

**Oxford High School
First Aid Policy
Seniors, Prep, Pre-Prep and Early Years Foundation stage**

Last Reviewed: September 2025 (GDST & School Nurse)
Approved by Head: 1 September 2025

Date of Next Review: Summer 2026

1. Aim of GDST First Aid 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 facilities, equipment 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 shared health drive for Prep, Pre-Prep and Senior School. This should be read in conjunction with the Girls' Day School Trust First Aid Policy and with the Administration of Medicines Protocol, *see Appendices*.

'First-aid' means:

- (a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and
- (b) 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.

2. 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. Therefore, in accordance with good practice, ISI and DfE requirements, Oxford High school will ensure that:

- A **first aid needs risk assessment** is carried out to ascertain how many first aiders and what types of first aid equipment / facilities are required on each site. It will take into account factors such as:
 - The number of staff / pupils on the site,
 - The location of the school 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) is present on each identifiably separate school site during the normal school day. If EYFS children are present at least one person with a current full (2 day) **Paediatric First Aid** certificate will also be present. It may be sufficient for an 'Emergency First Aider in the Workplace' (1-day training) to be present at other times, e.g. at the end of the school day or weekends and holidays when **low risk** after-school clubs and activities are running, or early mornings, evenings, weekends and holidays, when only employees are on the site undertaking **low risk** activities, however this must be determined by risk assessment. If there is any doubt about the level of risk of the activity, someone with a current 3-day first aid qualification should be present on site.
- Appropriately qualified and equipped first aiders will accompany / be present at all off-site **sporting activities**, fixtures, matches and events, and **educational visits / school trips**. All school trips/outings undertaken by Early Years Foundation Stage pupils must be accompanied by at least one person with a current full (2 day) Paediatric First Aid certificate.
- 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 every 3 years 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.
- **Lists of First Aiders** names, qualifications, locations and contact details are prominently displayed around the school by first aid kits and on the notice boards in all staff rooms.
- All **staff are made aware of 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 via the parents' handbook. NB

¹ The 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, Activity First Aid, and Outdoor First Aid / Rescue and Emergency courses.

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/first aiders and all medication administered by school staff on a child's CPOMS record.
- 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 bruising², 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.
- The **HSE is informed of injuries that are reportable under RIDDOR** without delay. Detailed guidance on how and when to do this is given in the Accident Recording and Reporting section on the H&S section of the 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.
- First-aid and accident reporting **arrangements are regularly reviewed** at the school's termly health and safety meeting.

For more detailed information see the 'First Aid' and 'Accident Recording and Reporting' sections on the H&S section of the Hub.

3. School Practice

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

Once Oxford High School has completed a risk assessment to determine the number of First Aiders they need, they invite staff to volunteer to become appropriately qualified and provide the necessary training to enable them to administer first aid, or to organise an injured person's transfer to hospital in the case of an emergency.

The School Nurse³ or qualified First Aiders, as part of their responsibilities, will administer first aid in a timely and competent manner, and organise an injured person's transfer to hospital in the case of an emergency,

² Section 24 - Guidance for Safer Working Practice for those Working with Children and Young People in Education Settings – May 2019 – Safer Recruitment Consortium

³ 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.

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

A register of First Aiders must be maintained to ensure that staff undertake refresher training at appropriate intervals, and new First Aiders are appointed as necessary. Copies of training certificates must be kept.

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.

Oxford High School has OHS Inform and SIMS to ensure staff 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 Admissions Plus online form which parents complete as part of the admissions process. Oxford High asks parents via the SIMS app to update this information annually and also on a form before any trip.

Oxford High school has a medicine protocol and 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. Prescribed medicines should only be administered to an Early Years Foundation Stage pupil if it has 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 pupil's parents must be informed, wherever possible on the same day, if any medicines are administered during the school day.

More guidance is given in the 'Administration of Medicines' protocol available in the Pupil Health and Wellbeing section on the H&S section of the Hub.

4. 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.

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, are maintained, and notices alerting people of their locations are 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 make 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.

6. Procedures in the Event of an Emergency

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

Oxford High school 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, then 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.

7. Procedures for Pupils who are Unwell

Oxford High School has systems and procedures in place to respond to pupils who are ill and / or infectious to prevent the spread of infection. They will ensure that parents and pupils are aware of the procedures to follow if a pupil is not well enough to attend school, or if they become ill at school and need to be taken home. They will also discuss the procedures for caring for unwell or infectious Early Years Foundation Stage pupils with their parents.

Parents and pupils are made aware of the times when they can seek help or advice from the School Nurse for non-emergency situations, e.g. headaches, or to discuss any concerns.

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

- 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

Appendices:

- 1) Administration of medication
- 2) Allergy protocol
- 3) Asthma protocol
- 4) Head injuries protocol
- 5) Infection control protocol & bodily fluid spillage protocol
- 6) Trainer first aiders

Reviewed annually: September 2025

Lucy Mullins School Nurse



Senior school, Prep, Pre-Prep and Early Years Foundation Stage 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 or Over-the-Counter Medication in School*' 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 Prescribed or Over-the-Counter Medication in School*' 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 Prescribed or Over-the-Counter Medication in School*' 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 '*Admissions Plus health 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.

Staff who can administer medication in school.

Senior School:

Niki Gilbert, Rakhee Kori, Cerys Leadbeater, Lucy Mullins, Maxine Rhodes, Tim Smith and Sophie Wilson.

Prep School:

Liliane Asman, Sally Collins, Susan Dubois, Jill Eyre, Carol Kelsey, Tracy Sareen, Connie Won, Kanari Yamasaki.

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 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 the **parents informed**. Schools may use an electronic means of communicating with parents, e.g. email or Firefly alerts, 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.

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/carer are informed that the medication has been administered to the pupil as directed on the '*Consent to Administer Prescribed or Over-the-Counter Medication in 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/carer for safe disposal when it is no longer required to arrange.⁴

Senior School: The controlled drugs medication cupboard is in the kitchen of the health centre and Lucy Mullins and Niki Gilbert have access to it. Staff at reception can access the cupboard in the absence of the health centre staff.

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 take it, 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.

⁴ 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 Prescribed or Over-the-Counter Medication in School*' 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 or Over-the-Counter Medication in School*' 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 or Over-the-Counter Medication in School*' 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, monitored daily when it is in use for medicine storage, and the temperature recorded. A maximum/minimum thermometer is recommended for this. In the event of the refrigerator breaking down or failing to maintain the correct temperature, 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.

Senior school – the drugs fridge is monitored daily but not locked so diabetic students can access their medication.

Prep and Pre-Prep schools – Medicine is put in the staff fridge and there is a thermometer which can be stored with the medicine to ensure the correct temperature. These fridges are in the staff rooms so no access for students.

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

Reviewed annually: September 2025

Lucy Mullins, School Nurse



Senior school, Prep, Pre-Prep and Early Years Foundation stage Protocol for Dealing with Allergies and Intolerances

Revised January 2025

1. Introduction

This protocol is primarily focused on the systems and procedures the school should implement to effectively manage the risks associated with allergies and anaphylaxis.

More information on food allergens and food intolerances in general and how they should be managed in the catering environment, is included in the [Food Allergies](#) section on *myGDST*.

'Nut Free' Policies

Many schools try to 'ban' certain foods (such as nuts) from school premises. However, [AllergyUK](#) and [AnaphylaxisUK](#) do not recommend 'No Nuts' policies in schools, as:

- It is not possible to guarantee or enforce a nut free zone,
- Staff cannot monitor all lunches and snacks brought in from home,
- It may make staff and pupils less vigilant or lax about checking ingredients' labels,
- It can create a false sense of security for staff and pupils with nut allergies,
- It does not safely prepare children for environments where nuts may be present,
- It does not consider the needs of staff and pupils with different food allergies (of which there are many) and it is not practical to restrict them all.

It is far better to say your school is '**allergen aware**' than 'nut-free'.

However, GDST schools should still ask caterers not to use nuts or nut products in school meals, and actively discourage staff, pupils and visitors from:

- bringing nuts, nut products or food containing nuts into school e.g. for snacks, bake sales or birthday treats
- or from taking them on school trips / off site sporting fixtures (snacks / packed lunches)
- or using them in lessons or extra curricula activities (e.g. food technology lessons or cookery clubs)

because they are one of the most common allergens for causing severe allergic reactions.

2. Allergen Awareness

The staff at all GDST Schools are 'Allergen Aware'. This means that:

- They take all allergies seriously. However, they also understand that it is not possible to eliminate allergens or guarantee that any specific allergen will not be present on the school premises or off-site venues visited e.g. on school trips or sporting fixtures. Instead, if they know a pupil, member of staff or a visitor has an allergy, they will take reasonable steps to ensure that they are not exposed to that allergen.
- They take a whole school approach – allergies are considered in all aspects of school life – lessons, school trips, extra-curricular activities, before and after school clubs, special events, transport in coaches and school minibuses, and of course meal / snack provision, and appropriate steps taken to reduce the risks.
- They are committed to ensuring that all children with allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy, and learn how to manage their conditions.

All GDST schools

- Ask parents to inform them if their child has, or is suspected of having any allergies
- Ask staff to make them aware if they have any allergies
- Encourage visitors to inform them if they have any allergies

in order that the school can take the necessary steps / inform the relevant people to minimise the affected persons exposure to their allergens, and treat them appropriately in the event of an allergic reaction.

- All GDST staff complete level 1 *Anaphylaxis and Allergy Awareness* training, and all staff that regularly handle, prepare and serve food, e.g. Catering staff and Food Technology staff, complete more detailed *Allergy Awareness* training courses.
- All GDST schools store pupil's emergency medication and Individual Care Plans (Allergy Action Plans) in appropriate locations, and have first aiders who have been trained to administer Adrenaline Auto-Injectors in the event of a serious allergic reaction.
- All GDST schools also have generic Emergency Adrenaline Auto-Injectors that can be administered to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided, if the child's own AAI is not immediately available, broken, misfired or out of date.

3. Allergies, Food Intolerances and Coeliac Disease – What's the Difference?

An **allergy** is the response of an allergic person's immune system to a substance (allergen) that is normally harmless.

- Allergic reactions can range from mild to severe (anaphylaxis) and can be fatal. Even a tiny amount of the allergen can trigger a severe reaction in a highly allergic person.
- Allergic reactions can occur within minutes of contact with the allergen.

- Allergies are common, particularly in children.
- Some allergies go away as a child gets older, although many are lifelong.
- It is essential that people with severe allergies avoid contact with their allergens and carry emergency medication (Adrenaline Auto-Injectors (AAI and antihistamine) at all times.

Food intolerances are much more common than food allergies. The body has difficulty digesting certain foods and has an unpleasant physical reaction to them. Symptoms usually occur if a substantial amount of the food is eaten, the onset of symptoms happens gradually, may last for several hours, and whilst unpleasant are not life threatening. Avoidance is the mainstay of managing the condition.

Coeliac Disease is neither an allergy or a food intolerance, it is a serious lifelong autoimmune disease which causes the body's immune system to attack itself when gluten, a protein found in wheat, barley and rye is eaten. This causes damage to the lining of the gut which prevents the body properly absorbing nutrients from food. Coeliac symptoms can manifest themselves at any age.

Coeliacs need to follow a gluten free diet which excludes wheat, rye and barley. Although oats contain a different protein, they are often milled in the same factories as wheat, rye and barley and can be contaminated, therefore they are best avoided by coeliacs.

4. Allergies - Causes

The main causes of allergies are:

- Tree and grass pollen (hay fever)
- House dust mites
- Food
- Animal fur, particularly from pets like cats and dogs
- Insect stings, such as bee and wasp stings
- Some drugs / medicines

In some people, exercise can trigger an allergic reaction, either on its own or in combination with other factors such as food or drugs.

Fourteen types of food are responsible for the majority of food allergies. By law these must be clearly identified on food labels:

- | | |
|--|---------------------------------|
| • Peanuts | • Soya / soybeans |
| • Tree nuts e.g. walnuts,
almonds, Brazil nuts, hazelnuts | • Sesame |
| • Milk | • Celery |
| • Eggs | • Mustard |
| • Fish | • Lupin |
| • Molluscs e.g. mussels | • Sulphur dioxide and sulphites |
| • Crustaceans e.g. prawns | |
| • Cereals containing gluten e.g.
wheat and barley | |

Other foods can also trigger serious allergic reactions in a small proportion of people e.g.:

- Legumes such as peas and chickpeas
- Fruits and vegetables e.g. onions, tomatoes and citrus fruits
- Seeds e.g. sunflower seeds, poppy seeds and pine nuts
- Herbs and spices e.g. cinnamon, garlic and chives

If anyone is allergic to foods not included in the 'top 14' it's important to carefully check ingredient lists and ingredient labels as they will **not** be highlighted on caterer's allergen trackers or warning labels.

5. Allergic Reactions

Mild allergic reactions often present as:

- Rashes – red, itchy, raised in nature, wheals
- Swelling of the lips, eyes, other parts of face or body
- Tingling when an allergen has been touched
- Sneezing / coughing / mild wheezing
- Vomiting, abdominal cramping
- Diarrhoea

Treatment

Where available follow the pupil's Individual Healthcare Plan or Allergy Action Plan, otherwise:

- Administration of antihistamine medication e.g. Cetirizine or Loratadine
- If person is wheezing and has an inhaler (or has severe asthma) give 6 – 10 puffs of salbutamol inhaler
- Monitor the person to ensure that the symptoms are improving within 30 minutes.
- Parents should be informed of the reaction and treatment given.
- The incident should be recorded on CPOMS and Sphera.

Severe Allergic Reactions

Anaphylaxis (or anaphylactic shock) is a severe and potentially life threatening allergic reaction to a trigger. The whole body is affected, often within minutes of exposure to the substance which causes the allergic reaction (allergen) but sometimes after several hours. It requires urgent emergency treatment to preserve life, usually initially with an adrenaline injection and then ongoing medical treatment.

<http://www.anaphylaxis.org.uk/>

Symptoms

- Generalised flushing of the skin
- Nettle rash (hives) anywhere on the body
- Swelling of the throat and mouth

- Difficulty in swallowing or speaking.
- Alterations of heart rate
- Difficulty in breathing due to severe asthma or throat swelling.
- Abdominal pain and cramps, nausea and vomiting.
- Sudden feeling of weakness, lightheaded, faintness caused by sudden drop in blood pressure.
- Sense of impending doom
- Collapse and unconsciousness.

Treatment

Where available follow the pupil's Individual Healthcare Plan (Allergy Action Plan)

People **known to be at risk** from anaphylaxis are prescribed with Adrenaline Auto-Injectors (AAI). In an emergency, adrenaline (also called epinephrine) should be administered by an auto-injector into the muscle on the side of the thigh. It acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help to stop swelling around the face and lips and raise blood pressure.

If an AAI is administered the emergency services must be called without delay, even if the person appears to have recovered as symptoms may return after a short period and more than one injection of adrenaline may be required to control the reaction.

If symptoms occur in an **undiagnosed individual**, they should be put in the recovery position while the Emergency Services are called. If they are not breathing resuscitation should be carried out while awaiting the Emergency Services arrival.

Parents should be informed of the reaction and treatment given as soon as possible.

The incident should be recorded on CPOMS and Sphera.

ALLERGIC REACTION AND ANAPHYLAXIS MANAGEMENT PLAN

GREEN ZONE – MILD REACTION

Nettle type rash (urticaria or hives). Red, itchy, raised in nature
 Swelling of the lips, eyes, other parts of face or body (angioedema)
 Tingling of the lips, throat, tongue or throat
 General redness and warmth

ACTION

Antihistamine - Cetirizine or Loratidine
Contact parents
Stay with the child until improved

GUT REACTIONS –

Vomiting, Tummy ache, Diarrhoea

CHEST REACTIONS –

Sneezing and/or coughing
Throat tightness/Lump at the back of the throat
Mild wheezing
Hayfever type symptoms

ACTION

Call for help from Nurse/First aider
Give antihistamine medication straight away – Cetirizine or Loratidine
Repeat Dose if required
If child has a mild wheeze and has an inhaler (or has severe asthma and not wheezing) also give 6-10 puffs of Salbutamol (blue inhaler)
Observe for development of Anaphylaxis
Contact parents
Stay with the child

SEVERE – ANAPHYLAXIS

Can occur with or without the mild or moderate symptoms
Difficulty in swallowing or speaking
Gasping or choking
Severe wheeze or chest tightness
Dizziness/undue sleepiness/collapse

ACTION

Give Epi-pen (if prescribed) into upper outer thigh, following the instructions carefully

Dial 999 Contact parents Stay with the child

Remember in all cases:
Keep Calm
Stay with the child
Lay child flat
Repeat dose of antihistamine after 20-30 minutes if skin symptoms are persisting
Inform parents and ask them to be with the child
Ensure the child rests under supervision for at least one hour after the reaction has resolved to ensure no further symptoms

Responsibilities

6. Parents Responsibilities

- Parents should inform the school in writing if their child has any history of food intolerances, allergic reactions, anaphylaxis or they have been prescribed an Adrenaline Auto-Injector (AAI) either via the 'Pupil Health Assessment Form' in Admissions+ which they complete when their child joins the school, or as soon as they become aware of the condition.
- If a pupil suffers a severe allergic reaction or an episode of anaphylaxis outside of school, parents should inform the School Nurse.

- Parents should sign a consent form for the administration of antihistamine tablets or oral liquid, usually via the '*Pupil Health Assessment Form*' in Admissions+
- Parents of pupils who have been prescribed an Adrenaline Auto-Injector Device should sign a '*Consent for the Use of Emergency Adrenaline Auto-Injector Devices*' usually via the '*Pupil Health Assessment Form*'/Admissions+ and updated on an annual basis (see Appendix 1)
- Parents will be sent their child's Individual Health Care Plan (Allergy Action Plan) annually for updating. They should sign it and return it to the School Nurse to confirm they are happy with the details it contains.
- Parents of senior school age pupils should remind them of the importance of carrying their AAI with them at all times, including on journeys to / from school, and to any off-site sports activity or school trip. They should also supply the school nurse with a second AAI⁵ to be kept as an emergency spare.
- Parents with children in the Prep school should provide the school with two⁶ Adrenaline Auto-Injectors, both to be kept with the child during the school day and be taken on any off-site sports activities or school trips. Parents should also ensure their children have immediate access to an adrenaline auto-injector on their journeys to/from school.
- Parents are responsible for ensuring that the Adrenaline Auto-Injectors in school are in date and replaced as necessary. They can use the links to their brand of AAI where an expiry reminder is available.
- At the end of each academic year the Adrenaline Auto-Injectors stored by the school will be returned to parents, if they want them, who are responsible for returning in-date AAIs medication to the school nurse at the beginning of the autumn term.

7. Pupils Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Senior school pupils should take responsibility for carrying their Adrenaline Auto-Injectors with them at all times, including during the school day, on off-site sports activities and school trips, and on their journeys to / from school.
- Pupils should not bring into school, or take on any school trips / off site sporting fixtures nuts or any foods containing nuts, in order to reduce the risk to people who suffer from severe allergic reactions to these allergens.

8. School's Responsibilities

- All staff must be **trained** in allergen awareness, early recognition of symptoms and action to take in event anyone suffers an allergic reaction.
- The school will **collate information** regarding each **pupil's** allergies and food intolerances via the '*Pupil Health Assessment Form*' which parents complete before their child joins the school. The information should be recorded on SIMS so that it is available to all the school's electronic management systems, e.g. CPOMS, EVOLVE and CIVICA. This information should

⁵ - Recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) – referenced in DoH guidance on the use of 'Adrenalin Auto-Injectors in Schools'

⁶ - Ditto

be updated annually, and more frequently if the school becomes aware that the child has developed a new condition.

- The **School Nurse will meet with the Catering Manager** annually, with weekly or termly updates where applicable, to fully inform them of each pupil's food allergies / special dietary needs.
- The school has implemented a system to **easily identify prep school pupils** who have food allergies / intolerances. The preferred system is distinctive coloured lanyards with the pupil's name, photograph and list of allergens on the fob. Red lanyards for pupils with a life-threatening allergy / who have been prescribed an AAI; Blue lanyard for pupils with Coeliac disease or a medically diagnosed food intolerance. The school should ensure the pupil's wear the lanyards at all times when they are served food, e.g. break and lunch times, breakfast / after school clubs. Photographs/details of pupils with food allergies should also be displayed behind the food service counter in the dining room.
- Once the school is aware that a pupil has been medically diagnosed as being at risk of anaphylaxis, or has a history of allergic reactions prior to admission to the school, the School Nurse should ensure that an **Anaphylaxis Individual Health Care Plan** (Allergy Action Plan) is completed. [Templates available on myGDST](#) NB if the child has a BSACI care plan this is sufficient.
- A **meeting** should be arranged between the School Nurse, parents and pupil, preferably prior to the pupil joining the school, so they can discuss their Care Plan (Allergy Action Plan) and the individual pupil's needs in school.
- All staff who teach, supervise or care for pupils (either regularly or occasionally) with known allergies / at risk of anaphylaxis, and all First Aiders will be **informed** of the names / identity of these pupils so they can take appropriate steps to reduce their exposure to their allergens, and know the importance of taking immediate action in the event of signs of an allergic reaction. This list is found in the shared drive/Gateway/Student health.
- Lists of **first aiders** and persons trained to deal with anaphylactic reactions can be found by each first aid kit in the school.
- Copies of **care plans** (Allergy Action Plans) are available for staff on the relevant students OHS Inform entry and in the shared drive/Gateway/Student health senior and prep schools.
- **Senior school pupils** should carry their own AAIs with them at all times
- The school will regularly remind senior school pupils of the importance of carrying their AAI with them at all times whilst they are at school, to any off-site sports activity or school trip, and on journeys to / from school. Parents will be requested to remind their children too, and to ensure that junior school pupils have immediate access to AAI on their journeys to/from school.
- The school nurse will make **checks** that pupils have their AAIs in school. If a pupil has a known allergy and no named AAI is in school for them then the parent/guardian will be contacted and asked to bring a spare AAI into school. Pupils will not be allowed to go on off-site activities / school trips if they don't have their AAI with them.
- **Prep school pupil's** AAIs will be kept in a green first aid bum-bag on a hook inside the classroom, on the pupil's desk or in a labelled plastic box.
- A pupil's spare AAI will be kept in the bum-bag so they always have access to two AAIs.
- Any further spare medication will be in a labelled box in the medical room in an unlocked cupboard.

- Whilst school staff will take care of pupil's AAI's, the school cannot accept responsibility for any loss or damage to the AAI's, and parents should check details such as its condition and expiry date regularly.
- Oxford High school has purchased a small number of '**Emergency Adrenaline Auto-Injectors**' appropriate for use on the age of the pupil's in the school, which are readily available at all times, and are replaced when they have reached their expiry date.
- Oxford High school does regular training / medical drills to ensure all staff know where to find the AAI's and Inhalers and to check that it only takes a very short time for a pupil's AAI / Inhaler to be brought to them
- Schools should ask **staff**, and encourage **visitors** (e.g. by including a question re allergens on invitations, and displaying an appropriately worded notice at reception) to make them aware if they have any allergies in order that they can take the necessary steps to minimise exposure to their allergens and treat them appropriately in the event of an allergic reaction..
- It is recommended that the school asks **staff** who eat food prepared by the school caterers to complete an '*Allergy and Food Intolerance Notification Form*' which should be returned to the school's Catering Manager in the event that they advise that they have an allergy or food intolerance. It is recommended that this form is included in the new staff induction pack to capture any new staff.
- In the event of an allergy incident or near miss affecting either pupils, staff or visitors, all details should be recorded on **Sphera** (accident reporting system). Teaching and catering staff should be reminded of the importance of letting the school nurses know of any minor incidents or near misses in order that the record can be made on this system.
- In the event of a serious allergy incident an investigation should take place in order to identify any steps that could be taken to prevent this happening in the future.

Off-site Activities / School Trips

- Staff organising / leading off-site activities / school trips / educational visits must liaise with the school nurse in good time to ensure that they are well informed about all the medical conditions of the pupils prior to the trip / visit.
- The school nurse should check which pupils are participating in off-site activities / school trips / educational visits using the Evolve system and inform the trip leader about any pupils who suffer from allergies. The trip leader is responsible for including the specific medical needs of any pupil in the trip / visit risk assessment.
- Staff must make sure that pupils take their emergency medication with them on school trips, including to off-site sports pitches/facilities and sports fixtures. **Pupils should not go on school trips if they have not brought their own emergency medication with them.**
- The first aider accompanying the trip needs to have been trained and be confident in how to administer an AAI.
- Designated member/s of staff should be allocated to check the food choices of each pupil with food allergies / intolerances on school trips.
- In the event of an allergy incident or near miss affecting either pupils or staff all details should be recorded on **Sphera** (accident reporting system) on return to school.

Allergy Bullying

A group of organisations (Anaphylaxis UK, Allergy UK and the BSACI) reported in 2021 that 32% of children surveyed reported being bullied due to food allergies.

Allergy bullying can have profound consequences on the lives of its victims. They can suffer short-term physical consequences including stress-related reactions that heighten sensitivities as well as long-term effects such as anxiety and depression. Allergy bullying can result in pupils being fearful about attending school and the emotional toll can cause academic performance to suffer.

The school recognises that pupils with allergies are at risk of bullying and have strategies to prevent this including intervention by the form tutor or head of year and education to normalise allergies for students.

More information about Allergy Bullying and ways to help pupils who suffer from allergies can be found here:

- [What are the impacts of allergy bullying?](#)
- [Bullying and food allergies](#)

Complimentary School Policies

- Consider having a policy that prohibits snacks, cakes and confectionary being brought into school by staff and pupils, e.g. for snacks, packed lunches, birthday treats, or cake / bake sales that contain common allergens such as nuts.
- Consider having a policy not to use common allergens such as nuts as ingredients in foods made and served by the school. NB be aware that some manufactured ingredients may not be nut free – read the labels! NB Caterers may use food and ingredients with precautionary allergen labelling such as ‘may contain nuts’.
- Consider having a policy not to sell confectionary and other items containing common allergens such as nuts in the tuck shop, coffee shop or vending machines. NB It is OK to sell food with precautionary allergen labelling such as ‘may contain nuts’.
- Consider having a policy not to use sweets as rewards, especially variety packs of sweets that contain nuts.
- Consider having a policy to restrict eating and drinking in coaches, minibuses and school cars used for transporting pupils, e.g. school trips and home / school transport, to reduce the risk of allergic reactions during journeys.

9. Staff Training

- All staff must be trained in allergen awareness, early recognition of symptoms and action to take in event anyone suffers an allergic reaction. All training should be recorded.
- All qualified First Aiders, Junior Teaching staff, Junior TAs, Administration staff, Catering staff and Food Service staff will be trained **[as per arrangements for individual schools]** in anaphylactic emergency care including the circumstances when AAIs should be used and how to administer them. NB Any member of staff, whether trained or not, can administer an AAI for the purpose of saving a life (Human Medicines Regs 2012, sec 238 and schedule 19). There are instructions on the side of every AAI explaining how to use it. However, it is always better for staff to be trained so that they are confident to act quickly and know how to use the device correctly.

- During training, each allergic child's individual needs must be discussed with the relevant staff. If a child joins the school later in the year it would be wise to do refresher training and discuss this child's allergies.
- All staff must know where the emergency medication / spare Adrenaline Auto-Injectors are kept and who can administer it to a pupil in an emergency.

a. All Staff

All school staff must complete the following e-learning course (or an equivalent course): **IHASCO Anaphylaxis and Allergy available on GDSTLearn**

<https://training.gdst.net/elearning/Course/Detail?CourseId=51>

- 45minutes
- Available in a few languages
- Focus is primarily on **identifying someone suffering from an allergic reaction and dealing with it**

b. Staff Leading or Accompanying School Trips / Educational Visits

- All staff accompanying **school trips** should be trained by the School Nurse, prior to the trip, in how to prevent an allergic reaction and treatment should a pupil suffer from an allergic reaction/anaphylactic shock, including the use of Adrenaline Auto-Injectors if pupil's suffering from serious allergies are going on the trip.
- In addition to completing the **Anaphylaxis and Allergy** e-learning course, it is recommended that all **trip leaders** on **residential** and **overseas trips** should complete the IHASCO **Food Allergy Awareness** e-learning course (available on [GDST Learn](#))

c. Catering Staff and All Staff Who Prepare Food, Serve Pupils or Supervise Food

Service, e.g. lunch time supervisors, TAs serving breacktime snacks, staff working **breakfast clubs, after school clubs** and tuck shops/snack bars.

All **catering** staff and all staff who prepare food, serve pupils or supervise food service must complete the **Navitas Allergy Awareness Course**, a Level 2 qualification (contact [Clare Cunningham](#) for access details) so that they are aware of the very serious risks associated with food allergies, and the actions that must be taken to prevent allergen cross contamination.

They must also receive training on the school's systems to identify pupils with food allergies and food labelling systems and the importance of reporting all allergy incidents or near misses to their manager and the school nurse in order that they can be recorded on Sphera (accident reporting system).

d. Staff Who Teach Food Technology Classes / Cookery Clubs

All staff who teach Food Technology or run cookery clubs must complete the **Navitas Allergy Awareness Course**, a Level 2 qualification (contact [Clare Cunningham](#) for access details) so that they are aware of the very serious risks associated with food allergies, and the actions that must be taken to prevent allergen cross contamination.

e. Refresher Training

As Allergies are such a serious issue, it's important that staff **refresh** their training on an **annual** basis.

10. Adrenaline Auto-Injectors

The **Adrenaline Auto-Injectors** (AAIs) prescribed in the UK at present are Emerade, EpiPen and Jext. These injectors are easy to use and designed for self-administration or administration by any suitably trained individual. When administered they open up the airways, reduce swelling and raise the blood pressure.

In the event that someone with a history or an acknowledged risk of an anaphylactic reaction (they will usually have been prescribed with an AAI) has a serious allergic reaction the AAI should be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

In the event that someone presents with symptoms of allergy or anaphylaxis without a previous medical history of allergy, staff should call 999 and take the advice given by the emergency services. School Nurses should assess the casualty and follow their Code of Practice regarding administration of an AAI.

- Click [here](#) for an infographic on correct use of AAIs – MHRA - June 2023
- Click [here](#) for a video on correct use of AAIs – MHRA - June 2023

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin (usually available in the Medical room).

If an Adrenaline Auto-Injector (AAI) has been prescribed, it must be available to the pupil at all times, with no exceptions, i.e. never locked away in a cupboard, or stored in an office or room where access is restricted. AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

All **senior pupils** should carry their own AAI with them at all times. Spare AAIs⁷, if a student has them are kept in a cupboard in reception with the completed consent form, instructions for use and care plan (Allergy Action Plan) in case of emergencies.

Prep pupils should keep two AAIs with them with the completed consent form, instructions for use and care plan (Allergy Action Plan). Spare medication is kept in a labelled box in an unlocked cupboard in the medical room.

Pupils must take their Adrenaline Auto-Injectors with them on **school trips and off-site activities**, including to off-site sports pitches/facilities and sports fixtures. The supervising teacher should carry

⁷ Recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) – referenced in DoH guidance on the use of 'Adrenalin Auto-Injectors in Schools'

the pupil's spare⁸ AAI with them. Pupils should not go on off-site activities / school trips if they have not brought their own AAI with them.

The first aider accompanying the trip needs to have been trained and confident in how to administer an AAI.

The school Nurse will make arrangements for pupils' own emergency AAI to be taken on school trips by the school trip leader.

Action in the Event of Pupil's Adrenalin Auto-Injector Becoming Out-of-Date and Parents Not Providing a Replacement:

- The school must have a plan of action in the event of the pupil suffering an allergic reaction, e.g. use of the school's emergency AAI, and ensure all relevant people are aware of it.
- Pupil should **not** participate in any school trips or off-site sports activities as the risks may be increased and management of an incident could be more difficult than on the school premises.
- Out-of-date auto-injectors must **not** be used as their expiry date is based upon data which establishes that the efficacy / potency of the adrenaline may decrease beyond this point, unless specific information is received, regarding an extension of expiry dates.

Action in the Event that Pupil's do Not Have a Spare Adrenalin Auto-Injector Due to Supply Shortages

Ensure the pupil's parents have given consent (see Appendix 1) for the use of the school's emergency AAI within the last 12 months and this is recorded on SIMS. Document that the child does not have a spare due to supply issues.

Emergency Adrenaline Auto-Injectors

Schools can buy spare Adrenaline Auto-Injectors (AAIs) for use on children with serious allergies in case of emergencies. Emergency AAI devices are available in:

Senior school – Behind reception

On the wall outside the caterer's office in the dining room

Outside the PE office

On the wall inside the health centre

Prep school – On the wall in the medical room

for use on all pupils whose usual AAI is not available for any reason, providing their parents/guardians have signed a '**Consent for Use of Emergency Adrenaline Auto-Injector Device**' form (see Appendix 1).

Schools must have a documented protocol for the use of emergency AAIs which includes the following:

⁸ - Ditto

- Arrangements for the supply, storage, care, and disposal of spare AAI in line with the DfE's guidance 'Supporting Pupils with Medical Conditions'.
- A register of pupils who have been prescribed an AAI (or where a doctor has provided a written plan recommending AAI to be used in the event of anaphylaxis).
- Written consent from the pupil's parent/legal guardian for use of the spare AAI, as part of a pupil's individual healthcare plan (Allergy Action Plan).
- Ensuring that any spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided.
- Appropriate support and training for staff in the use of the AAI.
- Keeping a record of use of any AAI, and informing parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.
- The school's emergency AAI should not be sent on a school trip. If a pupil has forgotten their own AAI, they should not go on the activity / trip.

The Department of Health has issued guidance, available [here](#), on the use of AAI in schools.

The Anaphylaxis Campaign's webpage regarding emergency AAI can be accessed [here](#).

The 'Spare Pens in Schools' website can be accessed [here](#).

Using an Adrenaline Auto-Injector in an Emergency

- Click [here](#) for an infographic on correct use of AAI – MHRA - June 2023
- Click [here](#) for a video on correct use of AAI – MHRA - June 2023
- <http://www.anaphylaxis.org.uk/what-to-do-in-an-emergency/>
- Check name and expiry date of Adrenaline Auto-Injector
- Read instructions on the auto-injector.
- Remove the safety cap.
- Hold the auto-injector in the fist, not between finger and thumb.
- Hold device about 10cm from outer thigh, jab firmly against outer thigh, through clothes if necessary (avoiding seams) and listen for the 'clicking'. Hold in place for TEN seconds. (FIVE seconds for Emerade)
- Remove the auto-injector and massage the area for a further ten seconds.

For short videos see these links: <http://www.epipen.co.uk> <http://www.jext.co.uk/>
<http://www.emerade.co.uk/>

Practical Points

- Talk to the person and try to keep them as calm as possible and ensure they do not get up or rush around.
- Send for the School Nurse or a member of staff trained in anaphylactic care.
- Send for the emergency medication (e.g. AAI, asthma inhaler).
- If person is alert and able to swallow help them to self-administer their Adrenaline Auto-Injector or administer it yourself. Remember to give the auto-injector sooner rather than waiting, adrenaline will do no harm but could save a life if given early enough. Follow the instructions on the

Adrenaline Auto-Injector. Note the time it was given and write this on the auto-injector itself or on the back of affected person's hand.

- Send someone else to phone for the Emergency Services. When dialling 999/112, say that the person is suffering from anaphylaxis (pronounced anna-fill-axis), stating '*an anaphylactic episode is taking place*' and whether or not an Adrenaline Auto-Injector has been used. If the person's condition deteriorates after making the initial 999/112 call, a second call to the emergency services should be made to ensure an ambulance has been dispatched.
- Keep yourself calm. Reassure the affected person that help is on its way.
- Stay with the affected person and observe response to the adrenaline until Emergency Services arrive. Be prepared to resuscitate if necessary.
- If affected person is a pupil, send someone to phone their parents to advise of the situation.
- Make sure the used auto-injector and pupil's care plan (Allergy Action Plan) accompany them to hospital.
- A member of staff will need to accompany the pupil to hospital and stay until parents arrive.
- Try to ascertain what may have caused the reaction and tell the ambulance crew.
- Following any anaphylactic episode all staff involved should meet and discuss what occurred, offer support to each other, look at how the healthcare plan (Allergy Action Plan) worked and take action to improve the planning if necessary.

11. Allergy Management Checklist

- Does your school have an Anaphylaxis Emergency response plan
- Has your school purchased spare AAIs?
- Does each child have a completed and signed Allergy Action Plan?
- Have ALL school staff been trained in allergy / anaphylaxis awareness, recognition of signs of allergic reactions and action to take?
- Does the school plan include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- Does the policy cover catering for children with allergies?
- Does the policy include pupil allergy awareness?
- Do relevant risk assessments (eg catering, food technology, educational visits and off-site activities) include the risk of allergies?
- Does your policy cover safeguarding children with allergies, including bullying?

12. Further Information

- <https://www.nhs.uk/conditions/allergies/>
- <http://www.anaphylaxis.org.uk>
- <http://www.anaphylaxis.org.uk/our-factsheets/>

- <https://www.anaphylaxis.org.uk/schools/schools-help>
- <https://www.allergyuk.org/>
- Spare Pens in Schools
- <https://www.rcpch.ac.uk/resources/allergy-care-pathway-anaphylaxis>
- Dept of Health [Guidance on the Use of Adrenaline Auto-Injectors in Schools](#)
- [MHRA – Guidance on the Use of Adrenalin Auto Injectors – June 2023](#)
- The [Food Allergies](#) section of *myGDST*.
- <https://theallergyteam.com/>

Reviewed annually: Sept 2025 Lucy Mullins School Nurse

Allergy Protocol Annex 1

CONSENT: Use of Emergency Adrenaline Auto-Injector Device for Children Already Prescribed Adrenaline Auto-Injector Devices

From 1st October 2017 the **Human Medicines (Amendment) Regulations 2017** allows schools to buy adrenaline auto-injector (AAI) devices without a prescription, for use in emergencies.

The emergency AAI should only be used on pupils who are known to be at risk of anaphylaxis, and for whom both medical authorisation and written parental consent for use of the emergency AAI has been given.

Child's name

1. I confirm that my child is known to be at risk of anaphylaxis and has been prescribed an AAI. Please state brand and strength of AAI device your child has been prescribed with

.....

2. I confirm that medical authorisation has been given for an emergency AAI to be used on my child in an emergency (please attach a copy of the authorisation to this document)

3. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or unusable, I consent to my child receiving adrenaline from an emergency auto-injector device held by the school for such emergencies.

Signed by Parent / Guardian

Date

Appendix 3



Senior School, Prep and Pre-Prep School and Early Years Foundation Stage Asthma Protocol

Introduction:

This Asthma Protocol is designed to ensure the well-being and safety of pupils with asthma within GDST schools. The policy is aligned with the guidance provided by Asthma UK to create a supportive environment for students with asthma.

Information from [NHS.UK](#):

- Asthma is a common lung condition that causes occasional breathing difficulties.
- It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults.
- There's currently no cure, but there are simple treatments that can help keep the symptoms under control so it does not have a big impact on your life.

Asthma Attacks

- Asthma attacks kill three people in the UK each day, but many of these deaths could be avoided.
- Every 10 seconds someone has a potentially life-threatening asthma attack.
- If you're on the right [asthma treatment](#), your chance of having an attack is greatly reduced.
- Asthma can sometimes get worse for a short time – this is known as an asthma attack. It can happen suddenly, or gradually over a few days.
- Signs of a severe asthma attack include:
 - wheezing, coughing and chest tightness becoming severe and constant
 - being too breathless to eat, speak or sleep
 - breathing faster
 - a fast heartbeat
 - drowsiness, [confusion](#), exhaustion or [dizziness](#)
 - [blue lips or fingers](#)
 - [fainting](#)

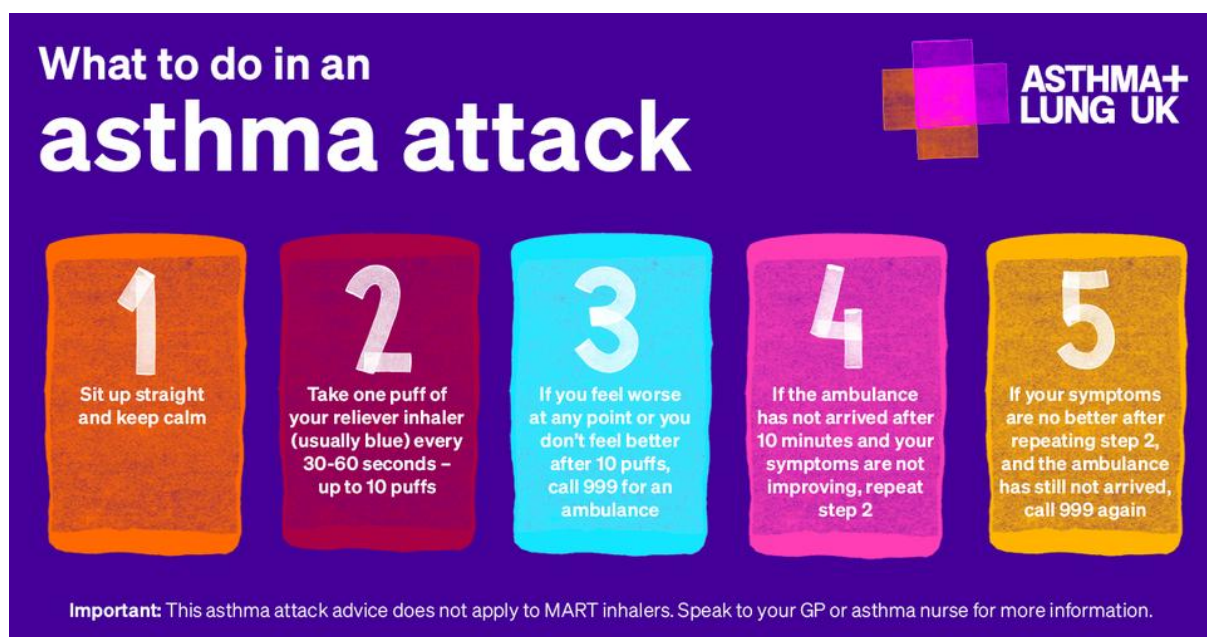
What to do if you have an asthma attack

If you think you're having an asthma attack, you should:

1. Sit up straight – try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30 to 60 seconds up to 10 puffs.
3. If you feel worse at any point, or you do not feel better after 10 puffs, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately. Never be frightened of calling for help in an emergency.

Try to take the details of your medicines (or your personal care plan with you to hospital if possible).

If your symptoms improve and you do not need to call 999, get an urgent same-day appointment to see a GP or asthma nurse.



What to do in an asthma attack

ASTHMA+LUNG UK

- 1**
Sit up straight and keep calm
- 2**
Take one puff of your reliever inhaler (usually blue) every 30-60 seconds – up to 10 puffs
- 3**
If you feel worse at any point or you don't feel better after 10 puffs, call 999 for an ambulance
- 4**
If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2
- 5**
If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, call 999 again

Important: This asthma attack advice does not apply to MART inhalers. Speak to your GP or asthma nurse for more information.

Asthma Protocol Guidelines

1. ****Awareness and Training:****

- All staff members should receive annual training on asthma awareness from the school nurse, including recognizing symptoms and appropriate responses.
- Designated staff members, such as teachers and school nurses, should undergo more comprehensive training via IHASCO on the GDST Learn e-learning platform in managing asthma emergencies.

2. ****Individual Asthma Care Plans:****

- An [Individual Health Care Plan](#) (IHCP) must be completed for each pupil with asthma outlining specific symptoms, medications, and emergency procedures. If a pupil has an IHCP from a specialist health care team this should always be used and followed by the school. Additional information may need to be added alongside the plan to ensure it is clear how the pupil should be cared for in the school environment. A template is available here: [Pupil Health - 6. Infection Control, Medical Conditions & Individual Healthcare Plans](#)
- Individual Health Care Plans should be shared with relevant staff members including school nurses, teachers support staff and first aiders.
- Care plans should be reviewed annually or when there are changes in the asthma management of the pupil.

3. ****Inhaler Accessibility:****

Location of inhalers in school

Senior school: The pupil should have one inhaler in their school bag and they should take this with them to any PE lesson or on a trip. A spare reliever inhaler is kept in a named box in Reception along with an asthma card. Staff should ensure this spare inhaler accompanies them when they leave the school site.

Prep school: The pupil has one inhaler and care plan in a bum-bag that is kept in the class room and the pupil should take this bum bag to PE or when leaving the school site. A spare reliever inhaler is kept in a named box in the medical room and staff should ensure both inhalers go with the pupil when they leave the school site.

Pre-prep school: The pupil has one inhaler and care plan in a bum-bag that is kept in the class room and a spare inhaler is kept in a named box in the medical room. Staff should carry both inhalers when the pupil leaves the school site.

- [Child Asthma Action Plan](#) can be used with the spare inhaler in case of emergencies.
- Asthma drills should be carried out (similar to an AAI drill).
- Each inhaler should be labelled with the name of the pupil it belongs to.
- Parents /guardians are responsible for checking the condition of inhalers, their expiry dates and providing new ones to their child and the school in good time. The school cannot accept responsibility for any loss or damage to pupil's inhalers.

4. **Emergency Salbutamol Inhalers**

- Each school should have a supply of emergency salbutamol inhalers for use in an emergency by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Emergencies include a child not having their own inhaler or spare inhaler with them, or it is empty.
- Emergency inhalers should only be used by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, and for whom both medical authorisation and written parental

consent for use of the emergency inhaler has been given. Consent should be updated regularly, ideally annually, to take account of the changes in the child's condition. A template for parental consent is included as Appendix 2.

- The school's emergency salbutamol inhalers should be readily available in an area where staff are always present, such as reception
Parents should be informed if the emergency inhaler is used, and this should be documented. Click [here](#) for Dept of Health guidance on the use of emergency inhalers in schools.
- **Emergency inhalers are located:**
 - Senior school** Reception and outside the Sports staff office
 - Prep school** Bardwell Road – Medical room
Woodstock Road - Medical room

5. ****Inhaler Use / Techniques****

→ Examples of how to use different spacers can be found on the [Asthma and Lung UK website](#) within the spacers section (use link above) and within [understanding your child's inhalers](#).

→ Beat Asthma has some excellent [short films](#) on how to use different spacers, as well as other resources, in the 'videos' section of their website

The Hands-on Guide to Practical Paediatrics team has put together instructional videos on how to use different inhalers:

→ [How to use a metered dose inhaler \(MDI\) with a volumatic spacer](#)

→ [How to use a Turbuhaler](#)

→ [How to use an Accuhaler](#)

→ [How to use an Easi-Breathe inhaler](#)

→ The Hands-on Guide to Practical Paediatrics team has also developed an instructional video on [how to give inhalers to a young child or baby](#).

→ West Suffolk NHS Foundation Trust shared this [short video](#) for #AskAboutAsthma 2022 week where paediatric respiratory nurse specialist Liz and asthma patient Evelyn show you

how to use an inhaler with a spacer and face mask. Face masks are recommended for children under five, or as appropriate to the individual child.

6. ****Supervision During Physical Activities:****

- . All staff members should be aware of all pupils with medical conditions, including asthma and their asthma management. Teachers must ensure that students have their reliever inhalers with them during physical education classes or outdoor activities.
- Some children may need to take precautionary measures before or during exercise and may need immediate access to their asthma inhalers.

7. **Considerations for Art, DT and Science Teachers**

- Fumes from science experiments can trigger asthma symptoms or attacks. Teachers should check pupils care plans for specific triggers. Fume cupboards should be used wherever possible to avoid this. When a fume cupboard is not available, an asthmatic pupil should be asked to sit near an open window, at a good distance from the experiment(s).
- In Biology lessons asthmatic pupils should be reminded not to sit near to animals, birds or pollen experiments.
- In Technology lessons asthmatic pupils should be reminded to be aware of sawdust and fumes from solder, plus the need to wear eye protection as necessary.

8. ****School Trips / Educational Visits****

- Arrangements for pupils to use their reliever inhaler, either routinely or in emergency situations, will need to be taken into consideration when planning school trips / visits. 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 Prep School trips and visits should be given when appropriate. Prep School 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 (preferably the pupil's personal spare device) for use in an emergency.
- Senior School pupils are responsible for bringing emergency medicines with them on school visits, however **staff must check that pupils have this medication** with them before departing on the visit. The trip leader must carry a second asthma inhaler (preferably the pupil's personal spare device) 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.

9. ****Emergency Response:****

- Staff members should be trained to follow the Asthma UK guidelines for managing asthma attacks In the event of an asthma emergency, (see page 2 of this protocol).
- Emergency contacts for students with asthma, including parents/guardians and healthcare professionals, must be readily available.

10. ****Asthma Register****

- School Nurses should maintain an 'Asthma Register' which includes the name of all affected pupils, their medication and how it should be taken.

11. ****Allergen Control:****

- GDST schools will strive to maintain an environment that minimizes exposure to known asthma triggers, such as allergens and irritants.
- Any changes in the school environment that may affect students with asthma will be communicated promptly to parents/guardians.

12. **Elevated Local Environmental Pollution Levels**

Follow guidance and information available if required.

<https://uk-air.defra.gov.uk/air-pollution/daq>

<https://uk-air.defra.gov.uk/latest/currentlevels?view=region>

13. ****Communication with Parents / Guardians:****

- Regular communication will be maintained with parents / guardians of students with asthma to update medical information and address any concerns.
- Parents / guardians are encouraged to inform the school of any changes in their child's asthma management plan.
- Care plans should be reviewed annually, and updated accordingly.

14. ****Review and Evaluation:****

- This Asthma Protocol should be reviewed regularly annually to ensure its effectiveness and relevance.
- Feedback from parents, staff, and healthcare professionals should be considered in the ongoing improvement of the policy.

By adhering to this Asthma Policy, GDST schools aim to create a safe and supportive environment for students with asthma, promoting their well-being and academic success.

15. **Other Relevant GDST Policies / Protocols and Further Information**

- Administration of Medicines Protocol
- Chronic and Long-term Conditions Protocol
- Severe Asthma Individual Healthcare Plan Template
- www.asthma.org.uk/
- www.asthmaandlung.org.uk/

Reviewed annually: September 2025

Lucy Mullins School Nurse

Annex 1 - ASTHMA MANAGEMENT PLAN

GREEN ZONE

- Asthma under control
- Breathing feels good
- No cough or wheeze
- Can take part in normal activities and sports

ACTION IF NECESSARY

Take 2-4 puffs of reliever inhaler as required, if cold symptoms present or before exercise

If wheezing and no improvement from reliever inhaler (blue) move to **AMBER ZONE**.

AMBER ZONE – MILD ASTHMA ATTACK

- Cough, wheeze or tight chest
- Can talk in sentences
- Not distressed

ACTION

GIVE 4 TO 6 PUFFS OF RELIEVER INHALER (BLUE) VIA A SPACER, ONE PUFF AT A TIME, SHAKE THE INHALER BETWEEN PUFFS

Reassure and stay with the child

Call for help from School Nurse or First Aider

Help child to sit up or lean forward

Loosen tight clothing

Inform the parent/guardian

If condition worsens move to **RED ZONE**.

RED ZONE – SEVERE ASTHMA ATTACK

- Breathing hard and fast
- Can't talk in sentences
- Distressed
- Becoming exhausted
- Pale/grey/blue in colour
- Feels frightened

ACTION

DIAL 999 FOR AN AMBULANCE

GIVE ONE PUFF OF RELIEVER INHALER (BLUE) EVERY 30 SECONDS (VIA SPACER), ENCOURAGE 4 BREATHS THROUGH SPACER, SHAKE THE INHALER BETWEEN PUFFS

If the child does not have a spacer, encourage them to hold their breath after each puff of inhaler

Call for help from School Nurse or First Aider

Contact parent/guardian

DO NOT move the child or make them lie back

Reassure and stay with the child

Loosen tight clothing

Keep calm

Annex 2

CONSENT to Use Emergency Salbutamol Inhaler - for Children Already Prescribed Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

If your child falls into the above category, we need written permission to use the school's emergency inhaler should the need arise, and if their usual inhaler is not available (for example, because it is broken, or empty).

Child's name

1. I can confirm that my child has been diagnosed with asthma by a medical professional / has been prescribed an inhaler but is not a diagnosed asthmatic. [delete as appropriate]
2. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

**Signed by Parent /
Guardian**

Date:.....

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

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:

Junior School - a 'head bump' wristband 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 following usual school procedure and the NHS guidance sent home for parental reference.

Senior School – a 'head bump' wristband should be given to the student, to show teachers in the remaining lessons of the day. Parents should be informed following usual school procedure and the NHS guidance sent home for parental reference.

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*
- *Association for Physical Education (AfPE)*
- *Return2Play*

Serious consideration should be given to the chance and effects of a second head injury during the recovery period from the initial incident, and appropriate precautions, eg rest or phased return taken.

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>

Revised annually: September 2025

Lucy Mullins, School nurse

Oxford High Senior School, Prep and Pre-prep School Infection Control Policy

Infection prevention and control measures aim to interrupt the cycle of infection by the routine use of good standards of hygiene, and other measures, so that transmission of infection is reduced overall. This is usually through:

- Encouraging and facilitating pupils and staff to participate in routine vaccination programmes
- Encouraging staff and pupils to practise high standards of personal hygiene, particularly good hand washing and cough etiquette
- Making sure the school environment is kept clean
- Following a strict protocol for cleaning up spillages of bodily fluids and disposing clinical waste and sharps
- Ensuring staff and pupils who are suffering, or potentially suffering, from infectious diseases do not return to school before the recommended exclusion period for their illness has elapsed.

Vaccinations

All schools should participate in NHS vaccination programmes for pupils, and arrange seasonal flu vaccinations for staff. All staff, parents and pupils should be encouraged to have the vaccinations at the recommended time.

Every pupil's vaccination status must be checked at school entry and at the time of any vaccination programmes. If pupils have missed any routine vaccinations their parents should be encouraged to arrange for missed or further catch-up vaccinations to be administered by their GP.

The national vaccination schedule changes periodically - check the [NHS website](#) for up to date details, or contact the school nurse.

Children who present with certain risk factors, may require additional vaccinations.

Hygiene

Handwashing is key in reducing the spread of many infectious diseases. Encourage everyone to thoroughly and regularly wash their hands using soap and warm water, particularly:

- after using the toilet
- after coughing / sneezing
- before eating any food, including snacks
- after breaks and sporting activities
- before food preparation

- after undertaking any cleaning activities

The [good hand hygiene](#) video demonstrates how to do this. If hand washing facilities are not available, hand sanitisers can be used as an alternative.

Many infections are spread through coughs and sneezes. Teaching, practicing and promoting good '**cough etiquette**' plays an important role in infection prevention and control.

Cleaning and Waste Disposal

Regularly cleaning the school environment is important to prevent and control the spread of infection. Measures for effective cleaning include:

- Having and implementing a detailed cleaning schedule which specifies the most appropriate cleaning chemicals, dilution rate and contact time and cleaning materials.
- Paying particular attention to frequently touched areas and surfaces, such as key pads / door release buttons, door handles and push plates, handrails and bannisters, wash hand basin taps and toilet flush handles, light switches, shared keyboards / mice, touch screens, telephones and hand operated dispensers.
- Regularly removing rubbish and waste and disposing of in the correct manner
- Thoroughly cleaning and ventilating an area occupied by someone with an infectious disease after they have left. Use of household disinfectant and single use / disposable cloths / paper towels will significantly reduce the risk of passing the infection on to other people.
- Everyone who undertakes cleaning tasks should ensure they wash their hands regularly, particularly at the end of the task and before preparing or consuming food or drinks.
- Anyone who cleans a room occupied by someone with an infectious disease should wear disposable gloves and aprons. At the end of the task they should take care taking them off to prevent self-contamination, and dispose of them correctly, then wash hands their hands thoroughly with soap and warm water.

All **spillages of blood and bodily fluids** (saliva, vomit, nasal and eye discharges, faeces and urine) should be cleaned up immediately following the '[Protocol for Dealing with the Spillages of Bodily Fluids](#)' (see Appendix 1) to reduce the risk of infectious micro-organisms causing further illness.

Bodily fluid spillage kits are found:

Senior school – In the cleaner's cupboard at reception, under the sink in the staff room and under the sink in the health centre.

Prep school – In a labelled drawer in the medical room

Pre-prep school – in a labelled cupboard in the medical room

Infectious Pupils

Micro-organisms such as bacteria, viruses and fungi are all around us. Most are either beneficial or harmless, but some cause infections resulting in symptoms such as fever and sickness. Infections in children are common because a child's immune system is immature. Added to this, young children often have close contact with their friends and lack good hygiene habits, making it easier for infections to be passed on. Schools therefore have an important role to play in teaching and reinforcing good hygiene habits to reduce the risk of infections spreading

Pupils with symptoms of infectious diseases must not come to school. See the following documents for details of exclusion periods:

- [GDST Common Childhood Ailments Protocol – includes diarrhoea and vomiting](#)
- [UKHSA Health Protection for Schools – Infection exclusion table](#)
- [UKHSA Health Protection in Schools - Guidance on managing cases of infectious diseases in schools](#)

Some infectious diseases are notifiable. These are usually notified through a GP. A nominated person in the school (usually the School Nurse) should telephone their local Health Protection Team as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)

Click here for [full list of notifiable diseases](#) updated in 2010.

Related Documents

- [GDST First Aid Policy](#)
- [GDST H&S HUB>Pupil Health – Infection Control](#)

Reviewed annually: September 2025

Lucy Mullins School nurse

Oxford High Senior School, Prep & pre-Prep school and Early Years Foundation Stage Bodily Fluid spill protocol

Spillages of bodily fluids (blood, faeces, urine, vomit, saliva, nasal and eye discharges) need to be cleaned up promptly to reduce the risk of infectious micro-organisms causing further illness. The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin (cuts and scratches). The risks from body fluids such as sweat tears and urine is considered to be low.

Before clearing up any spillages of body fluids:

- **Staff should be trained in how to do this safely and effectively.** A record of this training should be made and a copy of this protocol should be given to the trainee.
- Collect dedicated cleaning equipment e.g.: bucket, scraper, brushes, disposable cloths/paper towels, closable containers and bags.
- Collect appropriate absorbent material e.g. AbsorbGel or cat litter, and cleaning chemicals: surface disinfectants such as Distel / TriGene (always follow the manufacturer's instructions).
- Cover all cuts and scratches with a waterproof dressing.
- Wear disposable, abrasion-resistant and waterproof protective gloves and a disposable waterproof apron.
- Waterproof eye protection (goggles) and face mask may also be worn if there are concerns that the fluids may splash.
- If necessary, wear disposable overshoes or wellington boots.
- If possible, provide a good standard of ventilation, e.g. by opening windows
- Erect barriers and warning notices
- Provide buckets with disinfectant and long-handled brushes for personal decontamination at the exit point.

Cleaning Procedure

All surfaces which have been contaminated by body fluids should be disinfected as soon as possible by either:

- Use 'AbsorbaGel' solidifying agent or cat litter to turn any fluid into a gel/solid which can be scraped up and placed in a closable container for safe disposal.
- Bag up any contaminated material that needs laundry or disposal, e.g. bedding, clothing, soft furnishings.
- Wash the surfaces clean with detergent and warm water, then sprat the affected area with a suitable surface disinfectant e.g. Distel / TriGene and wipe clean with disposable paper towels / cloths:
- **Vomit and faeces and small quantities of tissue paper / paper towel or similar biodegradable material contaminated with minor blood / bodily fluid stains can be disposed of by:**
 - flushing down the toilet, providing there is no danger of blocking the drains
 - in a sanitary waste bin
 - in a yellow 'clinical waste' collection bag.
- Larger quantities of contaminated tissues /paper towels / cloths/ disposable gloves aprons and shoe covers must be placed inside a 'Clinical Waste' bag and collected by an authorised

waste disposal contractor or in a Sanitary Waste bin (more information in the **Hazardous Waste** section)

Distel / TriGene is a surface disinfectant that will kill HIV, Hepatitis A & B and all bacteria. If another disinfectant is used, ensure that it is **effective against both bacteria and viruses**.

Bodily fluid spillage kits are found:

Senior school – In the cleaner’s cupboard at reception, in a labelled cupboard behind reception and under the sink in the health centre kitchen

Prep school – In a labelled drawer in the medical room

Pre-prep school – in a labelled cupboard in the medical room

After the clean-up process has been completed:

- Dispose of all soiled disposable cleaning materials safely
- Clean and disinfect all non-disposable cleaning equipment, e.g. scrubbing brushes using a suitable disinfectant and air-drying.
- Remove and dispose of disposable gloves and aprons.
- Change out of any contaminated clothing, bag up and disinfect this as soon as possible by washing on a high temperature wash cycle.
- Wash your hands thoroughly.
- Yellow clinical waste bins are found in the health centre in the senior school, in the downstairs staff toilet at Woodstock Road and in the toilet under the stairs at Bardwell Road.

If blood or body fluids are **splashed onto the skin** wash the area well with soap and plenty of running water. Any **scratches** and **puncture wounds** should be encouraged to bleed and washed under running water, but not scrubbed or sucked.

If blood or body fluids are **splashed into the mouth, nose or eyes**:

- Rinse well with copious amounts of running water. Spit the water out – do not swallow it.
- Pupils - parents should be informed and advised that the child should be seen by her GP for advice and treatment.
- Staff - should seek advice from their own GP.
- The head-teacher and school nurse must be informed and the exact details of the incident recorded on Sphera / RIVO accident reporting system.

Reviewed annually: September 2025

Lucy Mullins School Nurse

Appendix 1

Appendix 1 – Head Injury Assessment Form

SCHOOL LOGO

Head Injury Assessment Form
Senior school, Junior 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 <u>stimuli</u>	
Observations Please record if the person has any of these symptoms.	Nausea? Headache? Blurred vision?	
If the injury is serious then please check eye-pupil dilation. School Nurse or staff trained to do this	Are the 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.)


Appendix 2: Click [here](#) to access the NHS advice sheet so it can be printed out and emailed to staff and

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](#).



www.what0-18.nhs.uk

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

CS45385 April 2020

Appendix 7

This list is correct as of September 2025. For updates throughout the academic year please consult the master list in the staff room or via the All Staff Google Classroom.

Red is out of date

Green is maternity leave

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	05/27
Barnes	Victoria	First aid at work	PE	09/27
Gilbert	Niki	First aid at work	Health Centre	09/26
Hawtin	Lauren	First aid at work	Sport	06/26
Irvine	Simon	First aid at work	Grounds Team	08/27
Keeler	Edd	First aid at work	PE	02/28
McGonigle	Kat	First aid at work	PE	05/27
Mullins	Lucy	First aid at work	Health Centre	12/25
Pelling	Jeffrey	First aid at work	Drama	01/28
Thompson	Ella	First aid at work	PE	11/25
		Outdoor first aid		
Sobey	Jack	Rescue Emergency Care Level 2	Science	11/27
Tomlinson	David	Rescue Emergency Care Level 2		11/27
		Emergency first aid at work	1 day	
Abbott	Joel	Emergency first aid at work	Chemistry	10/27
Abrams	Doug	Emergency first aid at work	Computing	6/28
Appleby	Andy	Emergency first aid at work	Facilities	2/27
Barbour	Gill	Emergency first aid at work	Physics	5/28
Barnes	Michael	Emergency first aid at work	Minibus	5/28
Bastin	Melissa	Emergency first aid at work	Music	6/28
Batchelar	Ed	Emergency first aid at work	SLT/Science	10/27
Berrett	Marc	Emergency first aid at work	Art	6/28
Berry	Sue	Emergency first aid at work	Biology	5/27
Black	Laura	Emergency first aid at work	Geography	5/27
Borman	Tania	Emergency first aid at work	Music	6/28
Boughton	Martyn	Emergency first aid at work	Minibus	10/27
Brackett	David	Emergency first aid at work	Minibus	8/26
Burton	Rachel	Emergency first aid at work	Maths	5/28
Chipchase	Claire	Emergency first aid at work	Maths	5/27
Chorley	Emma	Emergency first aid at work	MFL	6/28
Clark	Sally	Emergency first aid at work	PE	3/28
Colyer	Robin	Emergency first aid at work	Drama	10/27
Dighton	Neil	Emergency first aid at work	Science Tech	5/27
Dong	Jane	Emergency first aid at work	MFL	6/28
D'Souza-Eva	Penny	Emergency first aid at work	Maths	5/26
Duggan	Denis	Emergency first aid at work	Minibus	8/26

Foster	Peter	Emergency first aid at work	Music	01/28
Gallacher	Mike	Emergency first aid at work	Economics & Politics	5/25
Gardiner Legge	Marina	Emergency first aid at work	SLT	8/25
Hargraves	Evelyn	Emergency first aid at work		11/26
Hattenkofer	Elisa	Emergency first aid at work	English	5/28
Hay	Mike	Emergency first aid at work	Theatre Manager	4/27
Hilary	Emmanuel	Emergency first aid at work	MFL	10/27
Hughes	Alison	Emergency first aid at work	Learning Support	5/28
Idiahi	Mosleen	Emergency first aid at work	Science Tech	10/27
Jones	Richard	Emergency first aid at work	Chemistry	5/27
Karapanagioti	Niki	Emergency first aid at work	Classics	5/28
Knowles	Laura	Emergency first aid at work	SLT/History	10/27
Koria	Rakhee	Emergency first aid at work	Front office	8/26
Lankford	Paul	Emergency first aid at work	Minibus	3/28
Liebrecht	Sarah	Emergency first aid at work	MFL	6/28
Lonsdale	Richard	Emergency first aid at work	Classics	5/28
McMorrow	Tilda	Emergency first aid at work	Library	5/26
Nebesnuick	Claire	Emergency first aid at work	SLT/English	5/27
Nicholl	Jonathan	Emergency first aid at work	SLT	3/28
Noonan	Chris	Emergency first aid at work	Minibus	2/27
Osborne	Mike	Emergency first aid at work	Minibus	8/26
Pallas-Brown	Rachael	Emergency first aid at work	SLT/RS	5/27
Phipps	Dani	Emergency first aid at work	English	6/28
Rhodes	Jennie	Emergency first aid at work	Physics	5/28
Rhodes	Maxine	Emergency first aid at work	Administration	3/28
Rudnay	Jennifer	Emergency first aid at work	Speech & Drama	05/28
Rugna	Massimo	Emergency first aid at work	MFL	6/28
Rymer	Emily	Emergency first aid at work	MFL	5/27
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
Siddiqi	Mariam	Emergency first aid at work	Physics	5/28
Sissons	Sophie	Emergency first aid at work	Geography	5/27
Sladden	Sue	Emergency first aid at work	PE part time	5/26
Smith	Tim	Emergency first aid at work	Minibus	11/26
South	Paul	Emergency first aid at work	History	5/27
Stacey	Andrew	Emergency first aid at work	Maths	11/26
Steer	Zoe	Emergency first aid at work	Biology	6/28
Stevens	Kathryn	Schools first aid course	PE	10/27
Tailford	Eden	Emergency first aid at work	Maths	10/27
Tarry	Nigel	Emergency first aid at work	Minibus	8/26
Tonks	Melanie	Emergency first aid at work	PE	6/27
Townend	Frances	Emergency first aid at work	RS	5/28
Walker	Manny	Emergency first aid at work	Art Tech	5/26
Wang	Juan	Emergency first aid at work	MFL	11/26
Watts	James	Emergency first aid at work	SLT/IT	5/27
Westwood	Nicola	Emergency first aid at work	Science	5/26
Whittington	Maria	Emergency first aid at work	Science	3/28

Willis	Sean	Emergency first aid at work	RS & Philosophy	11/26
Wilson	Helen	Emergency first aid at work	Textiles	6/28
Wilson	Sophie	Emergency first aid at work	Reception	3/28
Wiscombe	Alice	Emergency first aid at work	Geography	6/27
Woodcock	Amanda	Emergency first aid at work	Art Tech	6/28

Red is out of date

Green is maternity leave

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
Day	Jo	First aid at work	PE Prep	3/27
Eyre	Jill	First aid at work	Bardwell Road	11/27
Woodcock	Emily	First aid at work	BR and WR	3/28
		Paediatric 2 day		
Dubois	Susan	Paediatric first aid	Woodstock Road	01/28
Cariad	Rebecca	Paediatric first aid Level 3 Forest School first aid	Woodstock Road	01/28 01/28
Collins	Sally	Paediatric first aid	Woodstock 4.0	01/28
Latham	Naomi	Paediatric first aid Level 3 Forest school first aid	Bardwell Road	1/27 1/27
Sareen	Tracy	Paediatric first aid	Woodstock Road	11/27
Walker	Claire	Paediatric first aid	Woodstock Road	6/28
Wilkinson	Ella	Paediatric first aid		11/27
Wong	Connie	Paediatric first aid	Bardwell Road	3/26
		1 day course		
Amano	Ellie	Emergency first aid at work	Bardwell Road	3/28
Andrews	Sinead	Emergency first aid at work	BR and WR	9/26
Aslam	Bianca	Emergency first aid at work	Woodstock Road	5/26
Asman	Liliane	Emergency first aid at work	Woodstock Road	3/28
Aylward	Molly	Emergency first aid at work	Woodstock Road	1/26
Chuard	Anike	Emergency first aid at work	Bardwell Road	1/26
Day	Jo	Emergency first aid at work	Prep PE	02/26
Kelsey	Carol	Emergency first aid at work	Bardwell Road	11/26
Kennedy-Wood	Cara	Emergency first aid at work	Bardwell Road	11/26
McGarrity	Louise	Emergency first aid at work	Bardwell Road	5/25
Panatti	Claudia	Emergency first aid at work	Bardwell Road	10/27
Reed	Joanna	Emergency first aid at work	Bardwell Road	3/28
Sweeney	Annette	Emergency first aid at work	Bardwell Road	02/28
Walter	Olivia	Emergency first aid at work	Woodstock Rd	1/26
Warren	Carolyn	Emergency first aid at work	Bardwell Road	5/24
Wei	Wei	Emergency first aid at work	Bardwell Rd 4	02/28
Williams	Jessica	Emergency first aid at work	BR and WR	5/26
Wong	Connie	Emergency first aid at work	Bardwell Road	3/26
Yamazaki	Kanari	Sports first aid level 3	Bardwell Road	3/28

Red – have expired