



FIRST AID POLICY	
Reviewed by:	Rebecca Munro - Bursar
Review Date:	September 2023
Next Review due:	September 2026

First Aid Policy (including Medical Room)

Contents:

1. Aims
2. Legislation and Guidance
3. Roles and Responsibilities
4. First Aid Procedures
5. First Aid Equipment
6. Supporting and Managing Pupils with Medical Conditions within School
7. Record Keeping and Reporting
8. Training
9. Policy Review
10. Links with other Policies

Appendix 1. List of School Staff with First Aid qualifications

Appendix 2. Supporting and managing those with specific Medical Conditions in School:

- Anaphylaxis
- Asthma
- Diabetes
- Epilepsy

Appendix 3. Head Injury and Concussion Policy

Appendix 4. Medicines/Homely Remedies Policy

Appendix 5. Infection Control Policy with Addendum COVID 19

1. Aims

The aims of the First Aid Policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure the staff and governors are aware of their responsibilities with regard to health and safety
- Provide a framework for responding to an incident, reporting and recording 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**, 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 1999**, which require employers to carry out risk assessments, decide 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 time frame for this and how long records must be kept.
- **The Education (Independent Schools Standards) Regulations 2014**, which require that suitable space is provided to cater for medical and therapy needs of pupils.

3. Roles and Responsibilities

In schools with Early Years Foundation Stage Provision, at least one person who has a current Paediatric First Aid certificate must be always on the premises.

In all settings, and dependent upon an assessment of First Aid needs, employers must usually have a sufficient number of suitably trained first aiders to care for employees whilst at work.

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 2013 First Aid Regulations and the DfE guidance listed in Section 2.

3.1 Appointed Persons and First Aiders

Ballard School employs a registered nurse who has professional responsibility for the care of the pupils who need or seek advice and support for their medical/health needs. The School Nurse is contactable in the medical room on extension 14 or by mobile phone on 07850 503483. The School Nurse working hours are 8.30am - 4.00pm.

Outside of these hours and when the School Nurse is off-site, a First Aider will be available, contacted via Main Reception. A list of qualified First Aiders is held in Main Reception and each staff room.

NB: (HSE The Health and safety (First Aid) Regulations 1981 – the following Health professionals are exempt from a qualification in first aid - nurses registered with the Nursing and Midwifery Council)

School Nurse is responsible for:

- Taking charge when someone is injured or becomes unwell.
- Ensuring there are an adequate supply of medical materials in first aid kits and replenishing the kits.
- Ensuring that an ambulance or other professional medical help is sought when appropriate.
- Supporting and managing medical conditions of pupils within School.
- Ensuring that First Aiders have an appropriate qualification, keep training updated and remain competent for their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put into place.
- Maintaining the medical room.
- Administering medication as prescribed or in accordance with the Homely Remedies Policy in Appendix 4.
- Reporting specified incidents to the HSE (RIDDOR), when necessary.
- Sending pupils home, where necessary.

First Aiders are responsible for:

- Acting as first responders to any incidents; assessing the situation and providing immediate and appropriate treatment.
- Completing an accident form on MSP after an incident or accident.

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 by the School Nurse.

3.4 The Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know how to contact the School Nurse in an emergency.
- Informing the Headmaster or the School Nurse 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 will assess the seriousness of the injury and seek the assistance of the School Nurse or qualified First Aider who will provide treatment as necessary.

- If necessary, further medical assistance will be sought. The School Nurse or First Aider will remain on the scene until further help arrives.
- If the School Nurse or First Aider decides a pupil is too unwell to remain in School, parents will be contacted and asked to collect their child.
- If emergency services are contacted the School Nurse or First Aider will contact parents as soon as they are able.
- The School Nurse will record all accidents in the accident book and any other contacts on the Medical centre on iSAMS.
- The First Aiders will record all accidents in an accident book and report all other contacts to the School Nurse.

In the event of a pupil or staff member becoming unwell at School:

- The pupil will be sent by a staff member to Reception who will contact the School Nurse.
- Any staff member may contact the School Nurse for medical advice.
- Any staff member may administer an inhaler, antihistamine or autoinjector in an emergency to a pupil who has appropriate written consent.

Hygiene Procedures for dealing with the spillage of body fluids:

If there is spillage, a 'spillage kit' must be used.

Guidelines:

- Wear gloves/apron, if necessary;
- Use disposable cloths;
- Place all dirty waste in yellow bag;
- Dispose in yellow bin in medical room;
- Wash hands thoroughly.

4.2 Off-site Procedures

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

- Mobile Phone;
- First Aid Kit;
- Medical information for pupils off-site;
- Parents' contact details; and
- Risk assessments for individual pupils, where appropriate.

Early Years – there will always be at least one First Aider with current paediatric first aid certificate on all off-site activities with Early Years (N-R) as required by **Statutory Framework for Early Years Foundation Stage**.

As far as is possible, there will be a trained First Aider on all off-site activities with pupils.

5. First Aid Equipment

First aid kits in School will include at least the following items:

- Assorted Bandages
- Triangular bandage
- Adhesive tape
- Disposable gloves
- Antiseptic wipes

- Assorted Dressings
- Assorted plasters
- Ice packs
- Sterile water
- Face shield
- Yellow waste bag
- Disposable ice pack

First aid kits are kept in the following locations within School:

- High Risk areas: Science labs
Food Technology
DT department
Kitchen
PE office
Astro pitch
Tennis courts
Cricket nets
Swimming pool
- Medium Risk areas: Art Department
Pre-Prep Department
Performing Arts Centre
Boys' changing room
Cricket Pavilion
Minibuses
Grounds buggy
- Low Risk areas: Senior staff room
Music Department
Main Reception
School office
Bursar's office

6. Supporting and Managing Pupils with Medical Conditions within School

Most pupils will at some time have medical/health needs that may affect their participation in School life. For many, these may be short-term. However, for others there may be long-term medical and health needs which, if not properly managed, could limit their access to School and ability to take part in all aspects of School life. The School will put into place effective management systems to support individual pupils with medical or health needs whilst in School. However, staff may need to take extra care in supervising some activities to ensure these and other pupils are not put at risk. Pupils with medical/health needs are positively encouraged to participate in off-site activities and trips wherever safety permits. The School Nurse will liaise with the teacher in charge and the parent/guardian to develop a health plan to support the pupil's needs. **Staff supervising off-site activities and trips should ensure they are aware of the relevant health care or medical needs of the pupils in their care.**

The School therefore needs to know about any medical/health needs before the pupil joins the School or when a pupil develops a medical condition. For pupils who may need to attend hospital appointments on a regular basis, special arrangements may also be necessary.

Any pupil who has long-term medical/health needs may require an individual health care plan drawn up by the School Nurse in consultation with parents/guardian and other relevant health professionals. With parental consent, the health care plan will be shared with the Head of Year, Form Tutor and relevant staff.

7. Record Keeping and Reporting

7.1 First Aid and Accident Record Book

- An accident form will be completed by the School Nurse or First Aider as soon as possible after an accident resulting in injury.
- The accident form will be kept in the pupils' medical records or the staff medical file.
- All first aid incidences and accidents will be reported to the School Nurse and recorded on iSAMS. An accident/incident form will be completed on MSP.
- All staff accident records will be kept in accordance with the Schools' Retention Policy under GDPR.

7.2 Reporting to the HSE

The School Nurse 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 School Nurse will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Fractures; other than to fingers, thumbs or toes
- Amputations
- Any injury leading to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to brain or internal organs
- Serious burns (including scalding)
- Scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat induced illness or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries when employee is unable to work for more than seven consecutive days
- If an accident leads to someone being taken to hospital
- Near miss events – i.e., collapse or failure of load bearing parts of lift and lifting equipment; accidental release of biological agent likely to cause illness; accidental release or escape of any substance that may cause serious injury or damage to health; an electrical short circuit or overload causing fire or explosion

7.3 Notifying Parents

The School Nurse or First Aider will inform parents of any serious accident or injury sustained by a pupil, and any treatment given, as soon as is reasonably practicable.

7.4 Reporting to the ISI and Child Protection Agencies

The School Nurse will notify the ISI and Children Services of any serious accident, illness or injury to or death of a pupil whilst in the school care. This will happen as soon as is reasonably practicable and no later than 14 days after the incident.

8. Training

A number of school staff are trained in First Aid. A record is kept of the specific qualifications and a copy of any certificates.

First Aid training courses will be arranged regularly to keep staff training updated.

Early Years – at all times, at least one member of staff will have a current paediatric First Aid certificate which meets the requirements set out in the **Early Years Foundation Stage Statutory Framework** and is updated at least every three years.

9. Policy Review

The policy will be reviewed every three years.

After review, the policy will be approved by the Leadership Team and Governors.

10. Links with other School Policies

- Health and Safety Policy
- Risk Assessment Policy
- Head Injury and Concussion Policy
- Medicine and Homely Remedies Policy

Rebecca Munro
Bursar
September 2023

Policy Log:
Updated January 2023
Updated November 2022
Updated January 2022

APPENDIX 1: List of Staff with First Aid Qualifications as of September 2023

Jacqui Besley	School Nurse - Registered Nurse and Specialist Community Public Health Practitioner - NMC 8912011E	CPR update Sep 23	
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Name	Course	Date Completed	Date Expires
Jo Edwards	Paediatric First Aid - 2 days	26-Sep-23	Sep-26
Jane Hunt	Paediatric First Aid - 2 days	26-Sep-23	Sep-26
Michelle Korrie	Paediatric First Aid - 2 days	26-Sep-23	Sep-26
Jon Elliot	Paediatric First Aid - 2 days	26-Sep-23	Sep-26
Sophia Davis	Paediatric First Aid - 2 days	26-Sep-23	Sep-26
Andrew Cornwell	Full Paediatric First Aid - 1 day	15-Jul-23	Jul-26
David McNeice	STA swim safety level 2 award	25-Apr-23	Apr-25
Justin Whitbread	STA swim safety level 2 award	25-Apr-23	Apr-25
Natalie Romain	STA swim safety level 2 award	25-Apr-23	Apr-25
Dan Winch	STA swim safety level 2 award	25-Apr-23	Apr-25
Finlay Wood	STA swim safety level 2 award	25-Apr-23	Apr-25
David Steadman	STA swim safety level 2 award	25-Apr-23	Apr-25
Stephanie Bottell	STA swim safety level 2 award	25-Apr-23	Apr-25
Mel Rayner	STA swim safety level 2 award	25-Apr-23	Apr-25
Rebecca Munro	Refresher First Aid at Work	19-Apr-23	Apr-26
Richard Hastings	Refresher First Aid at Work	07-Dec-22	Dec-25
Lara Acott	Paediatric First Aid - 2 days	14-Nov-22	Nov-25
Rhiannah White	Paediatric First Aid - 2 days	14-Nov-22	Nov-25
Claire Doolan	Essential First Aid 1 day	19-Nov-22	Nov-25
Amy Clampin	Emergency First Aid 1 day	21-Oct-22	Oct-25
Lara Acott	Emergency First Aid 1 day	07-Sep-22	Sep-25
Stephanie Bottell	Emergency First Aid 1 day	07-Sep-22	Sep-25
Amy Cairns	Emergency First Aid 1 day	07-Sep-22	Sep-25
John Paul Fenton	Emergency First Aid 1 day	07-Sep-22	Sep-25
Sarah Goodfellow	Emergency First Aid 1 day	07-Sep-22	Sep-25
Jim Harrowven	Emergency First Aid 1 day	07-Sep-22	Sep-25
Chantelle Lamb	Emergency First Aid 1 day	07-Sep-22	Sep-25
Rachel Reynolds	Emergency First Aid 1 day	07-Sep-22	Sep-25
Natalie Romain	Emergency First Aid 1 day	07-Sep-22	Sep-25
Kim Tuddenham	Emergency First Aid 1 day	07-Sep-22	Sep-25
Rhiannah White	Emergency First Aid 1 day	07-Sep-22	Sep-25
Justin Whitbread	Emergency First Aid 1 day	07-Sep-22	Sep-25

Andy Marshall	Emergency First Aid 1 day	29-Apr-22	Apr-25
Mary Marshall	Emergency First Aid 1 day	29-Apr-22	Apr-25
Charlie Gladman	Emergency First Aid 1 day	29-Apr-22	Apr-25
David McNeice	Emergency First Aid 1 day	29-Apr-22	Apr-25
Richard Whiting	Emergency First Aid 1 day	29-Apr-22	Apr-25
Finlay Wood	Emergency First Aid 1 day	29-Apr-22	Apr-25
Sam Johnson	Emergency First Aid 1 day	29-Apr-22	Apr-25
Andrew Cornwell	Emergency First Aid 1 day	29-Apr-22	Apr-25
Alex Bellars	Emergency First Aid 1 day	29-Apr-22	Apr-25
Sarah Swann	Emergency First Aid 1 day	01-Nov-21	Nov-24
Rachel Wright	Emergency First Aid 1 day	08-Sep-21	Sep-24
Natalie Timbrell	Emergency First Aid 1 day	08-Sep-21	Sep-24
Dan Winch	Emergency First Aid 1 day	08-Sep-21	Sep-24
Alison Green	Emergency First Aid 1 day	08-Sep-21	Sep-24
Tina Darby	Emergency First Aid 1 day	08-Sep-21	Sep-24
Sam Hacker	Paediatric First Aid - 2 days	Jul-21	Jul-24
Emma Travis	Forest School First Aid - 2 days	Jun-21	Jul-24
Lise Verdon	Forest School First Aid - 2 days	Jun-21	Jul-24

APPENDIX 2: Supporting and managing those with Medical Conditions in School

Anaphylaxis:

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life threatening if not treated quickly with adrenaline. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of allergic reaction. Common triggers of anaphylaxis include but are not limited to: peanuts and tree nuts (most common triggers); other foods such as dairy products, egg, kiwi, fish, shellfish and soya; insect stings; latex; drugs.

Parents are asked to fill in a medical form before their child's admission to the school. There is a section on this form to indicate if their child has any allergies and to detail any regular medication that the child may be receiving for this condition and any emergency medication the pupil may need in the event of a severe allergic reaction. Parents are expected to inform the School Nurse of any changes to their child's medical condition and any new medication they may be taking. Pupils are made aware when they receive their auto-injectors from their consultants of how to use them and in what circumstance. The School Nurse will deliver a staff briefing on what to do in the event of a severe allergic reaction and how to administer emergency medication in this situation on an annual basis. Staff are encouraged to attend the medical room for a practical demonstration of the use of auto-injectors and a brief talk about anaphylaxis before they go on any trips.

Parents are asked to supply two adrenaline auto-injector devices and an oral antihistamine for their child, to be kept in the medical box clearly labelled with the pupil's name, photograph and medication details in reception. The emergency boxes are stored at room temperature in an accessible drawer in Main Reception, that is unlocked during school opening hours. Some parents prefer that their child always carries one auto-injector with them and this is encouraged in the senior school. If this is the case, a note is placed in the top of the emergency box with the other auto-injector to explain this.

The School Nurse takes responsibility for monitoring expiry dates on those auto-injectors kept in Main Reception and to let parents know when they are about to expire.

Trips

A pupil's allergy status is given to all trip leaders and sports team coaches. Staff are aware of the need to discuss with the School Nurse any pupils with specific health needs and medication, including anaphylaxis and the provision and use of auto-injectors. The School Nurse will be informed as soon as is practicably possible if any medication is given on a school trip or sports event.

PE/Sports

It is expected that pupils bring their emergency medication to any sporting activity. Medical assistance should be sought immediately if a pupil is suffering from symptoms of anaphylaxis.

Emergency/Spare Autoinjectors kept in school

As of 2017, schools and local authority maintained nurseries can purchase spare adrenaline auto-injectors, used to treat anaphylaxis, as a back-up in the case of an emergency.

The MHRA clarified that the legal exemption under Regulation 238 of the Human Medicines Regulations 2012 permits a school's spare adrenaline auto-injector(s) to be used for any pupil or other person not known by the school to be at risk of anaphylaxis in an emergency. Written permission is not required. However, the MHRA highlighted that this was for exceptional circumstances only where the reaction could not have been foreseen.

There are 2 spare auto injectors kept in school in reception and in the medical room.
These may be issued for a school residential trip according to risk assessment completed.

Please see link below for further information on managing Anaphylaxis and use of emergency autoinjectors in schools:

https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

Asthma:

Asthma is a long-term medical condition which affects the airways – the small tubes that carry air in and out of the lungs. When a pupil with asthma encounters something that irritates their airways (an asthma trigger) the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. These reactions cause the airways to become narrower and irritated making it difficult to breathe and leading to the symptoms of asthma.

Through the medical form completed before their child's admission to the School, parents are asked to indicate if their child is asthmatic and to detail any regular medication that the child may be receiving for this condition. Parents are expected to inform the School Nurse of any changes to their child's medical condition and any new medication they may be taking. Parents are asked to supply a spare, named and prescribed inhaler for their child to be kept in the medical room. **All pupils in Upper Prep and Senior School are encouraged to carry their inhaler with them at all times.**

The School Nurse takes responsibility for monitoring expiry dates of inhalers stored in the medical room and for letting parents know when the device is about to expire so an up-to-date inhaler can be brought into School. Pupils are encouraged to use their inhaler themselves and are taught the correct procedure by the School Nurse if they are not sure or haven't been taught. Different spacer devices are available in the medical room to ensure the medicine is delivered efficiently. Pupils are encouraged to use these devices as there is strong evidence that the dose is delivered much more efficiently via one of these.

The School is permitted to hold a spare inhaler on the premises for use in an emergency. The spare inhaler will only be administered to those pupils who have been diagnosed as asthmatic and whose parents have signed a consent form agreeing to the emergency use of the spare inhaler. The inhaler is clearly labelled and can be found in the inhaler cubby hole in the medical room. **A spare inhaler for emergency use is in each first aid kit sports fixtures off site.**

Trips

A pupil's asthma status is given to all trip leaders and sports team coaches. Staff are aware of the need to discuss with the School Nurse any pupils with specific health needs and medication, including asthma and the provision and use of inhalers. The School Nurse will be informed as soon as is possible if any medication is given on a school trip or sports event.

PE/Sports

It is expected that pupils bring their reliever inhaler to any sporting activity. Medical assistance should be sought if a pupil is suffering from symptoms of an asthma attack and the symptoms are getting worse.

Emergency/Spare salbutamol inhalers kept in school

From 1 October 2014 UK schools will be allowed to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler.

There are spare salbutamol (Ventolin) inhalers kept in reception and in the medical room. They may be issued for school residential trip according to risk assessment completed.

Please see link below for guidance on use of emergency salbutamol inhalers in school:

https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf

Diabetes:

Diabetes is a long-term medical condition where the concentration of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:

- The body does not make enough insulin;
- The insulin does not work properly;
- Or sometimes it is a combination of both.

There are two main types of diabetes; Type 1 and Type 2.

Type 1 Diabetes

This develops if the body is unable to produce insulin. Pupils with this form of diabetes need to replace their missing insulin, so will need to take insulin (usually via pump or injection) for the rest of their lives. This is the more common form of diabetes in people under 40 years of age.

Type 2 Diabetes

This develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). This mainly occurs in adults (but not exclusively) and is often linked to being overweight.

Through the medical form completed before their child's admission to the school, parents are asked to indicate on the form if their child is diabetic and to detail medication and/or treatment that their child may be receiving for this condition. Parents are expected to inform the School Nurse of any changes to their child's medical condition and any new medication or treatment they may be receiving. Pupils and their parents will have been taught by their local Paediatric Diabetes Service how to manage their diabetes and how to administer insulin, whether that be via pump or injection. The School Nurse will liaise with both the Paediatric Diabetes Service, and the pupil and their parents, prior to starting School and will agree an IHCP (Individual Health Care Plan) for the pupil. The School Nurse will identify and arrange any training needs or updates that need to take place, ensuring the staff are competent to support the pupil with their diabetes in School. The IHCP will be reviewed annually or when there is any need for change as initiated by the parents or the Paediatric Diabetes Service.

Parents are asked to supply spare medication and equipment related to their child's diabetes and emergency supplies for the treatment of a hypoglycaemic episode as indicated in their IHCP. This will be stored in the Medical Room in a named emergency box. Pupils are actively encouraged to always keep blood sugar testing equipment with them. The School Nurse takes responsibility for monitoring expiry dates of medication and equipment stored in the Medical Room and will let parents know when an expiry date is approaching, so that arrangements can be made to replace any supplies.

Trips

All serious medical conditions are given to all trip leaders and sports team coaches. Staff are aware of the need to discuss with the School Nurse any pupils with specific health needs and medication including diabetes and the provision and administration of emergency medication.

PE/Sports

Exercise and physical activity is good for everyone, including those with diabetes. Diabetes should not stop pupils from being active or being selected to represent the School or other sporting teams. However, pupils will have been made aware by their Diabetic team of the need to prepare more carefully and how to do so for all forms of physical activity, as all types of activity use up glucose.

Epilepsy:

Epilepsy is a condition that can manifest in brain seizures (sometimes called fits). A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. There are many kinds of epilepsy and about 40 different seizure types. The type of treatment given, or action taken will depend on the type of seizure. The most commonly diagnosed seizures are:

1. Absence seizures where a pupil may appear as though they are daydreaming or are inattentive but the pupil has briefly lost consciousness. The pupil may stop what they are doing and blink, stare and look vague for a few seconds.
2. Myoclonic seizures involve sudden contractions of the muscles; this may be just the arms or head but can occasionally be the whole body. No first aid is needed unless the pupil is injured.
3. Tonic-clonic seizures are the most widely recognised epileptic seizure. In this type of seizure, the pupil loses consciousness, the body stiffens and then they fall to the ground. This is followed by jerky movements called convulsions. Sometimes the pupil will lose control of their bladder or bowel.
4. Prolonged episodes of seizures are known as Status Epilepticus. This is where seizures are prolonged, and the pupil may not regain consciousness. If this continues for longer than 30 minutes the stress on the pupil's body may cause brain damage.

Through the medical form completed before their child's admission to the school, parents are asked to indicate on the form if their child has epilepsy and to detail any regular medication that the child may be receiving for this condition. Parents are expected to inform the School Nurse of any changes to their child's medical condition and any new medication they may be taking. Most pupils with epilepsy take their regular medication at home but there may be times when a pupil will be required to take some medication during the school day. The medicine will then be stored in a locked medicine cupboard in the medical room and administered as prescribed. All pupils with epilepsy will have an Individual Health Care Plan which can help the School and relevant staff to clarify possible triggers and treatment in case of an emergency.

Trips

A pupil's epilepsy status is given to all trip leaders and sports team coaches. Staff are aware of the need to discuss with the School Nurse any pupils with specific health needs and medication, including epilepsy and the provision and use of any related medication. The School Nurse will be informed as soon as is practicably possible if any medication is given on a school trip or sports event.

PE/Sports

Sports staff are made aware of pupils with epilepsy - exercise and physical activity is good for every child and young person including those with epilepsy. With the relevant safety precautions pupils with epilepsy can take part in most, if not all, school activities including sport. Many pupils with epilepsy have their seizures completely controlled by medication and do not need to take any more safety precautions than anyone else. As epilepsy is such a varied condition good communication between schools and young people and their families is important for ensuring that pupils with epilepsy are fully included in all activities.

Please see link below for further information on medical conditions in schools:

<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>

APPENDIX 3: Head Injury and Concussion Policy

Aims of this policy:

1. To alert staff to the risk factors and the warning signs of head injury/concussion;
2. Provide guidance for all staff regarding the procedure for the management of pupils who sustain a concussion;
3. Provide guidance for all staff supporting pupils in School who have sustained concussion to ensure that they: Stay healthy; Stay safe; Enjoy and make a positive contribution;
4. Ensure all pupils with concussion fully participate in all aspects of school life in line with the RFU Gradual Return to Play; and
5. Work in partnership with all parties involved with pupils including staff, parents, medical staff and outside agencies to ensure this policy is implemented and maintained successfully.

Minor head injuries occur from any bump or blow to the head. Symptoms of a minor head injury include: - headache - dizziness - feeling sleepy. Any pupil who sustains a head injury should be escorted to the Medical Room by staff, assessed by the School Nurse and treated as required. This may involve initial observation, before returning to lessons, but with further observations throughout the day. Parents must always be informed of any head injury and a Head Injury Advice Sheet will be provided.

Concussion is a disturbance of the normal working of the brain without there being any structural damage. It is usually caused by a blow directly to the head or indirectly if the head is shaken or body is struck. It is important to recognise that most concussions occur without there being any loss of consciousness. Concussion can occur in many situations in the school environment, but the potential is probably greatest during activities where collisions can occur such as the playground, or sport and PE. The nature of rugby specifically, means that concussion can occur in training or matches. Pupils may also get concussion when doing activities out of school but return to school with signs and symptoms. It is important that these situations are recognised as the concussion may affect their academic performance and/or their behaviour, as well as putting them at risk of more serious consequences should they sustain another concussion before recovery.

Recognise a concussion: If a pupil shows any of the signs or symptoms of concussion, because of a direct blow to the head, face, neck or elsewhere on the body with a force being transmitted to the head, they will be informed that they have suspected concussion.

Management of Concussion and possible head or neck trauma

When a pupil sustains a head/neck injury or is suspected of such, they must be attended to by a suitably trained person who is confident to assess the injury and look for signs of concussion. The RFU guidelines suggest every team has access to a qualified First Aider as a minimum requirement. If there is not a suitably trained person available, the pupil should be transported to hospital for assessment or 999 should be called.

Recovery After a Concussion

Recovery time can vary greatly. Most pupils with a diagnosed concussion resolve in 7-10 days, but this may be longer in children and adolescents. Therefore, a more conservative approach should be taken with them.

- It is reasonable for a pupil to miss a day or two of academic studies and pupils should not return to school until initial symptoms such as dizziness and headaches are resolved.
- On returning to School, teachers should be made aware of the pupils' head injury/concussion. Teaching staff should alert the School Nurse to any concerns.
- Start Gradual Return to activities and sport (GRAS) once all symptoms are resolved. Parents/School/Club (if known) must be informed using our Concussion and GRAS guidelines.

Concussion Signs & Symptoms Checklist

Pupil's Name:

Date & Time of Injury:

Where & How Injury Occurred (include cause & force of blow/hit):

Description of Injury (include if any loss of consciousness, memory loss or seizures immediately following injury; any previous concussions):

Place an X in any boxes that apply. Observe pupil for at least 30 minutes:

Observed signs:	0 min	15 min	30 min
Appears dazed or stunned			
Is confused about events			
Repeats questions			
Answers questions slowly			
No recall events prior or after injury			
Loss of consciousness - even briefly			
Behaviour or personality changes			
Headache			
Neck pain.			
"Pressure" in head			
Nausea or vomiting			
Balance problems or dizziness			
Feeling tired			
Blurry or double vision			
Sensitivity to light or noise			
Numbness or tingling			
Does not "feel right"			
Difficulty thinking clearly			
Difficulty concentrating			
Difficulty remembering			
Feeling more slowed down			
Feeling sluggish, hazy, foggy			
Irritable			
Sad			
More emotional than usual			
Nervous			

If any of the following signs occur refer to Hospital or 999 ambulance:

Severe or worsening headache
Loss of consciousness, however brief
One pupil larger than the other
Unusual eye movements
Drowsiness or cannot be awakened
Blood or clear fluid leaking from the nose or ear
Weakness, numbness or decreased coordination
Repeated vomiting
Slurred speech
Seizures
Difficulty recognising people or places
Increasing confusion, restlessness or agitation
Unusual behaviour
Unusual breathing patterns

Outcome:

Pupil returned to class	Yes / No
Pupil sent home	Yes / No
Pupil sent to A/E	Yes / No

Comments:

Signature staff member:

Date:

GRAS Programme

STAGE	Rehabilitation stage	Exercise allowed	Objective
1. 24 - 48 hours after concussion	<i>Initial relative rest</i>	<i>Light daily activities Screen time 10-15 mins Gentle walking exercise</i>	<i>Recovery with no increase to symptoms</i>
2. At least 24 hours after concussion	<i>Daily activities and light physical exercise</i>	<i>Introduce school work Light exercise 15 mins</i>	<i>Mild symptoms are ok If symptoms worsen rest till subside</i>
3.	<i>Aerobic exercise and low resistance training</i>	<i>Return to school - rest breaks or consider part time Gradually increase exercise</i>	<i>If symptoms more than mildly increase or new symptoms – rest till subside</i>
4.	<i>Non-contact training and weight resistance drills</i>	<i>Gradually return to school full time – consider rest breaks if needed Non-contact training</i>	<i>Add exercise, coordination and cognitive load and assess – increase or new symptoms then rest till subside</i>
5. No earlier than day 15	<i>Full contact practice</i>	<i>Normal daily activities Normal training activities</i>	<i>Restore confidence and functional skills. Assess and remain symptom free</i>
6. No earlier than day 21	<i>Return to play</i>	<i>Rehab completed</i>	<i>Fully recovered – symptom free at rest for preceding 14 days</i>

GRAS Programme	Name & date concussion:
1. 24 - 48 hours after concussion	sign & date
2. Daily activities and light physical exercise	sign & date
3.	sign & date
4.	sign & date
5. No earlier than 15 days	sign & date
6. No earlier than 21 days	sign & date

Head Injury Advice

To be given to the parent/carer who will be responsible for the pupil for the next 24 hours

Name of Pupil: _____ **Date:** _____

Important – if any of the following signs/symptoms occur please seek medical assistance via the nearest A & E Department

• Change in speech e.g. slurring	• Vision affected – blurring, double vision, light sensitivity
• Change in ability to understand or communicate	• Weakness of any limb
• Change in ability to walk e.g. staggering	• Vomiting more than twice
• Increased drowsiness/difficulty awakening	• Neck stiffness
• Increasing headache not responding to painkillers	• Unusual behaviour or symptoms

Your child may experience other symptoms over the next few days which should disappear over the next 2 weeks

May include:

• Mild headache	• Difficulty concentrating or memory
• Feeling sick	• Tiredness
• Dizziness	• Lack of appetite
• Irritability or bad temper	• Difficulty sleeping

If you are concerned about any of these symptoms or they don't disappear within 2 weeks, please seek medical advice

If a pupil is told they have **concussion** then they will not be allowed to return to contact sport until they completed a Graduated Return to daily activities and sport programme. A return to sport will be managed by the School Nurse and/or GP and Director of Sport

Graduated Return to Daily Activities and Sport (GRAS)

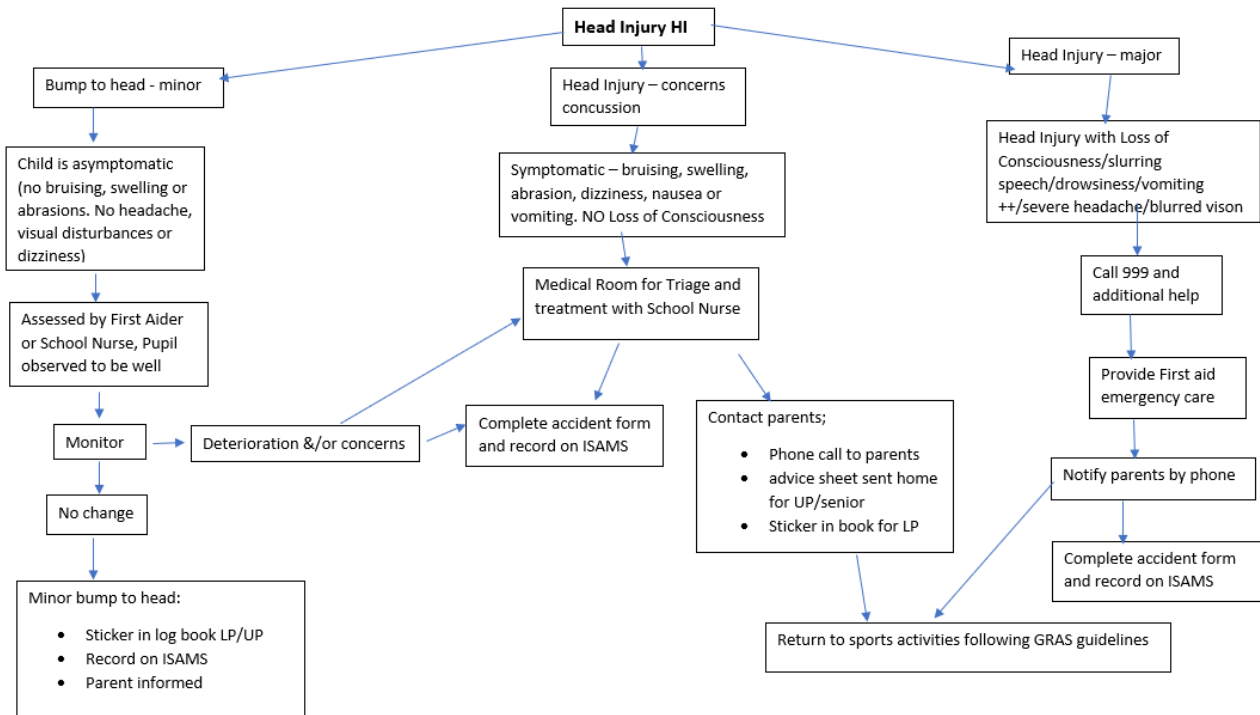
(This document is produced with reference to guidelines set out by the England Rugby Headcase)
The following timeline and process will take place where concussion signs and symptoms have been evident at the time of injury. Please note that not all head 'bumps' will result in concussion and therefore this process will not always need to be followed.

It is reasonable for a student to miss a day or two of studies. If concussion injury occurs during school day, the school nurse and other staff will be made aware.

The above time periods are minimum – they will be extended if symptoms persist

GRAS Programme

STAGE	Rehabilitation stage	Exercise allowed	Objective
1 - 24-48 hours after concussion	<i>Initial relative rest</i>	<i>Light daily activities Screen time 10-15mins Gentle walking exercise</i>	<i>Recovery with no increase to symptoms</i>
2 - at least 24 hours after concussion	<i>Daily activities and light physical exercise</i>	<i>Introduce school work Light exercise 15mins</i>	<i>Mild symptoms are ok If symptoms worsen rest till subside</i>
3	<i>Aerobic exercise and low resistance training</i>	<i>Return to school - rest breaks or consider part time Gradually increase exercise</i>	<i>If symptoms more than mildly increase or new symptoms – rest till subside</i>
4 - no earlier than day 8	<i>Non-contact training and weight resistance drills</i>	<i>Gradually return to school full time – consider rest breaks if needed Non-contact training</i>	<i>Add exercise, coordination and cognitive load and assess – increase or new symptoms then rest till subside</i>
5 - no earlier than day 15	<i>Full contact practice</i>	<i>Normal daily activities Normal training activities</i>	<i>Restore confidence and functional skills. Assess and remain symptom free</i>
6 - no earlier than day 21	<i>Return to play</i>	<i>Rehab completed</i>	<i>Fully recovered – symptom free at rest for preceding 14 days</i>



Managing Head Injuries, Concussion & Suspected Concussion

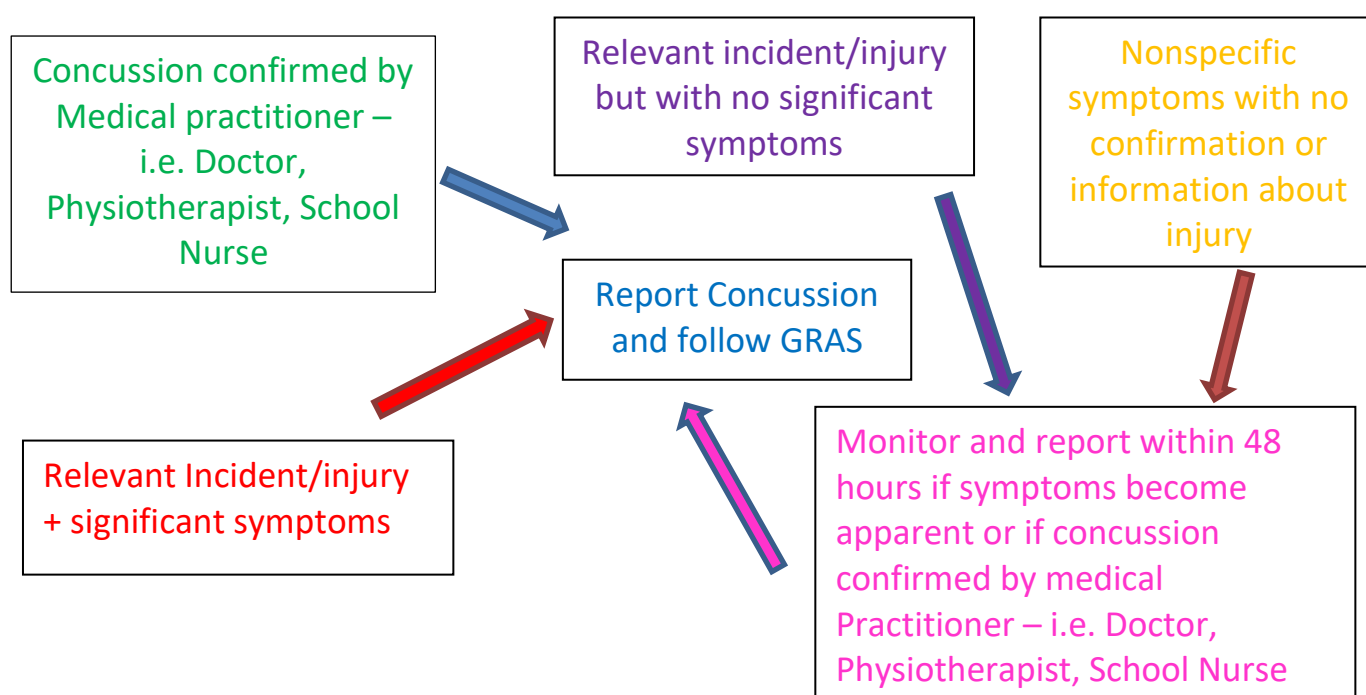
The reporting of concussion/suspected concussion and the subsequent management of return to play can be difficult to manage.

Applying the GRAS protocol has impact: the player will miss at least 14 days of any physical activity, and 21 days competitive sports, including PE and out of school clubs etc. including weekend activities.

Knowing when to report is key:

Whereas we don't want concussion to go unreported, we also do not want every bumped head reported as a concussion.

Where there is a relevant incident/injury + significant symptoms, or when a concussion is confirmed by a medical practitioner, it must be reported and the GRAS must be followed. Where there are no significant symptoms, or when symptoms are not connected with any relevant injury, the protocol recommends to monitor the situation and report within 48 hours if symptoms become apparent or if concussion is later confirmed by a medical practitioner.



Conclusion:

If you are concerned about the presenting symptoms – remove from pitch and report

If in doubt – sit them out

If you are not sure, didn't see what happened – monitor, check in with pupil later in day and report

APPENDIX 4: Medicines and Homely Remedies Policy

Medicines:

It should be noted that staff should not administer any medicines to pupils, with the following exceptions:

- Any member of staff may administer an inhaler, antihistamine or an EpiPen/auto-injector in an emergency to a pupil with the appropriate consent;
- Staff who have signed the 'Administration of Medication Protocol for Staff' may administer paracetamol and other medications if on a School trip or in the absence of the School Nurse; and
- A member of staff may take responsibility for looking after prescribed drugs, which have been provided by the parents, for a pupil to self-administer.

Prescribed Medication

Pupils are encouraged to administer their own medication when necessary and appropriate for certain medical conditions e.g., insulin for diabetes, inhalers for asthma. After an initial assessment with the School Nurse and discussion with the pupil and parents, a pupil may carry such medicines. These should be named. Pupils who do not wish to carry their medication have it stored in the Medical Room. For all pupils who have prescribed EpiPen/auto-injectors there is always at least one EpiPen/auto-injector stored in Main Reception. Spare inhalers are stored in the Medical Room.

Non-Prescription Medicines

A small stock of non-prescription medicines (Homely remedies) is kept in a locked cupboard in the Medical Room. These are administered by the School Nurse (or appropriately trained First Aider in their absence) if consent has been obtained on the medical form. When non-prescription medicines have been given to a pupil, the pupil is issued with an advice slip to take home, advising parents of the medication given and the reason for this.

Homely remedies

Definition: A homely remedy is a product that can be obtained, without a prescription, for the relief of a minor, self-limiting ailment.

The School Nurse will decide which Homely remedies are to be kept in the Medical Room. If the symptoms persist, or give cause for concern, medical advice should be obtained in case they are masking more serious underlying conditions. Administration of Homely Remedies must only be undertaken by a trained nurse with appropriate knowledge of these medications. Conditions to consider for treatment using a Homely Remedy include (but is not exclusive):

- Indigestion
- Mild pain
- Coughs/colds
- Hayfever/allergic reactions
- Minor sports injuries

The School Nurse will consider the following, prior to giving the Homely remedy:

- Indications for use
- Name of medicine
- Dose and frequency
- Maximum dose and treatment period
- Cautions or contra-indications

These medicines may interact with medicines that a GP has prescribed and appropriate checks should be made prior to administration if concerned (e.g., referral to a current British National Formulary).

Parents are aware that they should inform the School Nurse if their child is prescribed any medication at any time.

Homely remedies will be kept in a locked medicine cupboard in the Medical Room. They will be separated from any named prescription medicines. Expiry dates will be checked regularly.

It is essential that all medicines that are given to pupils/staff are recorded to maintain accurate records and avoid possible overdosing. The School Nurse will record this on iSAMS. A list of all those pupils whose parents have not given consent for Homely Remedies to be given will be kept on the inside of the locked medicine cupboard in the Medical Room. This list should be consulted prior to administration of a Homely remedy. Confirmation of this can also be found on the pupil's 'Medication Consent Form' completed at the time of on the pupil's admission to the School.

APPENDIX 5: Infection Control Policy 2023

AIMS

This policy aims to provide the school community with guidance when preparing for, and where possible preventing, the spread of infection within the school. The Leadership Team and the School Nurse are committed to promoting the health and welfare of all its members of the school community. This Infection Control Policy runs alongside the practices and policies such as First Aid Policy, Medicine and Homely Remedies Policy, Safeguarding Policy and Guidance on Infection Control in the Education Setting set by the Government and Public Health England.

Pupils and staff are in proximity as the care and education provided is individual and personal, pupils and staff are sharing classrooms and interacting with one another within these. This situation allows the spread by direct contact, respiratory means, touching infected items, blood borne passed during first aid or gastrointestinal spread due to contamination of food or drink.

Infections in this environment may spread faster due to:

- A young person's immune system being immature
- No vaccinations or incomplete courses of vaccinations
- Young people often have close contact with other young people and staff
- Young people can lack understanding of good hygiene practices

To reduce the risk of infection and its subsequent spread the school encourages all pupils and staff to:

- Be up to date with all the immunisations recommended
- Keep the environment clean
- To have good hand washing practices (thorough and regular)

PLANNING AND PREPARING

In the event of the School becoming aware that a pupil or member of staff has a notifiable infectious illness we would immediately consult with the Public Health Agency and inform parents of their advice. During an outbreak of an infectious illness such as a pandemic influenza or COVID the school will seek to operate as normally as possible but will plan for higher levels of staff absence. The decision on whether school should remain open or close will be based on medical evidence. This will be discussed with the Public Health Agency. It is likely that School will remain open but we recognise the fact that both the illness itself and the caring responsibilities of staff will impact staff absence levels. The School will close if we cannot provide adequate supervision for the children. Pupils will be asked to complete work at home and in prolonged cases Distance and Online Learning will be used.

PRINCIPLES

The school recognises that infections such as influenza are not new, but that there are also times such as Coronavirus 2019 that will require the need to be flexible and adapt swiftly to meet Department of Health Guidelines and or Government Advice. No-one knows exactly when the school will be faced with having to deal with a potentially contagious illness amongst its community. We recognise the need to be prepared. Infections are likely to spread particularly rapidly in schools and as children may have no residual immunity, they could be amongst the groups worst affected. We recognise that closing the school may be necessary in exceptional circumstances to control an infection. However, we will strive to remain open unless advised otherwise. Clear

communication on promoting healthy living and good hand hygiene. School staff will give pupils positive messages about health and well-being through lessons, PSHE and through conversations with pupils.

INFECTION CONTROL

Infections are usually spread from person to person by close contact, for example:

- Infected people can pass a virus to others through large droplets when coughing, sneezing or even talking within a close distance.
- Through direct contact with an infected person: for example, if you shake or hold their hand, and then touch your own mouth, eyes or nose without first washing your hands.
- By touching objects (e.g., door handles, light switches) that have previously been touched by an infected person, then touching your own mouth, eyes or nose without first washing your hands. Viruses can survive longer on hard surfaces than on soft or absorbent surface.

Staff and pupils are given the following advice about how to reduce the risk of passing on infections to others:

- Wash your hands regularly, particularly after coughing, sneezing or blowing your nose.
- Minimise contact between your hands and mouth/nose, unless you have just washed your hands.
- Cover your nose and mouth when coughing or sneezing.
- Do not attend school if you think you may have an infectious illness.

These messages are promoted in assemblies and through PSHE.

HAND WASHING IS THE SINGLE MOST IMPORTANT PART OF INFECTION CONTROL IN SCHOOLS

Vulnerable Pupils and Staff:

Any pupil considered vulnerable would have their needs assessed and a care plan may be in place that would be approved by medical professionals to ensure it was appropriate for their needs. This would be done on an individual basis for any pupils that was considered at risk.

Any staff member considered vulnerable will be cared for appropriately and measures put in place to protect their health as far as is possible. Staff medical records are kept confidential and shared as needed with LT.

Immunisation:

Staff should ensure they have had a full course of immunisations, in addition any member of staff who does personal care, cleaning or maintenance may also be encouraged to have a Hepatitis B immunisation. Pupils' parents and guardians would always be encouraged to follow NHS guidelines on immunisation and have pupils immunised according to the NHS guidance.

Pregnant Staff:

The greatest risk to pregnant staff comes from infections in their own household not the workplace. However, any pregnant member of staff who encounters someone with an infection or rash should consult their midwife or GP promptly. LT and line managers would be asked to arrange the staff members duties to avoid pupils with possible infectious illnesses. All pregnant staff would be excluded from animal contact.

School Nurse:

The School Nurse at Ballard School is responsible for supporting and coordinating any response that may be required in the event of being notified of a member of the community being diagnosed with an infectious disease. The School Nurse requests that in the event of the diagnosis of any infectious disease in a pupil or staff member that they are informed by the parents or staff member via email. This will allow the nurse to organise an appropriate response and inform those members of the community of any guidance that may be required, this would be done anonymously but would ensure that any at risk groups would be able to take any necessary precautions as advised.

DEFINITIONS

Infection: An illness or disease passed between pupils and/or staff.

Exclusion: To isolate a person from work, an area or activity reducing the risk of infection to others.

PPE: Personal Protective Equipment. Disposable gloves, aprons and other items to cover clothing and shoes.

Bodily Fluids: Any emission from the body, including blood, saliva, urine, faeces, mucus and vomit.

Hand Washing: The process of cleaning hands in-line with NHS guidelines to remove contamination and reduce the spread of illness.

Outbreak: Two or more linked cases with similar symptoms (or notifiable disease), such as:

- Two or more cases of diarrhoea or vomiting or both
- Scabies
- Scarlet fever
- Impetigo

Pandemic: (of a disease) prevalent over a whole country or the world, requiring a national/worldwide response to protect the population.

RESPONSIBILITIES

Leadership Team: Ensure that high quality training is given to staff, that procedures are followed, reviewed and developed. Coordinate any major outbreak that may occur including the contact of suitably qualified experts where necessary.

School Nurse: Will offer advice and expertise on any outbreak or suspected infection. This may include examining pupils/staff and liaising with other health professionals as required.

Staff: All staff are responsible for keeping the pupils and staff healthy. Staff must keep up their training in line with what is required for their role and not undertake tasks or procedures they are not trained for. It is imperative that staff cooperate with other staff and managers to keep pupils and staff healthy including but not limited to: hand washing and supporting pupils to wash their hands, keeping work areas and equipment clean, following good hygiene practices and procedures.

Pupils: May not be aware of potential or immediate dangers caused by poor hygiene they should, therefore, follow the guidance of staff.

Addendum September 2023: COVID 19

Coronavirus (COVID-19)

COVID-19 is a new illness that can affect the lungs and airways. It's caused by a virus called coronavirus.

Current Government advice for Schools:

<https://educationhub.blog.gov.uk/2023/09/27/what-are-the-latest-rules-around-covid-19-in-schools-colleges-nurseries-and-other-education-settings/>