LAMBROOK

NURTURING
POTENTIAL
SINCE 1860

First Aid Policy

This document applies to all parts of Lambrook School including the Early Years Foundation Stage.

Reviewed September 2025

Review Date: September 2026

LAMBROOK'S AIMS

Since 1860, Lambrook has been laying the foundations for its pupils' futures. Children have one opportunity for an education which will form the basis of their lives and, at the same time, one childhood; Lambrook aims to keep a happy balance between the two. During their time with us, we give our pupils the 'Feathers to Fly' so that when they leave us, they will spread their wings and will take flight; leaving Lambrook as confident, happy, engaging, mature, considerate and thoughtful young adults who are outward looking global citizens.

Inspiring

Inspiring pupils from Nursery through to Year 8, ensuring an outstanding level of education from our exceptional staff.

Nurturing

Nurturing all pupils through an outstanding level of pastoral care, enabling them to flourish in a happy environment

Providing

Providing pupils with an abundance of opportunities to discover, develop and showcase new talents.

Preparing

Preparing our children for the next stage of their educational journey by giving them the skills for scholarship and Common Entrance entry at leading Senior Schools.

Equipping

Equipping our children for the ever-increasing challenges of the world in which they live; giving pupils the skills and the confidence to understand technology, the environment and other cultures better, thus enabling them to make a difference in the world, both now and in the future.

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

Lambrook has Early Years Foundation Stage provision in the Lambrook Nursery and Pre-Prep department therefore at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times.

Lambrook has (at time of policy review) 89First Aid trained members of staff, (some staff have duel qualifications) 59 Emergency Paediatric First Aid (EPFA), 26 Paediatric First Aid (PFA) 2 First Aid At Work (FAAW) and 12 Emergency First Aid At Work (EFAAW). The trained staff work support the School Nurses in dealing with first aid or to give first aid in the absence of a School Nurse. The aim is to maintain this level of trained members of staff.

3.1 Appointed person(s) and first aiders

The school has appointed a small team of school nurses and appropriate numbers of trained First Aiders at level EPFA and PFA. They are responsible for:

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

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident (see the template in appendix 1)
- Keeping their contact details up to date

The names of the trained first aiders are displayed prominently outside the Medical Centre.

3.2 The Governing Board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Headmaster and staff members.

3.3 The Headmaster

The Headmaster is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personal are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place

- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the appointed persons and first aiders in school are
- Completing accident reports (see appendix 1) for all incidents they attend to where an appointed person or first aider is not called
- Informing the headmaster or their line manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of the school nurse or a qualified first aider, if appropriate, who will provide the required first aid treatment
- The school nurse/first aider, if called, will assess the injury, and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- The school nurse/first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the school nurse/first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the school nurse/first aider will recommend next steps to the parents
- If emergency services are called, the school nurse or first aider will contact parents immediately
- The school nurse/first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury which requires further medical attention.

There will be at least 1 person who has a current pediatric first aid (PFA) certificate on the premises at all times.

4.2 Off-site procedures

When taking pupils off the school premises, a member of staff accompanying the children will ensure they always have the following:

- Either a school mobile phone or a personal mobile phone to contact school in case of an emergency
- A BS – 8599 Compliant portable first aid kit, as recommended by the HSE. This will include any pertinent medication including Inhalers and AAI's relevant for the pupils being taken off site.

Risk assessments will be completed prior to any educational visit that necessitates taking pupils off the school premises.

For nursery and pre-prep there will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

For the prep school there will always be at least 1 first aider on school trips and visits.

5. First aid equipment

Lambrook has 6 types of first aid kit (Appendix 2) on site which are all BS-8599 Compliant as recommended by the HSE. These contain first aid supplies relevant to the school area where they are located.

No medication/medicines are kept in first aid kits. These are stored correctly in either the Medical Centre, Nursery, Pre-Prep or boarding houses.

First aid kits are stored in:

- The Medical Room
- Reception / Main Office
- Pre-Prep
- Lower school
- Girls Boarding House
- Boys Boarding House
- The sports hall
- Swimming pool
- Both Upper and Lower Corridor of science Block
- All design and technology classrooms
- The school kitchen
- School vehicles
- Sports office for onsite pitches

6. Record-keeping and reporting

6.1 First aid and accident records

An online accident form will be completed by the school nurse/first aider or relevant member of staff on the same day or as soon as possible after an incident resulting in an injury which requires further medical attention.

- As much detail as possible should be supplied when reporting an accident, including all the information included in the accident form at appendix 1.

- **For accidents involving pupils, a copy of the accident report form will also be added to the pupil's school medical record by the Nurse.**
- Records held in the online accident register will be retained by the school for at least 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- The school nurse and Bursar will automatically be notified when an online accident form has been completed.

6.2 Reporting to the HSE

The Bursar will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Bursar will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases, or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs, and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding) which:
        - Covers more than 10% of the whole body's total surface area; or
        - Causes significant damage to the eyes, respiratory system, or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Bursar will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm

- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma, e.g from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases, or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

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

How to make a RIDDOR report, HSE

6.3 Notifying parents

The School Nurse will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called.

6.4 Reporting to Ofsted and child protection agencies (early years only)

The Head of Pre-Prep, Headmaster or DSL will notify **Ofsted** of any serious accident, illness, or injury to, or death of, a child while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The DSL will notify Bracknell Forest Children's Services of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school staff can undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 staff member will have a current Paediatric First Aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

Emergency Medication - AAI's and Inhalers

Emergency Medication (EM) is medication prescribed by a medical professional to treat a named individual for a potentially life-threatening condition. There are specific recognised circumstances when this medication MUST be administered. These circumstances are clearly stated in the individual's Health Care Plan. Examples of Emergency Medication include Asthma Inhalers, AAI's and epilepsy rescue medication. See Appendices 6-9 for protocols for emergency medications.

All Prep School children's prescribed emergency medication such as Adrenaline Auto Injectors (AAI's) or inhalers can be accessed at any time from the waiting area in the Medical Room, behind the roller blind.

Each pupil requiring an AAI or Inhaler has a named drawer and an individual action plan which is kept with the medication. The door to this room remains unlocked to ensure timely access in an emergency.

There are also spare AAIs in a medical cupboard in the kitchen area of the dining hall, on the wall on the right just inside the first door beyond the serving hatch.

Asthma Emergency Kits are located in all building on the school site: -

- Medical room
- Swimming Pool
- Girls Boarding
- Boys Boarding
- Nursery
- Pre-Prep
- Lower School
- AH
- Science Block
- Art

- DT
- Staff Room

These are for use in an emergency when individuals own named inhaler is unavailable (guidance on the use of emergency Salbutamol Inhalers in School – Department of Health 2015). They MUST only be used by those individuals who we have received a signed Parental Consent form. A list of pupils whose parents have consented is located in the Emergency Asthma Kits with the Spare inhalers. The list can also be found on the wall behind the roller blind in the Medical Room waiting area, alongside the list of consents for use of school's spare AAI's. Use of these spare devices must be documented on the form in the Emergency Asthma kit and reported to the School Nurses.

School Trips/ fixtures etc.

Any emergency medication will accompany the child on a trip off site. For Prep-School children the School Nurses will organise this, whilst in Nursery and Pre-prep it is managed by the classroom staff.

8. Monitoring arrangements

This policy will be reviewed by the School Nurse every year.

At every review, the policy will be approved by the Deputy Headmaster and the Governor responsible for Health and Safety at Lambrook.

9. Links with other policies

This first aid policy is linked to the:

- Health and Safety Policy
- Risk Assessment policy
- Policy on Supporting Pupils With Medical Conditions
- Asthma Policy
- Management of Medicines Policy

Appendix 1: Accident Report Form

(Found on the Lambrook Portal)

Accident Report Form

1. Name of Injured Person *

Enter your answer

2. Please enter Date and Time of incident *

Enter your answer

3. Is the injured person a Pupil, Member of Staff or visitor (if Pupil, please include Class/Tutor Group) *

Enter your answer

4. Please enter the Location of Incident *

Enter your answer

5. INCIDENT DETAILS *

Describe in detail what happened, how it happened and what injuries the person incurred.

Enter your answer

6. ACTION TAKEN *

Describe the steps taken in immediate response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.

Enter your answer

7. FOLLOW UP ACTION REQUIRED *

Outline the steps the School will take to check on the injured person, and what it will do to reduce the risk of the incident happening again.

Enter your answer

8. Name of the person attending the incident *

Enter your answer

9. Signature of the person attending the incident *

Enter your answer

10. Today's date *

Please input date (M/d/yyyy)

Add new question

Appendix 2: First Aid Kits Contents Lists

Rucksacks & Generic First Aid Kit Contents List BS 8599 Compliant

Contents	Quantity
First Aid Guidance Leaflet	1
Contents Checklist	1
Medium Trauma Dresing (12cm x 12cm)	4
Large Trauma Dressing (18cm x 18cm)	1
Adherent Dressing Large (10cm x 7cm)	1
Adherent Dressing Medium (8cm x 6cm)	1
Adherent Dressing Small (7cm x 6cm)	2
Plasters – assorted sizes	40
Sterile Wipes	20
Triangular Bandage / Sling	2
Safety Pins	6
Sterile Eye Pad Dressing	2
Micropore Tape	1 Roll
Nitrile Powder Free Gloves	6 Pairs
Sterile Finger Dressing	2
Resuscitation Face Shield	1
Foil Blanket	1
Large Burn Dressing (10cm x 10cm)	1
Tuff Kut Scissors	1
Conforming Bandage Large	1
Conforming Bandage Medium	1
Vomit Bag	3
Clinical Waste Bag	1
Tissues	1 Packet
Sterile Saline Pods	3
Eye Bath	1
Sterile Gauze	2
Ice Packs	3

Medical Room Bum Bag First Aid Kit Contents List BS 8599 Compliant

Contents	Quantity
First Aid Guidance Leaflet	1

Contents Checklist	1
Medium Trauma Dresing (12cm x 12cm)	2
Large Trauma Dressing (18cm x 18cm)	1
Adherent Dressing Large (10cm x 7cm)	1
Adherent Dressing Medium (8cm x 6cm)	1
Adherent Dressing Small (7cm x 6cm)	1
Plasters – assorted sizes	20
Sterile Wipes	20
Triangular Bandage / Sling	1
Safety Pins	6
Sterile Eye Pad Dressing	1
Micropore Tape	1 Roll
Nitrile Powder Free Gloves	3 Pairs
Sterile Finger Dressing	1
Resuscitation Face Shield	1
Foil Blanket	1
Large Burn Dressing (10cm x 10cm)	1
Tuff Kut Scissors	1
Conforming Bandage Large	1
Conforming Bandage Medium	1
Vomit Bag	2
Clinical Waste Bag	1
Tissues	1 Packet
Sterile Saline Pods	2
Eye Bath	1
Sterile Gauze	1
Ice Packs	2

Science, D.T, Art, Swimming Pool / Pump Room First Aid Kit Contents List BS 8599 Compliant

Contents	**Quantity**
First Aid Guidance Leaflet	1
Contents Checklist	1
Medium Trauma Dresing (12cm x 12cm)	4
Large Trauma Dressing (18cm x 18cm)	1
Adherent Dressing Large (10cm x 7cm)	1
Adherent Dressing Medium (8cm x 6cm)	1
Adherent Dressing Small (7cm x 6cm)	2
Plasters – assorted sizes	40
Sterile Wipes	20
Triangular Bandage / Sling	2

Safety Pins	6
Sterile Eye Pad Dressing	4
Micropore Tape	1 Roll
Nitrile Powder Free Gloves	10 Pairs
Sterile Finger Dressing	2
Resuscitation Face Shield	1
Foil Blanket	1
Large Burn Dressing (10cm x 10cm)	2
Medium Burn Dressing (5cm x 5cm)	2
Burn Gel Sachet 3.5g	2
Tuff Kut Scissors	1
Conforming Bandage Large	1
Conforming Bandage Medium	1
Vomit Bag	3
Clinical Waste Bag	1
Tissues	1 Packet
Sterile Saline Eye Wash Bottle 500ml	1
Sterile Saline Pods	3
Eye Bath	1
Sterile Gauze	2
Ice Packs	3

Minibus First Aid Kit Contents List BS 8599 – 2 Compliant

Contents	**Quantity**
First Aid Guidance Leaflet	1
Contents Checklist	1
Medium Trauma Dressing (12cm x 12cm)	4
Large Trauma Dressing (18cm x 18cm)	2
Triangular Dressing / Sling	2
Safety Pins	6
Adhesive Plasters	40
Adherent Dressing (8cm x 10cm)	2
Sterile Saline Pods	3
Sterile Wipes	40
Micropore tape	1 Roll
Nitrile powder free gloves	5 Pairs
Resuscitation Face Shield	2

Foil Blanket	2
Large Burn Dressing (10cm x 10cm)	2
Tuff Kut Scissors	1
Vomit Bags	5
Clinical Waste Bag	1
Ice Packs	2

Catering First Aid Kit Contents List BS 8599 – 1 Compliant

Contents	Quantity
First Aid Guidance Leaflet	1
Contents Checklist	1
Medium Trauma Dressing (12cm x 12cm)	6
Large Trauma Dressing (18cm x 18cm)	3
Adherent Dressing (8cm x 10cm)	3
Triangular Bandage / Sling	3
Safety Pins	12
Eye Pad Sterile Dressing	3
Blue Detectable Plasters	60
Sterile Wipes	40
Micropore Tape	1 Roll
Sterile Saline Pods	3
Nitrile Powder Free Gloves	10 Pairs
Sterile Finger Dressing	3
Resuscitation Face Shield	1
Foil Blanket	2
Burn Dressing (20cm x 20cm)	1
Burn Dressing (10cm x 10cm)	2
Burn Gel Sachet (3.5g)	8
Tuff Kut Scissors	1
Conforming Bandage Large	1
Conforming Bandage Medium	1
Clinical Waste Bag	1

Ice Packs	3
Sterile Saline Eye Wash Bottle 500ml	1
Eye Bath	1
Sterile Gauze	2

Sports Office Bum Bag First Aid Kit Contents List BS 8599 Compliant

Contents	**Quantity**
First Aid Guidance Leaflet	1
Contents Checklist	1
Medium Trauma Dressing (12cm x 12 cm)	1
Large Trauma Dressing (18cm x 18cm)	1
Triangular Bandage / Sling	1
Safety Pins	6
Plasters Assorted Sizes	20
Conforming Bandage Medium	1
Micropore Tape	1 Roll
Nitrile powder Free Gloves	3 pairs
Resuscitation face Shield	1
Foil Blanket	1
Sterile Saline Pods	2
Burn Dressing (10cm x 10cm)	1
Tuff Kut Scissors	1
Sterile Wipes	10
Sterile Eye Dressing	1
Ice Packs	2
Tissues	1 Pack

Appendix 3: Calling An Ambulance In An Emergency

In the event of a serious emergency anywhere on the School site the attending member of staff should call for an Ambulance. Remember to put the speaker on your mobile phone:

Dial (9) 999 or 112 (from a mobile phone)

Phone the School Health Centre on 01344 887210 or 07955 254150.

Remember:
A – Airway
B – Breathing
C – Circulation

IF NOT BREATHING NORMALLY OR COLLAPSED, SEND SOMEONE TO FETCH THE DEFIBRILLATOR AND THE RESPONDER KIT, START CPR

Be prepared to give the following information.

- Clear directions as to where you are
- Lambrook School, Winkfield Row RG42 6LU
- Is the patient unconscious/unresponsive or conscious/talking?
- Simple description of condition of patient (e.g., acute pain, severe bleeding etc.)
- Any known medical history (e.g., diabetic, epileptic etc.)
- Follow instructions given and DO NOT ring off until told to do so
- Send a responsible person to meet the ambulance
- Inform the School Office (during school hours) – tell them exactly where you are on campus. They are often the ambulance's first port of call!

Appendix 4: Protocol for the use of an Automated External Defibrillator (AED)

General Information

An AED (Defib) is a vital link in the chain of survival: the earlier it is used after a cardiac arrest, the greater the chance of the person surviving.

Lambrook School has 2 AED's. One is kept in the **main office** in the Prep School and the other in the Reception area of the Swimming Pool.

The AED / defibrillators at school are designed to be used by anybody. You do NOT have to have had any training to use it. The AED will only deliver a shock if required. Both Defibrillators are fully automatic.

Take the AED to the collapsed person

- KEEP CALM, you will be guided through what to do
- Open the lid and follow the instructions
- Try to remember the 5 P's when using the Defib:
  1: Pendants: remove any obvious pendants, piercings or jewellery around neck
  2: Pacemaker: do not place pads over any obvious pacemaker sites (usually below left collar bone)
  3: Perspiration: wipe away any excess sweat
  4: Puddles: if patient is in a puddle of water
  5: Patches: remove any visible medication patches

Maintenance

The AED's are checked weekly by the School Nurse (main office) and Swimming Pool Manager (swimming pool reception) and recorded appropriately. Please inform the School Office and the School Nurse if the AED /Defib is used and document the event thoroughly.

Appendix 5: Protocol for the treatment of a severe Asthma Attack

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed around the school and in the staff room. This can also be downloaded from https://www.england.nhs.uk/childhood-asthma. Further information can be found in the Lambrook Asthma Policy.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go noticeably quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms, follow the guidance for responding to an asthma attack recorded below. However, it may be more appropriate to call an ambulance immediately and then commence the asthma attack procedure without delay if the child:
*Appears exhausted
*Is going blue
*Has a blue/white tinge around lips
*Has collapsed

In the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- If there is no improvement, repeat these steps up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware, and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

Further information can be found at:

Asthma - Asthma attacks - NHS

Overview | Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) | Guidance | NICE

Asthma attacks | Asthma + Lung UK

Appendix 6: Protocol for the treatment of Epileptic Seizures

A convulsion, or seizure, consists of involuntary contractions of many of the muscles of the body, caused by a disturbance in the function of the brain.
There are several different types of Epileptic Seizure depending on which part of the brain is involved.

Treatment Aims

- To protect the Child or Adult from injury while the seizure lasts. The floor is the safest place for the person to be while having a seizure. Remove any objects around the child or adult having the seizure if possible to prevent injury.
- To provide care when consciousness returns
- Note the time and duration of the seizure and what preceded it
- To carry out emergency care if required

Action – IF NOT KNOWN TO BE EPILEPTIC

- IMMEDIATELY CALL (9) 999 stating clearly ADDRESS and CHILD/ADULT HAVING A SEIZURE
- Continue as above until ambulance/paramedics arrive

Action – IF KNOWN EPILEPTIC

- If Child/Adult has rescue medication at school and you have been trained as competent, administer Emergency rescue medication as prescribed and as per Individual Healthcare Plan. If you have not been trained to administer the rescue medication , find a member of staff who has been trained as soon as possible.
- If fit lasts more than 5 mins, CALL (9) 999 stating clearly ADDRESS and CHILD/ADULT HAVING A SEIZURE
- DO NOT move or lift patient unless he/she is in immediate danger
- DO NOT use force to restrain him/her
- DO NOT put anything in his/her mouth
- Help to the ground if appropriate and clear the area
- Loosen clothing around the neck
- When convulsions cease, check breathing
- If breathing, place in the recovery position
- If NOT BREATHING, call (9)999 stating clearly ADDRESS and CHILD NOT BREATHING – START CPR

Further information on the treatment of epilepsy can be found here:

Information and support | Epilepsies in children, young people and adults | Guidance | NICE

First Aid – Epilepsy. Action For health professionals Young Epilepsy

Information for professionals | Epilepsy Society

Child Seizure First Aid | St John Ambulance

Appendix 7: Protocol for the emergency treatment of Anaphylaxis and the use of an AAI

(Allergy UK 2021, NICE – Anaphylaxis, 2016, Assessment and Referral after Emergency treatment, 2020)

Anaphylaxis is a rapid, severe allergic reaction when someone is exposed to a substance to which they are allergic i.e., insect bites or stings, food or drugs. When exposed to the allergen, chemicals are released throughout the body which causes an abnormal cascade reaction*. ***THE INITIAL REACTION MAY OCCUR VERY RAPIDLY WITHIN MINUTES OF EXPOSURE OR MAY BE DELAYED.** Pupils who have been identified as at risk of anaphylaxis will have been prescribed an AAI by their GP or specialist doctor**. All pupils allocated an AAI will be found on the Critical Need to Know poster and will have individual Management plans.**

Symptoms signalling the onset of an allergic reaction include:

- Itching of the skin, raised rash (like nettle rash), flushing
- Swelling of the hands and feet
- Wheezing, hoarseness, shortness of breath and coughing
- Headache
- Nausea and vomiting
- Abdominal cramps

More serious symptoms include:

- A feeling of impending doom
- Difficulty swallowing /breathing
- Swelling of lips, throat and tongue
- Severe shortness of breath
- Collapse and loss of consciousness
- If you notice any symptoms above, establish from person if they have any known allergies

ACTION

- Check wrists for a medic-alert bracelet, if person unknown
- Locate AAI (as determined in written Individual Health Care Plan
- Administer AAI if symptoms are severe and progressing rapidly
- Call (9)999 stating clearly post code and child collapsed/known anaphylactic
- Inform the School Nurses 01344 887210 or 07955254150
- Ask Main Office to inform parents as soon as possible
- Place the pupil or adult in the recovery position if vomiting or unconscious or with legs raised if conscious.

TO ADMINISTER AN AAI:

- Take the AAI out of the plastic tube
- Pull off the safety cap and hold AAI in your dominant hand
- Aim the Needle end of the AAI midway between the hip and knee, at right angles to the leg (do not waste time by attempting to remove clothing – the needles are designed to go through tough materials)
- Swing from a distance of 10cms and firmly jab the AAI tip against outer thigh so it clicks. Hold in place for 10 seconds, then remove.
- Dispose of AAI in a sharp's container (available with the ambulance). Note: AAI's re-sheath the needle automatically but should still be disposed of safely. Note time given and inform paramedic.
- Be prepared to administer another dose after 5 minutes if the person's condition deteriorates again

Appendix 8: Protocol for The Emergency Treatment of Hypoglycaemia

All pupils with type 1 Diabetes will have an Individual Healthcare Plan, which will be shared with pupil's form tutor and relevant staff. The Diabetic Clinical Nurse Specialist will provide the Individual Health Care Plan annually or when the plan is amended and will also provide the competency-based training for staff who have responsibility for caring for children. Please refer to this Individual Health Care Plan for further information specific to each pupil.

Further information can be accessed:

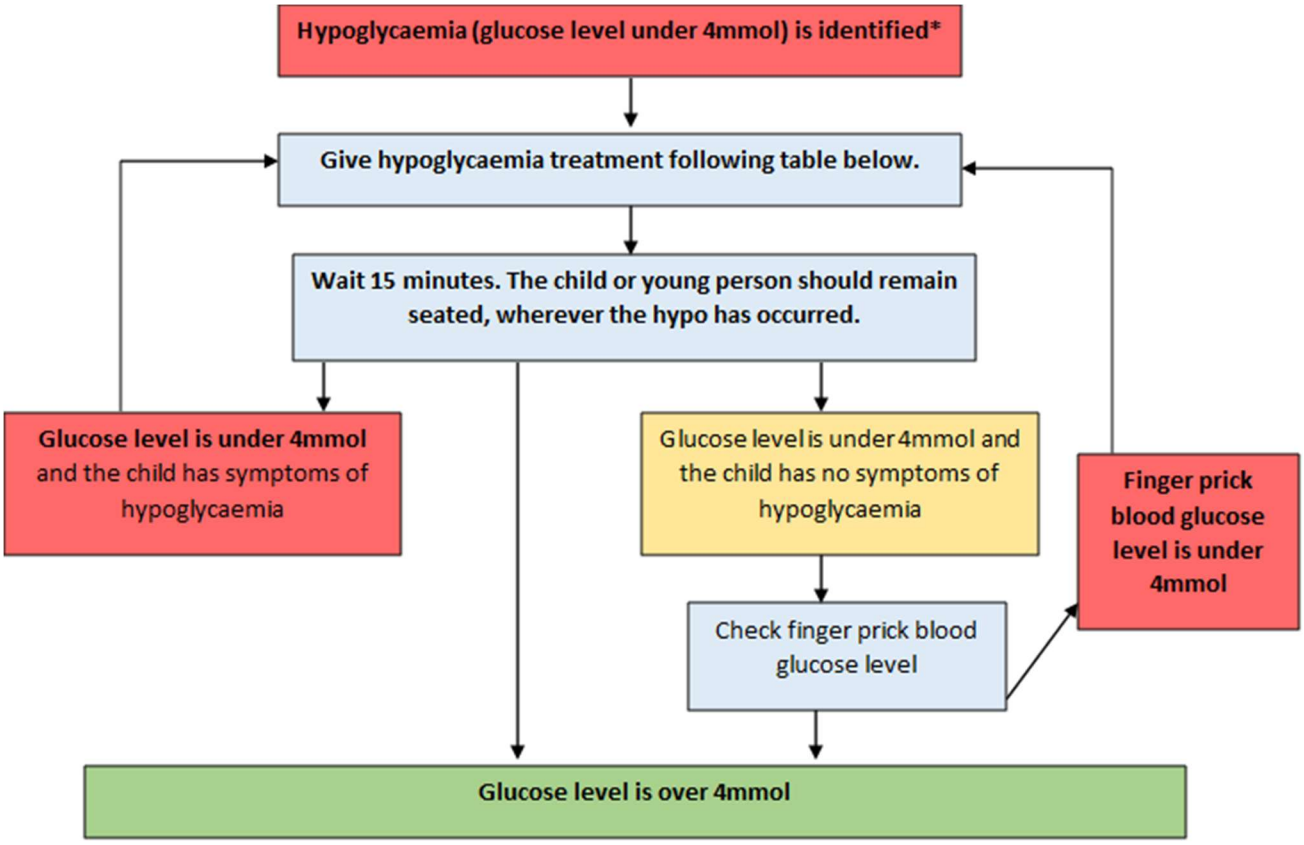
What is hypoglycaemia? | Signs and symptoms | Diabetes UK

Low blood sugar (hypoglycaemia) - NHS

Low blood glucose (hypoglycaemia) in type 1 diabetes | Information for the public | Diabetes (type 1 and type 2) in children and young people: diagnosis and management | Guidance | NICE

Hypoglycaemia Management (blood glucose level below 4mmol/l)

Individual symptom of hypoglycaemia:	Hungry	☐	Tearful/ Upset	☐
	Pale	☐	Headache/ Tummy Ache	☐
	Behaviour/ Mood Change	☐	Irritable/ Grumpy	☐
	Wobbly/ Feels Shaky	☐	Other (please specify):	☐



Hypoglycaemia Management Pathway

***If CGM reading is NOT under 4mmol, but the child/young person has symptoms of hypoglycaemia, please check a finger prick blood glucose level. The finger prick blood glucose level is always more accurate than the sensor glucose reading.**

Important: Please attend to the child if they are feeling unwell. Do not ask the child to walk anywhere until their blood glucose level has been confirmed above 4mmol/L. If it is absolutely necessary to move the child, please ensure that they are accompanied by an adult trained in the management of diabetes.

Appendix 9: Protocol For The Treatment Of Physical Injuries

HEAD INJURIES
It is very important to obtain an accurate history of the incident; accounts from witnesses if any loss of consciousness, if so for how long, any confusion, disorientation, amnesia, headaches, vomiting, visual disturbances, fitting etc., any neck or limb injury symptoms, and any other injuries
If NOT breathing Call for **HELP**

Ask any bystander to **CALL 999**, clearly stating post code and child not breathing. Send someone to fetch AED. If alone, you must do this yourself and then start basic life support (CPR)
If breathing but unconscious and unarousable, place the patient into the recovery position – call (9) 999 clearly stating post code and child unconscious.

If concerned about neck or spinal injury, the child or adult must not be moved unless there is a problem with breathing. Use the Log Roll technique to get the casualty onto their back to commence CPR or to remove from danger.

Further information can be accessed:

Overview | Head injury: assessment and early management | Guidance | NICE
Head injury and concussion - NHS

Appendix 10: Concussion

Concussion is a brain injury caused by either direct or indirect forces to the head and must be taken Extremely Seriously. Concussion typically results in the rapid onset of short -lived impairment of brain function.

Possible signs and symptoms of concussion - Visible clues of potential concussion / what you see
Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground / Slow to get up
- Unsteady on feet / Balance problems or falling over / Incoordination
- Grabbing / Clutching of head
- Dazed, Blank or vacant look
- Confused / Not aware of plays or events
- Convulsion
- More emotional / Irritable

Symptoms of potential concussion - what you are told by the pupil.
Presence of any one or more of the following signs and symptoms may suggest a concussion:

- Headache
- Mental clouding, confusion, or feeling slowed down
- Nausea or vomiting
- Fatigue
- Loss of consciousness
- Headache, or “Pressure in head”
- Seizure or convulsion
- Dizziness or balance problems
- Confusion
- Difficulty concentrating or feeling like “in a fog “
- Drowsiness, feeling slowed down, fatigue or low energy
- Blurred vision, or sensitivity to light or noise
- Nervous, anxious or irritable
- Difficulty remembering or amnesia
- Neck pain
- “Don’t feel right”

RED FLAGS
If any of the following are reported or develop, medical attention should be sought as a priority (e.g. Consider calling an Ambulance)

- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision or deafness
- Weakness or tingling/burning in arms or legs

Any child with suspected concussion should be referred to Return 2 Play (R2P) or A&E for further investigation and monitoring. If playing sport, the Concussion should be recognized and the player removed

from play immediately. Return to sport following concussion must be handled very carefully as the individual is more susceptible to dangerous neurological complications, including death caused by second impact syndrome. A Graduated Return to Play Protocol (GTRP) MUST be used in each case (Appendix12).

This information has been gathered from current guidelines provided by:

Further information can be accessed:

https://www.nhs.uk/conditions/head-injury-and-concussion/

Mild head injury and concussion | Headway

HEADCASE | Rugby Football Union

Concussion - Return2Play

Appendix 11: Return 2 Play Concussion: Return to Activity and Sport Pathway

Lambrook Return to Play: -

Pupil Name: Date of Concussion/Head Injury:

At each stage the Age Grade lead coach will take responsibility for ensuring that the protocol is being followed. They will liaise directly with the School Nurse to ensure that information is being relayed to the appropriate staff.

Day	Rehabilitation Stage	Exercise allowed	Notes	Date and signed off
1-14	REST period 14 days after symptom-free	Activities of daily living	Return to academic studies	Day 14:
15 + 16	Stage 2: Light aerobic exercise	PE Lessons along with light exercise in games (no contact). Also, can do own run/swim/Cycle. Activity should be LOW intensity	Age Grade coach + PE teacher to monitor symptoms – if any concerns refer back to school nurse 48 Hours symptom free before progressing to next stage	Day 15: Day 16:
17-20	Stage 3 + 4 Sport specific – noncontact	Normal PE Lessons + rugby training sessions Non-contact Progressive increase in intensity	Age Grade coach + PE teacher to monitor symptoms – if any concerns refer back to school nurse 48 Hours symptom free before progressing to next stage	Day 17: Day 18: Day 19: Day 20:
21+22	Stage 5	Progress to full contact practice	Review by GP – verbal or written confirmation from parents to school nurse 48 Hours symptom free before progressing to next stage	Day 21: Day 22:
23	Stage 6	Return to play		Day 23:

New World Rugby Graduated Return to Play protocols set "gold standard" | World Rugby'

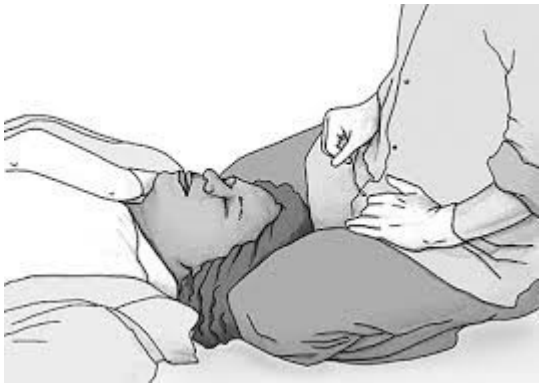
RFU

Graduated Return to Play

Appendix 12: Neck And Spinal Injuries

(Adapted from – NICE Guideline - Spinal Injury Assessment and initial management (2016), information from Spinal Cord Injury Centre's of the UK (SIA) and Multidisciplinary Association of Spinal Cord Injury Professionals (MASCIP 2015)

Whenever you suspect that the neck or spine may be injured follow the ABC First Aid principles. The casualty should NOT be moved unless there is risk to life, for example if the environment is unsafe or the casualty is not breathing. Lie them down, keep them warm and positioned with their neck and head kept still and inline as shown in the picture below.



Use the log roll technique if the casualty is in danger or is not breathing.

Signs and Symptoms

- Pain, swelling, deformity or feeling tender at the back of the neck
- Loss of motor function (e.g., unable to move arms and legs properly)
- Loss or alteration of sensation (e.g., numbness in arms or legs)

Action

- If a neck injury is suspected. Call (9)999 clearly stating post code and casualty's suspected injury
- DO NOT move the head / neck at all
- Immobilise the head to prevent further injury as above, if available, assign one person to position themselves at the patient's head, using their hands to keep the head and neck in one position

If the casualty stops breathing effectively, commence CPR.

- If there are concerns regarding the airway, open their airway using the jaw- thrust technique. To do this, put your fingertips at the angles of the jaw and gently lift to open the airway, avoiding tilting the neck
- If there is vomiting and there is risk of inhalation, LOG ROLL them onto their side. Do your best to keep their spine as straight as you can. If possible, get up to four helpers, two on each side, to help you keep their head, upper body and legs in a straight line at all times as you roll the body over. One person should maintain control of keeping the head and neck in line
- Stay with the casualty until help arrives and keep casualty warm

Appendix 13: Suspected Fractures / Soft Tissue Injury

Signs and Symptoms of suspected Fractures

- Deformity, swelling and bruising around the fracture site.
- Pain and difficulty moving the affected area normally.
- The limb may look twisted, bent or shorter.
- Bone protruding from a limb (an Open Fracture)

If there is a suspected fracture to the leg, do not move the child or adult and ensure they are kept warm call (9) 999, clearly stating the post code and your location and that you are with a child or an adult with a suspected fracture.
If a child or adult has an open fracture, cover the wound with a sterile dressing and apply pressure around the wound (not over the protruding bone) to control any bleeding. Protect the injury from further damage and advise the child or adult to keep as still as possible, whilst waiting for an ambulance. Use a sling to secure an upper limb fracture.

Signs and Symptoms of Soft Tissue Injury

- Pain and tenderness.
- Swelling and Bruising.
- Difficulty moving the injured area.

Treatment of Soft Tissue Injury

- Rest the injured area, supported in a comfortable position.
- Apply an Ice pack or cold compress to the affected area to help reduce swelling, pain and bruising.
- Ice should remain on the affected area for no longer that 20 minutes, and repeat every 2 hours (do not put ice directly in contact with skin)
- Provide support to the affected area e.g., sling, soft padding, cushion or pillow.
- Elevate the injured area to help reduce swelling and bruising.

First aid - NHS

Bones and Muscles Injuries - First Aid Advice | St John Ambulance

Appendix 14: Protocol for the treatment of Burns

Burns are caused by contact with heat, such as fire, or exposure to a radiated heat source, e.g., the sun, certain chemicals, electricity and friction. A scald is a burn caused by a hot liquid or steam.

Aim

- To cool the skin as soon as possible.
- Remove Child or Adult from the source of the heat.
- Cool the affected area with cool or lukewarm running water for 20 minutes.
- Remove any clothing or rings (if possible) if burns are near clothing or are on hands.
- Apply burn dressing / gel if available and / or cover with cling film if available.
- It is important to obtain an accurate history of how the accident occurred, and if a chemical burn, establish the name of the chemical.
- Inform the School Nurses 01344 887210 or 07955254150
- Do NOT apply creams or anything else to the skin
- Fill in an Accident Report
- Parents to be informed
- Treatment for Major Burns >10% body area (palm of hand = 1% approximately)
- Immediately call (9)999 stating clearly post code and 'child with burns'
- Follow procedure for above

Burns and scalds - Treatment - NHS

Severe Burns First Aid | St John Ambulance

Appendix 15: Protocol for the treatment of Epistaxis /Nosebleeds

Nosebleeds are common in children and are usually mild and easily treated. Sometimes bleeding can be more severe, but this is usually in older people or those with medical problems such as blood disorders.

Causes

- The small blood vessels inside the nose are very delicate and can rupture for no apparent reason
- The most common site is in Little's area which is just inside the entrance of the nostril on the nasal septum (the middle harder part of the nostril)

Reasons for Epistaxis

- Picking the nose
- Colds and blocked stuffy noses i.e., hay fever
- Blowing the nose too hard
- Minor injuries to the nose
- Spontaneous (blood vessels rupturing)

Treatment

- Sit up, with head slightly forward
- Pinch the lower fleshy end of the nose with finger and thumb, completely blocking the nostrils
- Apply pressure for 10-20 minutes
- Place an icepack around the nose
- Once the nosebleed has stopped, do not pick the nose and do not blow the nose for up to 24 hours
- If bleeding persists, ring the School Nurses Centre 01344 887210 or 07955254150, stating your location and the School Nurse will come and help.

(NHS UK 2021, NICE 2020, St John Ambulance 2021)

Appendix 16: Infection Control Procedure & Guidance

Basic hygiene, infection prevention and control are important in protecting the health of the public. The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections sets out key activities that should be undertaken by all organisations with respect to good practice. NHS England and NHS Improvement South West (2021) have provided documentation and guidance alongside a Winter Readiness toolkit for Educational settings which can be accessed using the following link: https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/schools-and-nurseries-guidance/
Furthermore, an Infection Prevention and Control Preparedness checklist for educational settings can be accessed via the following link: https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/08/phe-sw-educational-settings-infection-control-planning-checklist.docx
Coronavirus HSE https://www.hse.gov.uk/coronavirus/roadmap-further-guidance.htm

Aims and Objectives
The aim of this guidance is to protect the health of the staff and pupils regarding the prevention of antibiotic-resistant infections, healthcare associated infection, Covid-19, flu/ respiratory infections alongside viral gastroenteritis. All staff are expected to show a commitment to establishing and maintaining a high standard of cleanliness and hygiene in the school.

All Staff
Hands are the most common way in which micro-organisms, particularly bacteria transport and subsequently cause infections. Transient bacteria can be removed by effective hand hygiene techniques. Hand hygiene is considered the single most important procedure for preventing health care acquired infection as research has revealed hands to be the most common route of transmission.

- All staff must ensure effective hand hygiene procedures are followed at all times and report any problems with hand washing facilities to their manager or Maintenance.

When to wash hands:

- Before starting and leaving work
- Before and after examining or administering care to pupils or staff
- Before preparing/handling food
- After contact with blood or bodily fluids
- After handling laundry/waste
- After visiting the toilet
- Whenever hands are visibly dirty/contaminated.

Hand washing facilities
A disposable, cartridge type soap dispensing system is used to dispense liquid soap rather than a top up system.
The agents used are non-harmful to the skin. Individual paper towels are provided and placed within easy reach of the sink, but beyond splash contamination. Paper towels are disposed of in a pedal operated domestic waste black bin.
A 20-40 second hand wash using liquid soap is adequate for general purpose clinical tasks. Wash all surfaces, including back of hands, wrists, paying attention to fingertips, thumbs and fingers. There are wall mounted posters in the medical room illustrating good hand washing techniques. Any fresh abrasion, cuts etc. on hands is covered with a waterproof (blue for kitchen staff) dressing.

Medical Room Environment Cleaning

A clean environment is essential to prevent the spread of infection. Generally, using a neutral detergent, hot water and drying will be adequate for most surfaces and furniture. Disinfectants should not be used for environmental cleaning unless absolutely necessary, as they can be both harmful and toxic.

Doorknobs and other surfaces touched by pupils and staff should be cleaned with clean warm water and detergent solution. The medical room, including surfaces, doorknobs, wash basins and taps are cleaned daily by our domestic team.

Bins: Surface clean daily with detergent solution.

Cloths/Dusters: Use different colour coded cloths for clinical areas, bathrooms and toilets, kitchen and general surface cleaning. Use disposable ones and throw away at the end of each day or wash daily on a hot wash machine cycle. The domestic team uses specific cloths for the medical room which are washed daily.

Linen

- A washing machine is provided with a 'hot wash cycle'.
- PPE / Appropriate gloves and plastic aprons should be worn when handling fouled infected linen.
- Fouled and infected or infested linen must be placed in an alginate bag.

Cleaning up body fluid/blood spills

- Spills of body fluids: blood, urine, faeces and vomit must be cleaned up immediately.
- Wear disposable gloves and use Body Spills Kits provided and follow instructions on packaging.
- Dispose of into an orange plastic clinical waste sack (Matron's office)
- Never use mops for cleaning up body fluid spillages.

Sharps

Sharps waste should be discarded into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor and out of reach of children. Full sharps bins must be removed by a registered contractor. Sharps Bins are kept in a locked cupboard in the medical room.

Clinical Waste

Domestic and clinical waste is segregated, clinical waste including sharps bin is collected by Initial clinical waste contractor on a regular basis.

Diarrhoea/vomiting or other infectious/communicable disease outbreak

Potentially infectious pupils are segregated from the school population at the earliest opportunity and confined to the sick bay until such time that they can be collected and removed home.

Children with diarrhoea and / or vomiting are to be kept at home for at least 48 hours after their last episode of diarrhoea and or vomiting. Parents or guardians are asked not to send children to school if they are sick. Any children who are determined to be sick while at school will be sent home.

- Any child who vomits on the school bus will be assessed by the Nurse in Charge who will use their clinical judgement to determine if this was as a result of travel sickness or a gastric infection. Parents will then be contacted accordingly if it is deemed that their child needs to be isolated at home for 48 hours.

Please see Guidance on Infection control in schools and other childcare settings available from:
Public Health England

Covid-19

All unwell pupils should be sent home if at all possible and consider prohibiting visitors to the school until the school has been cleared by the local PHE department.
Where several related cases of an infection occur, it will be necessary to investigate the outbreak more thoroughly.

An infectious outbreak or incident may be defined as:

- An incident in which two or more people experiencing a similar illness are linked in time or place
- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- A single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio
- A suspected, anticipated or actual event involving microbial or chemical contamination of food or water

The steps required to investigate an outbreak of disease are outlined below:

- Make a list of pupils and staff with similar related symptoms.
- Inform School Nurse if you believe there is an outbreak.
- School Nurse will inform Local public health agency who will give immediate infection control advice and if necessary inform the Environmental Health Department (Thames Valley Public Health Unit 08452799879)

Dealing with Bodily Fluid Spillages (Bio Hazards) (Health and Safety Executive)
Cleaning Up Bodily Fluids
Control of Substances Hazardous to Health

- The school has a duty to protect its staff from hazards encountered during their work; this includes biohazards, which for the purpose of this document are defined as Blood, Vomit, Faeces, Urine & Wound drainage.
- In the event of a spillage on a surface the following precautions should be applied: -

- Notification by placing warning signs
- Staff dealing with biohazard should wear protection
- Staff should access spillage kits in order to clean up promptly
- Waste should be disposed of in the bin marked for Clinical Waste
- Hand hygiene should be carried out following management of the spillage

Spillage kits for dealing with Bodily Fluid are located in the following locations:
The cupboard under the sink in the Medical Room
The school office
Laundry
The Pre-Prep Ladies Toilet (first floor landing)
The Nursery Staff Toilet
The girls boarding house
The boys boarding house
These consist of absorbent powder which should be sprinkled liberally over the spillage and a designated dustpan and brush for use only in conjunction with bodily fluid disposal.

Appendix 17: Blank Healthcare Plan

LAMBROOK

Date Form Completed: Date for review:

Copies held by:

Healthcare Plan

For pupils with medical conditions at school

1. Pupil's information

Name of pupil: Class/form:

Date of birth: Male ☐ Female ☐

2. Contact information

Pupil's Address:

Family contact 1

Name:

Phone (day) Mobile:

Relationship:

Family contact 2

Name:

Mobile:

Relationship:

GP

Phone

Specialist contact

Phone

Medical condition information

3. Details of pupil's medical conditions

Name of condition and any signs and symptoms:

Triggers or things that make condition worse:

Routine healthcare requirements

(For example, dietary, therapy, nursing needs or before physical activity)

During school hours:

Outside school hours:

What to do in an emergency

1.Send to matron.
2.Call parents.

4. Regular medication taken during school hours

Medication 1 Medication 2

Medication expiry date:

5. Regular medication taken outside of school hours

(for background information and to inform planning for residential trips)

Are there any side effects that the school needs to know about that could affect school activities?

6. Specialist education arrangements required

(e.g. activities to be avoided, special educational needs)

7. Any specialist arrangements required for off-site activities

(please note the school will send parents a separate form prior to each residential visit/off-site activity)

8. Any other information relating to the pupil's healthcare in school?

Parental and pupil agreement

I agree that the medical information contained in this plan is accurate and up to date and may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing)

Signed…… Date…….
Pupil

Print name…….

Signed…… Date…….
Parent

Print name…….