aid at work	MFL	5/25
Rymer	Emily	Emergency first aid at work	MFL	5/24
Shanahan	Carmen	Emergency first aid at work	Minibus	8/26
Shepherd	Greta	Emergency first aid at work	Minibus	8/26
Shepherd	Kate	Emergency first aid at work	Head of PSHCE	5/26
Sissons	Sophie	Emergency first aid at work	Geography	5/24
Sladden	Sue	Emergency first aid at work	PE part time	5/26
Sobey	Jack	Emergency first aid at work	Science	5/24
South	Paul	Emergency first aid at work	History	5/24
Speight	Julia	Emergency first aid at work	Classics	12/25
Steer	Zoe	Emergency first aid at work	Biology	5/25
Stevens	Kathryn	Schools first aid course	PE	9/24
Tailford	Eden	Emergency first aid at work	Maths	2/25
Tarry	Nigel	Emergency first aid at work	Minibus	8/26
Tomlinson	William	Emergency first aid at work	Minibus	8/26
Tonks	Melanie	Emergency first aid at work	PE	5/24
Townend	Frances	Emergency first aid at work	RS	5/25
Walker	Manny	Emergency first aid at work	Art Tech	5/26
Watts	James	Emergency first aid at work	SLT/IT	5/24
Westwood	Nicola	Emergency first aid at work	Science	5/26
Whittington	Maria	Emergency first aid at work	Science	11/24
Williams	Clare	Emergency first aid at work	Afterschool care Retrain	10/23 09/10
Wilson	Helen	Emergency first aid at work	Textiles	5/25
Woodcock	Amanda	Emergency first aid at work	Art Tech	1/25

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Appendix 2

Reporting to the HSE

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

(i) What has to be reported?

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

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

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

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

(ii) Accidents to staff

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

Report: An accident resulting in death if work related has to be reported to HSE as soon as possible to the Incident Contact Centre.

An accident resulting in a specified injury must be reported within 10 days

An accident resulting in the employee taking over seven days to recover has to be reported within 15 days

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

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

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

Road traffic accidents to staff will not usually be reportable.

(iii) Accidents to the public, including pupils

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

The person involved is killed or taken to hospital **AND**

The accident arises out of or in connection with the work of the school/Trust Office.

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

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

For instance:

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

Note that the occurrence of a major injury does not alone make an accident to a pupil reportable – that requirement applies only to staff. Deciding whether to report can require some judgement.

(iv) Making a report

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

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

The school nurse or senior first aider will make the reports, providing information about them to the next Health and Safety Committee. The school nurse or senior first aider must also inform the Head of any fatal or major injury accident to a member of staff, or of a reportable accident to a member of the public.

(v) Accidents to contractors

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

investigated and records should be kept.

(vi) Accidents off site

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

Such incidents should be reported on the SPHERA Safeguarding Accident Reporting software. Accidents on the way to or from school, to pupils or to staff, are not reportable.

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

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

Accident reporting

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

Online report – The online report records every interaction between the school nurse and a pupil, member of staff or other person seeking attention. If the school nurse is unavailable, a first aider should list names and treatment on a separate sheet of paper, which can be collated into the online report by the school nurse. Teaching staff with queries should speak directly with the school nurse. The school nurse may choose to withhold certain interactions from the report, recording them for her own reference in a suitable, secure way.

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

Investigation report – See 4.3 below.

4.3 Accident investigation

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

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

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

Administration of Medicines Protocol

This guidance is designed to help all GDST schools put in place effective formal systems and procedures to ensure that the administration of medicines is managed safely.

Consent

No child under 16 years old should be given medicines without their parent's written consent.

- Consent for **prescribed medicines** should be provided on the '*Consent to Administer Prescribed Medication*' form. A new form should be completed for each type of medicine and for each new course of medicine.
- Consent for the most commonly used **non-prescription** and **over-the-counter medicines** is normally given on the '*Pupil Health Assessment Form*' (completed before the pupil joins the school) or on a '*Consent to Administer Over-the-Counter Medication*' form (if the medication is not listed on the '*Pupil Health Assessment Form*'). Whilst schools must have systems for ensuring the information received from parents is up to date, there is no need for consents for non-prescription and over-the-counter medicines to be updated annually.
- A template *Consent to Administer Medication form* is available on the HUB.
- Medical authorisation and parental consent should be obtained for the use of **emergency adrenaline auto-injector devices** on pupils who are at risk of anaphylaxis. These consents should be updated annually to take account of the changes in the child's condition. A template for parental consent is included in the '*Pupil Health Assessment Form*' (completed before the pupil joins the school) and in the Anaphylaxis Individual Healthcare plan (available on the 'Pupil Health' pages on the HUB).
- Medical authorisation and parental consent should be obtained for the use of **emergency salbutamol inhalers** by children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. These consents should be updated annually to take account of the changes in the child's condition. A template for parental consent is included in the '*Pupil Health Assessment Form*' (completed before the pupil joins the school).

Administering Medicines

Medicines should only be given by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent and have received appropriate training about administering medicines. Before administering the medicine, they should check:

- The child's name
- The child's medical consent forms
- Name of medication, that it is in its original labelled container as dispensed by the pharmacist and its expiry date
- Prescribed dose and method of administration
- Time / frequency of administration
- Written instructions provided by the prescriber on the label or container
- Any side effects

Every time a member of staff administers medicine to a child, they should complete and sign a record. If in doubt about any procedure the member of staff should not administer the medicines but check with the parents or school nurse

before taking any further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or the school nurse.

Drug Administration Errors

If an error in administering medication is made, the pupil's parents should be notified immediately, and action must be taken to prevent any potential harm to the child. The Head should be informed and relevant documentation completed, e.g. Accident/Incident reported on the school's online system (Rivo/Sphera).

Non-Prescription and Over-the-Counter Medicines

Non-prescription medicines can be bought 'over-the-counter' in shops and pharmacies. They include paracetamol, ibuprofen and antihistamine.

- Non-prescription medicines should only be given by **nominated staff** who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training about administering medicines. Nominated staff need to undertake an online *Administration of Medicine* course. For access to the e-learning course contact Kieron Smith or Faye Abel at Trust Office. Staff are nominated by the school nurse.
- Nominated staff, i.e. the school nurse / named first aider, should **never** give a non-prescribed medicine to a child unless there is a specific written consent from the parents.
- Non-prescription medicines should not normally be administered to **children under the age of 8** (criteria in the National Standards² for under 8s day care providers)
- Homeopathic medicines should not be given in school unless prescribed by a Doctor or health care professional and provided to the school in the original fully labelled container as dispensed by a pharmacist
- When a non-prescribed medicine is administered to a child under 16 years old a **record** should be made and entered on CPOMS and the **parents informed**. Schools may use an electronic means of communicating with parents, e.g. email, hard copy letters, or tell them in person, e.g. on the phone or when the child is collected – a record should be made of all verbal conversations.

Procedure for informing parents of medication given in school:

Senior school: Parents will be informed by email if the pupil is in Year 7. For pupils under 16 yrs old, a paper note will be given to the pupil and this details what was given and the time the medication was given.

Parents are encouraged to check with their child to learn when they received medication to ensure correct timing between doses.

Prep school: The parents will receive a phone call asking for consent to administer the medication and it will be confirmed by the first aider if this medication is going to be administered at the time of the call. If the phone call is to inform of an injury and request consent for medication that may be needed later, then the parent will be told this and receive a note home at the end of the day if the medication was administered.

Pre-prep and EYFS: The parents will receive a phone call asking for consent to administer the medication and the first aider will administer this medication after the call.

- Where non-prescribed medicine is administered to an **Early Years (EYFS) child**, the school **must** ensure that the parents/carer are informed as soon as practicable and preferably on the same day.
- A child under 16 should never be given **aspirin** unless prescribed for medical purposes.
- Generally, pupils should not carry medicines, or have them in their possession, (other than emergency medicines such as adrenaline auto-injectors and inhalers) whilst they are at school. However, schools can decide to allow 6th form students to bring a small amount of their own over-the-counter medicines into school for personal use which they keep securely on their person or in their lockers. They must provide guidance to pupils on safe storage and use of the medicines they bring into school, and the maximum quantities that are allowed.

Prescribed Medicines

Prescribed medicines, e.g. antibiotics, insulin and codeine phosphate, should only be brought into school when it is essential for a dose to be taken during the school day; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Prescribed medicines should only be given by **nominated staff** who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training about administering medicines.

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

Controlled Drugs

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

Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for safety and audit purposes. All medicines should be returned to the pupil's parents/carers for safe disposal when it is no longer required to arrange.³

Self-Management of Emergency Medicines

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

Refusing Medicines

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

³ Supporting Pupils at School with Medical Conditions – DfE - 2015

RESPONSIBILITIES

Parental / Carer Responsibilities

Parents / carers should inform the school about any conditions or illness that their child suffers from that requires them to take medication whilst at school (including on school trips / educational visits) and provide written consent for the school to administer the medication on the '*Pupil Health Assessment Form*' (completed before the pupil joins the school), or on the '*Consent to Administer 'Over-the-Counter Medication*' form, or on the '*Consent to Administration Prescribed Medication*' form.

Parents / carers should inform the school of any changes in their child's medical needs, condition or illness that results in any changes to the medication, prescription or the support they require.

Staff should check any details provided on the consent forms are consistent with the instructions on the container.

Parents should give any medication required by children under the age of 16 to an appropriate member of school staff. Parents must ensure that the medication is presented in the original packaging with the prescription information on it. This should include details of the medicine to be taken, the child's name and date of birth and the dosage required.

Teachers and Other Staff Administering Medicine

During The School Day

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a pupil should have appropriate guidance, including an awareness of any possible side effects of the medicine and what to do if they occur. Normally the school nurse, or in her absence a named first aider, should undertake this responsibility during the school day.

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

Sporting Activities

Some children may need to take precautionary measures before or during exercise and may need immediate access to their medicines such as asthma inhalers. See the GDST Chronic / Long Term Illness Protocol on the Hub <https://hub.gdst.net/Health-and-Safety/Health-and-Safety---Pupil-Health-and-Wellbeing/Pupil-Health---Protocols,-Medicines,-First-Aid,-Accidents-&-Records/1912>

School Trips / Educational Visits

Arrangements for pupils to take any necessary medication, either routinely or in emergency situations, will need to be taken into consideration when planning the trip / visit. Staff supervising school trips / educational visits should always be aware of any individual pupil's medical needs and relevant emergency procedures. A copy of individual health care plans should be taken on visits in the event of the information being needed in an emergency.

Medication required on Junior School trips and visits will be held by the trip leader and given when appropriate. Junior

School pupils who are at risk from anaphylaxis must carry their own adrenaline auto-injectors (eg EpiPen, Jext pen) with them at all times (or this must be carried by a member of staff) and the trip leader must hold a second adrenaline auto-injector for use in an emergency. Pupils with asthma inhalers must carry an inhaler with them (or this must be carried by a member of staff) and the trip leader must hold a second inhaler for use in an emergency.

Senior School pupils are responsible for bringing emergency medicines with them on visits. However, **staff must check that pupils have this medication** with them before departing on the visit especially if the pupil has an allergy or is asthmatic or diabetic. The trip leader must carry a second AAI and/or asthma inhaler for pupils who require them.

Competency of staff to administer emergency medicines should be taken into account when preparing risk assessments for educational visits and the appropriate training should be provided by the school nurse where necessary, e.g. how to administer an adrenaline auto-injector.

Staff Duty of Care

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

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

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

Record Keeping

Schools must have accurate documentation in place and ensure that all staff record each time they administer medicine (prescribed or over-the-counter) to a pupil on CPOMS, including on school trips and educational visits. Schools may also make a record in pupil's individual school planners or reading diaries to improve communication between home and school. The record should include:

- Name of child
- Group, class or form name
- Date and time medicine administered
- Name and strength of medicine
- Dose given
- Any reactions / side effects
- Name & signature of staff administering the medicine

You may also wish to record the following information, although much of this information should have been recorded on the 'Consent to Administer Prescribed Medicines' form :

- Date medicine provided by the parent
- Quantity received and quantity returned to parent
- Expiry date of medicine
- Prescribed dose,
- Recommended frequency of administration

- Method of administration, eg orally, topically, administered by the pupil themselves

Storing Medicines

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

Children should know where their medicines are stored and know who holds the key to the storage facility. All **emergency medicines**, such as asthma inhalers and adrenaline auto-injectors should be readily available and should not be locked away, although they should be kept in a lockable room with restricted access. It is recommended that schools make special access arrangements for the emergency medicines that it keeps. Some pupils may carry their own emergency medicines, see the 'Self-Management' section above.

Schools should keep **controlled drugs** in a locked, non-portable container and only named staff should have access to it. Prescribed and non-prescription medicines should be kept in a locked cupboard or fridge.

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

There should be restricted access to a refrigerator holding medicines. It is recommended that schools invest in a lockable refrigerator. Medicines can be kept in a refrigerator containing food (in a clearly labelled airtight container) unless there is a constant need to refrigerate medicines that a pupil takes regularly, e.g. insulin, or if vaccines are stored; in these cases separate, sole use, refrigerators must be provided.

The temperature of the medicine refrigerator should be between 2° and 8°C and monitored daily when it is in use, and recorded. A maximum/minimum thermometer is recommended for this. In the event of the refrigerator breaking down it is important to identify the fault quickly, otherwise medicines may be wasted. Medicines must be returned and parents informed if this occurs. The refrigerator should be cleaned and defrosted regularly.

Staff Medicines

Staff who bring prescribed or over-the-counter medications to school, or on school trips / educational visits, for personal use, must ensure that their medicines are securely stored, especially in EYFS settings.

Disposal of Medicines

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

Further Information

Further information can be found in:

- 'Supporting Pupils at School With Medical Conditions' - Department for Education – Dec 2015

Adapted: Sept 2022

Updated March 2023

Reviewed September 2023 Lucy Mullins (School Nurse)

Oxford High Senior School, Prep and Pre-Prep school and Early Years Foundation Stage Head Injuries Protocol March 2023

1. Introduction

- 1.1 The National Institute for Clinical Excellence (NICE) defines a head injury as any trauma to the head other than superficial injuries on the surface of the face. Minor head injuries and knocks to the head are common, particularly in children and many of these happen at school.
- 1.2 The aim of this protocol is to provide a safe environment for all staff and students and to ensure all staff have a clear understanding of how to manage someone who has sustained a head injury.

Remember: IF IN DOUBT, SIT IT OUT

2.0 Head Injury Assessment & management

- 2.1 The majority of head injuries are minor and can be assessed and treated by a qualified first aider.
- 2.2 In the event of a head injury sustained by either student or staff, the school nurse or qualified first aider should be notified immediately so that an assessment can be made. The Head Injury Assessment Form can be used to aid this assessment (Appendix 1)
- 2.3 If you have any concerns about a head injury you should liaise with the school nurse immediately. If the school nurse is unavailable, or it is an evening or weekend sports fixture further medical advice should be sought by consulting NHS 111, or by calling 999 as per guidance below;

2.4 Serious Head Injury

In rare cases there may be a serious head injury and staff should look out for the following signs:

- Unconsciousness or reduced consciousness (e.g. can't keep eyes open)
- Any clear fluid from either or both ears or nose
- Bleeding from either or both ears
- Bruising behind either or both ears
- Any signs of skull damage or a penetrating injury
- The person has had previous brain surgery
- A forceful blow to head at speed (e.g. fall down the stairs, fall from a height of 1m or more)
- The person has had a previous problems with uncontrollable bleeding or a blood clotting disorder, or is taking a drug that may cause bleeding problems (e.g. anticoagulant)
- The person is intoxicated by drugs and/or alcohol

- There are any safeguarding concerns (e.g. non-accidental injury)

If any of the above apply an ambulance should be called and the person taken to A&E immediately

2.5 Staff should also look out for the following

- Problems with understanding, speaking, reading or writing
- New deafness in one or both ears
- Loss of feeling in part of their body
- Problems with balance or general weakness
- General weakness
- Change in eyesight
- Any convulsions/seizures
- Any problems with memory of events before or after injury
- A headache that will not go away
- Any vomiting
- Irritability or altered behaviour

If any of the above apply the person should also seek medical attention at hospital.

In either case parents should be informed at the earliest opportunity.

2.6 Details of the head injury should be recorded on CPOMS (& Sphera if appropriate), including any head injury symptoms.

2.7 If further medical assessment is not required at the time, parents should be informed and the NHS head injury advice guidance (see appendix 2) should be sent home with the student or emailed to the parent.

2.8 - If the student remains in school the following communications should take place:

Prep School - a yellow 'head bump' wrist band should be given to the student with the date and time of the head injury noted on it, and the class teacher informed. Parents should be informed by phone and the NHS guidance sent home for parental reference.

Senior School – a pink 'head bump' wristband should be given to the student with the date and time of the head injury noted on it, to show teachers in the remaining lessons of the day. An email will be sent to teachers of the student so they are aware of the head bump. Parents should be informed by a phone call and the NHS guidance sent home for parental reference.

Sport after school – If a head injury happens in sport after school, the PE teacher should ensure that the student sits out and that they meet the adult collecting the student to explain the injury and give the NHS advice sheet.

3.0 Return to School and Sport Following a Diagnosed Concussion

3.1 Return to school and sport following any diagnosed concussion will be informed by medical advice and using the Concussion Guidelines from [The Sport and Recreation Alliance](#)

3.2 The medical letter and /or return to school care plan should be recorded on CPOMS and all necessary staff alerted.

3.3 It is the responsibility of the parents to inform the school if their child has had a head injury outside of school. If a concussion has been suspected or diagnosed a letter should be obtained from the injured person's GP to confirm it is safe for them to return to sport. If a GP's letter is not possible, confirmation must be given by the parents in writing that they have sought medical advice and have had confirmation that it is safe for their child to return to sport.

References:

Headway – <https://www.headway.org.uk/news-and-campaigns/campaigns/concussion-aware/concussion-in-sport/>

NICE - [Head injury: assessment early management](#)

Sport and Recreation Alliance - [Concussion Guidelines for the Education Sector](#) -
<https://www.sportandrecreation.org.uk>

Amended May 2023

Review annually

Reviewed June 2023

Lucy Mullins School Nurse

Appendix B



Head Injury Assessment Form Senior School, Prep School and Early Years Foundation Stage. To be completed by School Nurse or First Aider attending the incident.

Name of Injured Person		
Date & time of injury		
Description of incident (what, where, how, witnesses, equipment)		
Injury and findings		
CONSCIOUS LEVEL (Please circle one)	Alert – eyes open Verbal – eyes open to verbal stimuli Pain – eyes open to painful stimuli Unresponsive – eyes remain closed to all stimuli	
Observations Please record if the girl has any of these symptoms.	Nausea? Headache? Blurred vision?	
If the injury is serious then please check eye-pupil dilation.	Are her pupils equal and reacting to light?	
Name of School Nurse or First aider assessor		


This form should be completed and handed to the school nurse who will complete a report on Sphera. This form should also be scanned onto CPOMS.

Head Injury Advice Sheet

Advice for parents and carers of children



How is your child?




RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help
Go to the nearest Hospital Emergency (A&E) Department or phone 999




AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today
Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care
Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Head Injury Advice Sheet

Advice for parents and carers of children



Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz



Football: goo.gl/zAgbMx



For further support and advice about head injuries, contact:



- Visit the [Brain Injury Trust website](https://www.braininjurytrust.org.uk).



www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

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