Policy 13A - First Aid

Incorporating 13C First Aid Qualifications and
13D Administration of Medicine
Including EYFS

(Review annually)

Category definitions
1. policies where there have been no changes 2. policies containing minor changes of a factual nature 3. policies which contain significant changes or are new and require thorough reading

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Policy Statement

It is our policy to provide a healthy and safe environment for staff, pupils and visitors to the School. We expect that at all times our staff and pupils will cooperate fully in implementing health and safety initiatives, do everything possible to make sure injuries do not occur to themselves and others and take responsible care of their own health and safety at all times. To help keep children healthy and minimise infection we do not expect them to attend School if they are unwell. We also recommend that children are vaccinated in accordance with the Government's health policy.

- The School has a Health and Safety Consultant with the Operations Manager being a designated Health and Safety Officer.
- It is our intention that there is a qualified first aider on the premises at all times. A paediatric first aider will be on the premises during the Pre-Prep day and will also accompany Pre-Prep pupils on any outing. Details of the nominated first aiders are available on the Shared Drive and in the staff room.
- First aid boxes can be found in all buildings, specialist areas, by the back door in the Pre-Prep department, School minibuses and swimming pool. At playtime in Pre-Prep, a first aid box is taken outside by a member of staff on duty. During playtime in the Prep department a first aid box is located in the shed at the side of the Astro pitch and by the water fountain alongside the Slope.
- Other first aid bags are available in the medical room e.g. for taking on School trips.
- All first aid bags are maintained by the Receptionist, but it is the responsibility of staff using them to inform the nominated person if items need topping up or replacing. First aid boxes will be checked at least once per term.

1. General Procedures

- All accidents (however minor) that occur on the School premises involving members of staff, pupils or persons not employed by the School must be recorded in the accident book kept in the medical room. As of 24th February 2026 all first aid incidents and medication administrations will be recorded on Medical Tracker. While we are transitioning to the new system we will run both systems concurrently. The time of accident, the date, how it happened, first aid given and any recommendations arising must be included in the report. A child may be treated by a qualified member of staff prior to being taken to the School Office to report the accident.
- In the case of accidents requiring further treatment, the injured adult or parent of the injured child should be advised to see their doctor and this recommendation written into the Accident Book or on Medical Tracker.
- We follow guidance from Public Health England and follow their recommended exclusion periods for specific illnesses. The School has a list of excludable diseases and current exclusion times. The full list can be found in Appendix 5.
- We have the right to refuse admission to a pupil who is unwell. This decision will be taken by a member of the Senior Management Team and the Operations Manager .
- If a pupil becomes ill, particularly with an infectious or contagious condition and we contact the parents, we expect the child to be collected as soon as possible from the medical room. If we are unsuccessful in contacting parents, we will take responsible measures to care for that pupil.
- We will expect parents to cooperate with us by not permitting children to attend School if they have any infectious or contagious illness and by ensuring that they do not return until 48 hours after symptoms subside. Staff will also be asked not

to attend work under the same circumstances. We will inform all parents if there is a contagious infection identified in the School to enable them to spot the early signs of this illness in their child(ren).

- If a child (staff member) has uncontrolled diarrhoea and/or vomited, the child (or staff member) must not return to School until 48 hours after the last diarrhoea/vomiting episode.
- Where children have been prescribed antibiotics, parents are asked to keep the child at home for 24-hours before returning to School in case of an allergic reaction.
- Where children have a high temperature (38 degrees or higher) parents are asked to keep them at home for 24-hours before returning to School to prevent cross contamination.
- Nits and head lice are not an excludable condition; however, any individual (either staff or child) who has nits or head lice should not attend School until after necessary treatment. Should a pupil be found to have head lice when at School, their parents will be immediately contacted and the pupil sent home for treatment. We ask parents to notify us if their child has head lice so that other parents can be alerted and so that additional precautions can be taken to minimise cross contamination.
- Conjunctivitis is not an excludable condition if the case is isolated. However, if there are more than two cases with the condition it becomes excludable to prevent the spread of infection. Parents may be asked to collect their child if the numbers increase.
- A photograph of all pupils who have any health problems/allergies will be displayed, along with details of their medical requirements on a board in the staff room. All staff should familiarise themselves with the health care needs of such pupils. A photograph of any pupil who is not allowed to have any form of medication administered will also be placed on this board.
- A 'Medical Information and Consent form' is required for every pupil prior to them starting at School. The form has a section which parents must sign before any form of medication can be administered. A copy of this form is kept locked in their pupil file located in the School office. Medical information about all the pupils is stored on Engage and can be accessed quickly by staff to check if a pupil has any allergies or medical problems.
- If a pupil needs medical attention whilst at play then, if appropriate, a member of staff can give first aid outside. If a pupil needs urgent medical attention, then a member of staff on duty should contact the School Office who will organise an appropriate member of staff to deal with it. This may involve the member of staff on duty accompanying the pupil into School, asking an older pupil to do so, or getting a message into School asking for a nominated first aider to attend.

2. Immunisation

We strongly recommend that children are vaccinated in accordance with the Government's health policy and their age. If children are not vaccinated, it is the responsibility of the parents to inform the School to ensure that we can manage any risks to their own children, other children, staff and parents in the best way possible.

Parents need to be aware that some children may not be vaccinated. This may be due to age, medical reasons or parental choice. The School does not discriminate against children who have not received their immunisations and will not disclose individual details to other parents.

- It is the responsibility of parents to inform the School if their child is not vaccinated. This is recorded on the Medical Information and Consent Form.

- We also ask all parents to advise us if their child is suffering from common childhood illnesses so that we can inform other parents, thus enabling them to spot the early signs of this illness in their child(ren).
- Information regarding immunisations should be updated as and when necessary, including when the child reaches the age for appropriate immunisations.

It is the responsibility of all staff to ensure they keep up to date with their vaccinations for:

- Tetanus
- Tuberculosis
- Rubella
- Hepatitis
- Polio

If a member of staff is unsure as to whether they are up-to-date, then we recommend that they visit their GP or practice nurse for their own good health.

3. Procedure to be followed in the event of an accident

- If a pupil or a member of staff has an accident they will receive first aid from a member of staff or first aider.
- Gloves will be worn when dealing with blood or other bodily fluids.
- The wound will be cleaned with sterile cloths or a cold compress applied.
- No ointments will be applied but plasters can be used once it has been ascertained that the person does not have an allergy to them. Internal medicine will only be given with parental consent.
- If hospital attention is required, then a member of staff will make that decision and will take the necessary action to get the person to hospital.
- The Operations Manager must be informed if any pupil, employee, contractor or visitor is taken directly from the School to hospital as the result of an accident.
- If a serious accident has happened to a pupil the parents will be informed immediately by a member of staff.
- A serious accident will be reported to the Operations Manager and the Health and Safety Consultant. The Operations Manager will report injuries as necessary to the Incident Contact Centre (ICC) under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
- All accidents must be recorded in the Accident Book or on Medical Tracker.
- It is preferable to send a Pre-Prep child home rather than keep them in the medical room. If this is not possible then the child cannot be left unattended.
- If any child receives a bump to the head a 'bumped head' note (Appendix 4) must be sent home that day. This will be replaced by an automatic email from Medical Tracker once the online system is fully operational with similar nomenclature.

For EYFS children, parents must be informed of any accident or injury sustained by the child on the same day or as soon as reasonably practical, and any first aid treatment given.

4. Emergency procedures

If a child requires emergency treatment a member of staff must call the emergency services on **999.**

The following information will be asked for:

- your telephone number
- location - School address and postcode
- exact location within the School
- your name
- brief description of child's symptoms
- inform which is the best entrance and state that the crew will be met and taken to the injured child

The School office will need to be notified (either by another person or by walkie talkie/telephone) that the emergency services have been or need to be called. They will need to organise someone to meet the emergency crew.

It is important that the child is cared for as appropriate whilst waiting for the emergency services.

5. Precautions to avoid infection

- All staff will take precautions to avoid infection and follow basic hygiene procedures.
- Disposable gloves will always be used when administering first aid.
- All blood soils will be placed in a biohazard bag and disposed of in the clinical waste bin in the medical room as soon as possible.
- If a sharps box is required, it will be available in the medical room. When full the member of staff or the pupil's parents will be notified so that the box can be collected, safely disposed of and replaced.
- If a child or staff member is diagnosed as suffering from a notifiable disease under the Public Health (Infectious Disease) Regulations 1988 their and/or the School's local GP will report this to the Health Protection Agency.
- When the School becomes aware, or is formally informed of the notifiable disease, the Operations Manager Consultant informs Ofsted as soon as possible and in all cases within 14 days of any food poisoning affecting two or more pupils. The School acts on any advice given by the Health and Protection Agency.

6. Procedure for blood and other body fluid spillage

- Gloves to be worn at all times.
- Any soiled wipes, tissues, plasters, dressings etc. must be disposed of in the clinical waste bin (yellow bag). In any incident where a yellow bag is not available, then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.
- When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so absorbing the spill.
- The contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.
- Wash hands.
- Any soiled bedding from the medical room will be bagged separately and washed separately on a hot cycle by the School's laundry.

- If the first aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:
  - wash splashes off skin with soap and running water;
  - wash splashes out of eyes with tap water or an eye wash bottle;
  - wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
  - record details of the contamination;
  - report the incident to the Health and Safety Officer and take medical advice if appropriate.

7. Defibrillator

The School defibrillator is located in the medical room and is regularly checked.

8. Training

The School is committed to providing appropriate training for staff who participate in the giving of first aid or medicine. Adrenaline Auto-Injector (AAI) training will be offered to staff as required. Specialist Diabetes Nurse training will take place for staff as required. Paediatric First Aid will be provided for Pre-Prep staff. Other staff will participate in either First Aid for Schools or First Aid at Work (3 days). Training will be regularly updated.

9. First Aid Qualifications

FIRST AIDERS - BY MAIN LOCATION as at 23rd April 2026			
Main Location: Pre-Prep Department			
1	Livvy	Crisell	Blended Paediatric First Aid - Online & 5th September 2023 (expires 4th September 2026) - SJA
2	Samantha	Coopper	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
3	Shona	Ferris	Blended Paediatric First Aid - Online & 15th April 2024 (expires 14th April 2027) - Critical Response Training
4	Julie	Triska	Blended Paediatric First Aid - Online & 5th September 2023 (expires 4th September 2026) - SJA
			Child Mental Health Training - 12th November 2024 (Expires 11th November 2027)
			QNUK Level 3 Award in Paediatric First Aid - 2nd February 2025 (Expires 1st February 2028) - Coast & Forest
			QNUK Level 3 Forest School First Aid - 2nd February 2025 (Expires 1st February 2028) - Coast & Forest
5	Rachel	Harris	Blended Paediatric First Aid - Online & 15th April 2024 (expires 14th April 2027)- Critical Response Training
6	Joanne	Hostler	Blended Paediatric First Aid - Online & 15th April 2024 (expires 14th April 2027)- Critical Response Training
7	Sarah	Platt	Blended Paediatric First Aid - Online & 5th September 2023 (expires 4th September 2026) - SJA
8	Lucy	Rogers	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
9	Vicky	Taylor	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
10	Sally	Livingston	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
11	Ellie	Warner	Blended Paediatric First Aid - Online & 2nd May 2025 (expires 1st May 2028) - SJA
12	Lesley	Barnett	Blended Paediatric First Aid - Online & 5th September 2023 (expires 4th September 2026) - SJA
13	Kathryn	James	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
14	Nicky	Wilson Balchin	Forest School First Aid & Pediatric First Aid 8th May 2025 (expires 7th May 2028) - ELST

			Emergency First Aid at Work 8th May 2025 (expires 7th May 2028) - ELST
15	Camila	Buchholtz	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
Main Location: Sports & Outdoor Areas			
1	Madelon	Burnett	Blended Paediatric First Aid - Online & 15th April 2024 (expires 14th April 2027) - Critical Response Training
			NRASTC Light - 6th January 2025 (expires 5th January 2027)- RLSS
2	Richard	Dean	QNUKLevel 3 Award in Paediatric First Aid - 6th November 2023 (Expires 2nd November 2026)
			QNUK Level 3 Forest School First Aid 6th November 2023 (Expires 2nd November 2026)
			QNUK Level 3 Outdoor First Aid 6th November 2023 (Expires 2nd November 2026)
3	Sarah	Clarke	Blended Paediatric First Aid - Online & 15th April 2024 (expires 14th April 2027) - Critical Response Training
			NRASTC Light - 6th January 2025 (expires5th January 2027)- RLSS
4	Aidan	Mullins	Blended Paediatric First Aid - Online & 5th January 2026 (expires 4th January 2029) - Critical Response Training
5	Ben	Smith	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
			NRASTC Light - 6th January 2025 (expires 5th January 2027)- RLSS
6	Elizabeth	Mullins	Blended Paediatric First Aid - Online & 5th September 2023 (expires 4th September 2026) - SJA
Main Location: Great Roke			
1	Karine	Early	Blended Paediatric First Aid - Online & 15th April 2024 (expires 14th April 2027) - Critical Response Training
2	Pippa	Goedkoop	Blended Paediatric First Aid - Online & 15th April 2024 (expires 14th April 2027) - Critical Response Training
3	Luisa	Mason	Blended Paediatric First Aid - Online & 15th April 2024 (expires 14th April 2027) - Critical Response Training
4	Jonathan	Hinds	Blended First Aid at Work - 23rd March 2026 (expires 22nd March 2029) - SJA
5	Anthony	King	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
6	Anita	Wood	Blended Paediatric First Aid - Online & 15th April 2024 (expires 14th April 2027) - Critical Response Training
7	Jane	Hubble	Blended Paediatric First Aid - Online & 5th January 2026 (expires 4th January 2029) - Critical Response Training

8	Anton	Pretorius	Blended Paediatric First Aid - Online & 15th April 2024 (expires 14th April 2027) - Critical Response Training
9	Jenn	Sewell	Blended Paediatric First Aid - Online & 5th January 2026 (expires 4th January 2029) - Critical Response Training
10	Karen	Herrington	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
11	Olivia	Mowlam	Blended Paediatric First Aid - Online & 5th January 2026 (expires 4th January 2029) - Critical Response Training
12	Anastasia	Hobbs	Blended Paediatric First Aid - Online & 5th January 2026 (expires 4th January 2029) - Critical Response Training
13	India	McMillan	Blended Paediatric First Aid - Online & 5th January 2026 (expires 4th January 2029) - Critical Response Training
Main Location: Thomas More Centre (Junior Prep) + St Joseph's Centre (Art/DT)			
1	Sara	Pickard	Blended Paediatric First Aid - Online & 5th September 2023 (expires 4th September 2026) - SJA
2	Amber	Tyrrell	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
3	Tom	O'Kelly	Blended Paediatric First Aid - Online & 5th September 2023 (expires 4th September 2026) - SJA
4	Ruth	Wheeler	Blended Paediatric First Aid - Online & 5th January 2026 (expires 4th January 2029) - Critical Response Training
5	Caroline	Withers	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
Main Location: St Albertus Magnus (Science + Ballet Studio + Hall)			
1	Tom	Behan	Blended First Aid at Work - 23rd March 2026 (expires 22nd March 2029) - SJA
2	Joseph	Unwin	Blended Paediatric First Aid - Online & 5th January 2026 (expires 4th January 2029) - Critical Response Training
			NRASTC Light - 6th January 2025 (expires 5th January 2027)- RLSS
Main Location: Site-Wide			
1	Anthony	Gniotek	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training
2	Kim	Hall	First Aid at Work - 12th to 14th August 2025 (expires 13th August 2028) - SJA
3	Mark	Withers	Blended Paediatric First Aid - Online & 5th January 2026 (expires 4th January 2029) - Critical Response Training
4	John	Wesley	Blended Paediatric First Aid - Online & 22nd April 2025 (expires 21st April 2028) - Critical Response Training

Appendix 1 - Administration of Medicines

The Governing Body recognises that many pupils will at some time need to take medication whilst at School. While parents retain responsibility for their child's medication, the School has a duty of care to the pupils at School and the Governing Body wishes to do all that is reasonably practicable to safeguard and promote children's welfare.

The governing body takes full responsibility for the administration of medicines during School time.

All staff are expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. However, staff who volunteer their services will be given training to administer first aid and/or medication to pupils.

1. Records

On admission of the pupil to the School, all parents will be required to provide information giving full details of:

- Medical conditions
- Immunisation
- Allergies
- Regular medication
- Emergency medication, if this includes an AAI permission to be gained that a spare AAI can be administered under the direction of a healthcare professional
- Emergency contact numbers
- Name of family doctor/consultants
- Special requirements (e.g. dietary)

Parents will be required to review and if necessary update the medical information on an annual basis and/or if medical information changes during the year.

2. Administration of a prescribed medicine

The School expects that normally parents will administer medication to their children.

Any requests for medicine to be administered must come from a parent in writing. A Request to Administer Medication Form will be used (Appendix 3). The following information must be included:

- Name of child and class
- Name of parent and contact number
- Name of medication
- Name and contact details of doctor who prescribed it
- Dosage and times to be administered
- Storage requirements

The form will end with the following consent statement.

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the School to administer the medication. I will inform the School in writing of any changes to the above information.

A separate form must be completed for each medicine to be administered.

Parents will be expected to notify any requests for the administration of medicines at the earliest opportunity. The Head or person authorised by the Head will decide whether any medication will be administered in School and by whom. In appropriate cases the Head in consultation with the parents and anyone else the Head deems necessary will draw up a healthcare plan.

- The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instruction for administration printed clearly on the label.
- The School will not be responsible for the renewal of any medication. This is entirely the parents' responsibility.
- If the pupil is required and able to administer his/her own medicine (e.g. inhaler for asthma) the nominated first aider will check that the pupil fully understands what has to be done and will supervise the administration.

Normally the administration of medication will only be done in School at the following times:

- Immediately before School
- Morning break and lunch time
- If necessary immediately after the end of the School day.

3. Non-prescriptive medication

Liquid paracetamol, antihistamine or Piriton, may only be given to pupils whose parents have signed the necessary consent form. On occasions a nominated first aider may be required to give other non-prescription medicines, in such circumstances a Request to Administer Medication Form or a letter from the parent is required (Appendix 3). The details required on the form should be included in any letter.

Where medicine is administered to a child, parents must be informed the same day or as soon as reasonably practicable. In all cases the Medicine Administered Form (Appendix 2) must be filled in and sent home. This will be replaced by an automatic email from Medical Tracker once the online system is fully operational with similar wording to the form.

A pupil may not be given medicines containing aspirin unless it has been prescribed for that pupil. Non-Prescription medicines should only be administered by the nominated first aider or similarly qualified staff.

4. Emergency medication

If a pupil in Pre-Prep has an inhaler or an AAI, it should be handed to the class teacher who will be responsible for ensuring that the medication is on hand as requested by the parent. A pupil in year 3 or 4 should also hand their medication to the class teacher but they along with the class teacher become responsible for its availability. Pupils in years 5-8 may carry their emergency medication in their School bag. A second emergency medication may be requested to be kept in the medical room. A child who requires their medication to be kept with them at all times e.g. Type 1 Diabetes may keep their medication in an agreed place in each classroom. It is the responsibility for each teacher to ensure that the child has arrived at their lesson with their medication bag. In this instance a secondary medication bag should be kept in the Medical room. It is the parents' responsibility to ensure all medications do not exceed the expiry date.

The School will keep spare; age appropriate, AAI in the medical room in a clearly marked box. They will be regularly checked and replaced as required.

The spare AAI should only be used in a pupil where both medical authorisation and written parental consent have been provided. This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/guardian must be obtained.

The School's spare AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly.

Parental consent will be gained via the Medical Information and Consent Form.

In the event of a possible severe allergic reaction in a pupil who does not have an AAI or does not meet the above criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

5. School visits or out of School activities

It is the responsibility of the member of staff in charge to ensure that any emergency medication e.g. inhaler, AAI is collected from the medical room or that the pupil has it in their bag.

If a pupil is required to take a prescribed medicine e.g. antibiotics, during an out of School visit or activity the member of staff in charge of the trip should ensure they have a completed Request to Administer Medication Form (Appendix 3). A Medicine Administered form must be filled in and sent home with the pupil (Appendix 2). A record of administration should be put into the medical room upon return to School.

On return to School it is the responsibility of the member of staff in charge to ensure that all medication is returned to the medical room and necessary paperwork completed.

6. Pupils with a specific medical condition

Pupils with a specific condition, e.g. Type 1 Diabetes, asthma, who may need medication or treatment at certain times, might have an agreed health care plan which is agreed by the pupil, their parents and the School. These plans will be stored in the medical room and with the pupils Form teacher. All staff will be made aware of these pupils.

7. Long term medical needs

The School will do all they reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents and if necessary the family doctor.

8. Records and storage of medication

- A photograph of all pupils who have any health problems will be displayed, along with the details from their 'Medical Information and Consent form' on a board in the staff room. All staff should familiarise themselves with the health care needs of such pupils. A 'Medical Information and Consent form' is required for every pupil prior to them starting at School. The form has a section which parents must sign before any form of medication can be administered.
- All medicines will be stored in the medical room in accordance with the product instructions. Only emergency medication may be carried around School by pupils. Any medications requiring refrigeration will be kept in the medical room fridge which pupils do not have access to.
- All Request to Administer Medication forms must be kept in the medical room.
- The School form Medication Given (Appendix 2) must be completed after the administration of any medicine. It will be kept in the file in the medical room.

The form will include:

- Name of the pupil
- Date and time of the administration
- Who supervised the administration
- Which medication
- Dosage
- A note of any side effects.

If a pupil requires regular medication during the School day, the Medication Given form (Appendix 2) will be filled in and signed by the adult who gave the medication.

Appendix 2 – Medication Given form

Barrow Hills SCHOOL

MEDICATION GIVEN FORM

Date:	

Dear Parent

I am writing to let you know that

was given the following type of medication today.

Name of medication:	
Reason for medication:	
Dosage and time given:	
Administered by:	

Barrow Hills SCHOOL

MEDICATION GIVEN FORM

Date:	

Dear Parent

I am writing to let you know that

was given the following type of medication today.

Name of medication:	
Reason for medication:	
Dosage and time given:	
Administered by:	

Appendix 3 – Request to Administer Medication

Request to Administer Medication

Medicine brought from home should be handed in to the School Office, Reception or the Class Teacher. The medicine must be in the original packaging, should be clearly marked with the dose and the pupils name.

Full name of child:		
Class:		
Parent details:	Name:	
	Contact No:	
Prescribing Doctor:	Name:	
	Surgery:	
	Phone No:	
Medication Details:		
Dosage:		
Administration times:		
Storage Instructions:		

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the School to administer the medication. I will inform the School in writing of any changes to the above information.	
Parent / Guardian Name:	
Parent / Guardian Signature:	
Date:	

Appendix 4 – Bumped head letter

Head bump: Injury advice sheet

Dear Parent / Guardian,

As you will know your child sustained a bump to the head today.

Most head injuries do not cause serious problems.

However, problems relating to a head injury may not always occur right away.

If your child develops any of the following problems, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999 / 112) or NHS Direct on 111 / 0845 4647.

- Lasting headache that gets worse or is still present over six hours after the injury.
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury.
- It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury.
- Unconsciousness or coma.
- Unequal pupil size.
- Confusion, feeling lost or dizzy, or difficulty making sense when talking.
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture).
- Bleeding from the scalp that cannot be quickly stopped.
- Not being able to use part of the body, such as weakness in an arm or leg.
- Difficulty seeing or double vision.
- Slurred speech.

Appendix 5 – Sickness and illness minimum exclusion periods

Please see the table below which outlines the infection and exclusion periods. This has been compiled using advice provided by Public Health England and we request that all parents follow this guidance when deciding whether their child should attend School or not.

Infection / Illness	Exclusion	Notes
Antibiotics prescribed	24 hours	If antibiotics are ongoing a 'request to administer medication' form will need to be completed – see Appendix 3.
Chicken Pox/Shingles**	At least for 5 days and when spots have formed a scab	Children will need to stay away from school until all the spots have formed a scab. This is usually 5 days after the spots appeared. School should be informed.
Conjunctivitis		As long as there are less than two children with viral conjunctivitis, there is no exclusion period. However, if these numbers are exceeded, children will be requested to stay at home to prevent it spreading.
Coughs, colds and sore throats	None	Can come in if they are well enough. They will not be admitted if they are unwell or have severe coughing fits.
Diarrhoea & vomiting	48 hours from last bout	
Diphtheria*	Seek medical advice Exclusion is essential	Family contacts must also be excluded until cleared to return. Most children are immunised.
E coli*	Seek medical advice	Seek medical advice as it depends on the type of E coli. Schools are required to notify PHE & Ofsted.
Flu (influenza)	None	Flu is most contagious just before the onset of symptoms, if the child is well there is no exclusion.
German Measles (rubella)**	5 days from onset of rash	The child is most infectious before the diagnosis is made. Most children are immunised. Please be aware that this disease can be harmful to expectant mothers.
Glandular fever*	None	The child can return when they feel well enough.
Hand, foot & mouth	None	As long as the child is well.
Head lice	After treatment	Please use a treatment advised by a pharmacist & let the School know so we can inform other parents.
Impetigo**	3-5 days	Highly contagious, the child can return when lesions have crusted or healed.
Measles*	7 days from onset of rash	Very contagious, from the onset of the rash we recommend at least 7 days away from School. Most children are immunised.
Meningitis*	Seek Medical advice	They can return when declared fit by a doctor. Please share this with the School. Most children are immunised.
Mumps*	5-7 days	A child must not return to School until the swelling has gone and temperature is back to normal. Most children are immunised.

Ring worm (body & scalp)	None (body) Until cleared (scalp)	Body - ensure treatment is given or exclusion may be given. Scalp – until scalp is cured.
Scabies**	24 hours	24 hours after treatment is started. Household and close contacts require treatment at the same time.
Scarlet fever**	24 hours	24 hours after treatment is started if the child is well enough.
Slapped cheek disease	None	Until recovered – please be aware that this disease can be harmful to expectant mothers.
Temperature	Until temperature returns to below 38	Child can return once clear of temperature if feeling well.
Threadworm	None	Treatment recommended for children and the rest of the household.
Tonsillitis	None	Tonsillitis is not contagious, but the infections that cause it are (for example, colds and flu).
Warts & verrucae	None	Verrucae should be covered in swimming pools and changing rooms
Whooping cough*	2 days – 21 days	Exclusion period depends on whether they have had antibiotic treatment. Non-infectious coughs may continue for many weeks. Most children are immunised.

*** Denotes a notifiable disease**

**** In addition to the above these Infectious diseases require sign off from the School before the child can return**