BALLARD

BESPOKE EDUCATION

FIRST AID POLICY	
Reviewed by:	**Rebecca Munro – Bursar** **Jacqui Besley – School Nurse** **Amanda Kyriacou – School Nurse**
Review Date:	**September 2026**
Next Review due:	**September 2029**

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. Allergy Policy
Appendix 4. Head Injury and Concussion Policy
Appendix 5. Medicines/Homely Remedies Policy
Appendix 6. Infection Control Policy

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 regarding 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 enough 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 two registered part-time nurses who have professional responsibility for the care of the pupils who need or seek advice and support for their medical/health needs. The School Nurses are 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 in her absence, 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 see appendix 4 of this policy
- Medicine and Homely Remedies Policy see appendix 5 of this policy
- Safeguarding policy
- Allergy and Anaphylaxis Policy – see appendix 3 of this policy

Rebecca Munro
Bursar
September 2026

Policy Log:
Updated January 2022
Updated November 2022
Updated January 2023
Updated September 2023
Updated September 2024
First Aiders updated April 2025
First Aiders updated September 2025
Updated September 2026

APPENDIX 1: List of Staff with First Aid Qualifications as of September 2026

Jacqui Besley	School Nurse - RGN, SCPHN, Queens Nurse - NMC 89I2011E	**CPR training** updated Sept 26	
Amanda Kyriacou	School Nurse - RGN	updated Sept 26	

Name	Course	Date Completed	Date Expires
Ellie Keeler	EFAW	25.09.26	Sep-29
Jo Edwards	2 day Paediatric First Aid & EFAW	08.09.26	Sep-29
Megan Cox	2 day Paediatric First Aid & EFAW	08.09.26	Sep-29
Michelle Korrie	2 day Paediatric First Aid & EFAW	08.09.26	Sep-29
Tina Darby	EFAW & PFAW	07.09.26	Sep-29
Heather Lane	EFAW & PFAW	07.09.26	Sep-29
Donna Wellock	EFAW & PFAW	07.09.26	Sep-29
Natalie Timbrell	EFAW & PFAW	07.09.26	Sep-29
Laura Rothwell	EFAW & PFAW	07.09.26	Sep-29
Pixie Skelton	EFAW & PFAW	07.09.26	Sep-29
Abigail Greaves	EFAW & PFAW	07.09.26	Sep-29
Mark Woodroof	EFAW & PFAW	07.09.26	Sep-29
Anna Clark	EFAW & PFAW	07.09.26	Sep-29
Mel Rayner	EFAW & Swim Safety Award & PFAW	17.04.26	Apr-28
David McNeice	EFAW & Swim Safety Award & PFAW	17.04.26	Apr-28
Chris Jackson	EFAW & Swim Safety Award & PFAW	17.04.26	Apr-28
Natalie Romain	EFAW & Swim Safety Award & PFAW	17.04.26	Apr-28
Justin Whitbread	EFAW & Swim Safety Award & PFAW	17.04.26	Apr-28
Dan Winch	EFAW & Swim Safety Award & PFAW	17.04.26	Apr-28
Tom Moysey	EFAW & Swim Safety Award & PFAW	17.04.26	Apr-28
Richard Hastings	Refresher First Aid at Work	12.02.26	Feb-29
Lara Acott	2 day Paediatric First Aid	14.11.25	Nov-28
Sarah Goodfellow	2 day Paediatric First Aid	14.11.25	Nov-28
Natalie Romaine	2 day Paediatric First Aid	14.11.25	Nov-28
Lucy Spicer	2 day Paediatric First Aid	14.11.25	Nov-28
Suzie Rayner	2 day Paediatric First Aid	14.11.25	Nov-28
Lara Acott	EFAW - 1 day	09.09.25	Sep-28
Amy Cairns	EFAW - 1 day	08.09.25	Sep-28
Andrew Cornwell	EFAW - 1 day	08.09.25	Sep-28
Susan Cowell	EFAW - 1 day	08.09.25	Sep-28
Claire Doolan	EFAW - 1 day	08.09.25	Sep-28
JP Fenton	EFAW - 1 day	09.09.25	Sep-28
Sarah Goodfellow	EFAW - 1 day	09.09.25	Sep-28
Jim Harrowven	EFAW - 1 day	09.09.25	Sep-28
Laura Legg	EFAW - 1 day	08.09.25	Sep-28

Tom Moysey	EFAW - 1 day	09.09.25	Sep-28
Chloe Nelson	EFAW - 1 day	09.09.25	Sep-28
Sue Phillips	EFAW - 1 day	08.09.25	Sep-28
Kim Tuddenham	EFAW - 1 day	08.09.25	Sep-28
Stephanie Bottell	EFAW & Swim Safety Award	22-Apr-25	Apr-27
Dave Steadman	EFAW & Swim Safety Award	22-Apr-25	Apr-27
Finlay Wood	EFAW & Swim Safety Award	22-Apr-25	Apr-27
Richard Whiting	EFAW - 1 day	24-Sep-24	Sep-27
Alex Bellars	EFAW - 1 day	24-Sep-24	Sep-27
Pixie Skelton	EFAW - 1 day	24-Sep-24	Sep-27
Jax Dinnage	EFAW - 1 day	24-Sep-24	Sep-27
Aaron Markar	EFAW - 1 day	24-Sep-24	Sep-27
Rachel Wright	Outdoor First Aid - 2 days	02-May-24	Apr-27
Jon Elliot	Outdoor First Aid - 2 days	02-May-24	Apr-27
Emma Travis	Outdoor First Aid - 2 days	02-May-24	Apr-27
Lise Verdon	Outdoor First Aid - 2 days	02-May-24	Apr-27
Natalie Timbrell	EFAW - 1 day	29-Apr-24	Apr-27
Mark Woodroof	EFAW - 1 day	29-Apr-24	Apr-27
Ali Green	EFAW - 1 day	29-Apr-24	Apr-27
Tina Darby	EFAW - 1 day	29-Apr-24	Apr-27
Sam Hacker	Paediatric First Aid - 2 days	20-Apr-24	Apr-27

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 autoinjectors 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 autoinjectors and a brief talk about anaphylaxis before they go on any trips.

Parents are asked to supply two adrenaline auto-injector devices and if needed 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 school office. The emergency boxes are stored at room temperature in an accessible cupboard in school office, that is unlocked during school opening hours. Some parents prefer that their child always carries one autoinjector 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 autoinjector to explain this.

The School Nurse takes responsibility for monitoring expiry dates on those autoinjectors kept in Main office 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 autoinjectors. 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 main office 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 always carry their inhaler with them.**

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 spacing 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 for 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 Main office 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 are 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 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. Allergy and Anaphylaxis Policy

Allergy Policy FINAL Nov 2026 RMU.docx

BALLARD

BESPOKE EDUCATION

Allergy and Anaphylaxis Policy

ALLERGY AND ANAPHYLAXIS POLICY	
Reviewed by:	**Rebecca Munro – Bursar and Designated Allergen Lead**
Review Date:	**November 2026**
Next Review due:	**September 2027**

CONTENTS:

1. AIMS AND OBJECTIVES 15
2. WHAT IS AN ALLERGY? 15
3. DEFINITIONS 15
4. ROLES AND RESPONSIBILITIES 16
5. INFORMATION AND DOCUMENTATION 19
6. ASSESSING RISK 19
7. FOOD, INCLUDING MEALTIMES & SNACKS 19
8. EDUCATIONAL VISITS AND SPORTS FIXTURES 22
9. INSECT STINGS 22
10. ASTHMA 22
11. ANIMALS 22
12. INCLUSION AND MENTAL HEALTH 23
13. ADRENALINE PENS 23
14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS 24
15. TRAINING 24

APPENDIX A – EMERGENCY TREATMENT AND MANAGEMENT 13

APPENDIX B – CATERING DEPARTMENT ALLERGENS PROCEDURE 14

1. AIMS AND OBJECTIVES

This Policy outlines Ballard School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if ones does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

This Policy applies to all staff, pupils, parents and visitors to the School and should be read alongside these other policies:

- First aid and Medical Conditions Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy.

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are fewer common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the School and acting as the main point of contact for pupils, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. Neffy was approved for use in the UK in 2025 and distribution is expected from late September.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the School site.

SPARE ADRENALINE PENS: Schools can purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

Ballard takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead (DAL)

The DAL is the Bursar – Mrs Rebecca Munro. They report to governor responsible for allergy governance (Dr Ashok Rao) who reports to the Full Governing Body. The DAL is responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the School;
- Championing and practising allergy awareness across the School;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the School's Allergy and Anaphylaxis Policy, and other related procedures;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

4.2 School Nursing Team is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners);
- Disseminating this information to all school staff, including the catering team, occasional staff and those running clubs and activities;
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum); and
- Training staff on what to do in the event of a severe allergic reaction in staff member or pupil and how to administer emergency treatment/medication in this situation.

Training includes:

- Knowing the common allergens and triggers of allergy;
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services;
- Administering emergency treatment (including AAIs) in the event of anaphylaxis knowing how and when to administer the medication/device;
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what;
- Coordinating medication with families and ensuring medication is in date;

- Reviewing the School's stock of spare adrenaline pens (check the School has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. Under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the School's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented. A sign out sheet is kept with the auto injectors in the School Office which is completed if the auto injector is removed from the School Office and when it is returned;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary; and
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips.

4.3 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity (this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten);
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs are responsible for:

- Championing and practising allergy awareness across the School;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the School's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the School's Anti-bullying Policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Nurse; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.5 All parents

All parents and carers (whether their child have an allergy or not) are responsible for:

- Being aware of and understanding the School's Allergy and Anaphylaxis and considering the safety and wellbeing of pupils with allergies; (To be included on the school website and parents signposted to this);

- Providing the School Nurse with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the School of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the School has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the School their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the School to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the School or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e., spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

4.7 All pupils

All pupils at the School should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency;
- Pupils are no longer permitted to bring food onto school premises or school transport. This includes snacks, sweets, cakes, sandwiches, treat and any other food items intended for personal consumption. Any food brought into school will be collected by staff and disposed of in an appropriate manner. If a child has a medical condition which requires them to bring food into school for personal consumption, this must be agreed with the School Nurse who will make a decision on where the food is stored;
- Pupils will continue to bring ingredients into school for Food Technology practical lessons. Existing procedures should continue to be followed, including bringing ingredients directly to school in the morning and placing them in the designated Food Technology storage areas; and
- Pupils in Year 7 and 8 are taught about allergies in their Food Technology lessons.

4.8 Pupils with allergies

In addition to point 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk - depending on age and capability
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Pupils from Years 6-11 will carry at least one adrenaline auto-injectors with them and the second autoinjector will be kept in the School Office. All other pupils will keep two autoinjectors in the School Office. They must only use them for their intended purpose;

- Understanding how and when to use their adrenaline auto-injector;
- Talking to the Designated Allergy Lead or School Nurse or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The School has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine, etc.;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

5.3 Reporting allergic reactions

- The School will log allergic reaction incidents on the pupils file on ISAMS and near misses will be recorded on the near miss spreadsheet.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the School, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food “treats”. Only food supplied by the Catering Department are to be consumed by pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The School is committed to providing a safe meal for all pupils, staff and visitors, including those with food allergies.

- Due diligence is carried out about allergen management when appointing catering staff;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- School will adhere to the new Early Years Foundation Stage statutory guidance and safer eating practices;

- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to pupils and staff with allergies;
- The School has robust procedures in place to identify pupils with food allergies, these are:
    - Children with allergies identify themselves to the catering staff.
    - Catering staff are informed of an allergen with a pupil, this information is updated in the allergy file.
    - Individual meal is prepared by a chef, checked alongside the allergy list and prepared in a separate area of the kitchen. The meal, together with a laminated, named photo ID is handed directly to the designated member of staff to issue to the child, confirming ID both visually and verbally.
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled. Other ingredient information will be available on request;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the designated catering staff member;
- The School's Catering Department is aware of foods that 'may contain nuts' and these will be avoided or clearly labelled. Food that contains nuts will not be used at school; and
- There is regular communication between the School Nurse and the catering team. Whenever a new allergy is identified for a child, the School Nurse updates the allergens list and briefs the catering team.

7.2 Food brought into school

Pupils will continue to bring ingredients into school for Food Technology practical lessons. Existing procedures should continue to be followed, including bringing ingredients directly to school in the morning and placing them in the designated Food Technology storage areas. Menus for lessons are labelled with allergen alternative ingredients. The Food Technology teacher checks the allergen list and advises pupils of allergies.

In the past, pupils have sometimes brought cakes, sweet or other treats into school to celebrate birthdays and special occasions. This is no longer allowed in school.

7.3 Food bans or restrictions

The following wording will be used:

- This School is an Allergen Aware school. We have pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- School will try to avoid nuts on the site and check all foods coming into the kitchen;
- Pupils are no longer permitted to bring food onto school premises or school transport. This includes snacks, sweets, cakes, sandwiches, treat and any other food items intended for personal consumption. Any food brought into school will be collected by staff and disposed of in an appropriate manner.

7.4 Food hygiene for pupils

- Pupils will be encouraged to wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled; and
- Kitchens and food prep areas for the pupils, for example in food tech room, follow procedures to ensure a limit to cross-contamination in preparation and the storage of food.

7.5 Allergy safe Food Lessons

Allergic reactions are caused by the immune system responding to a food it mistakenly sees as harmful, and they can be life-threatening. Sometimes, even a trace amount of their allergen will make someone

very unwell. People with food allergies must completely avoid eating and should avoid touching the food to which they are allergic. Therefore, education settings must have rigorous procedures in place to reduce risk for pupils with allergies during food lessons. These procedures should cover the safe storage, preparation, and cooking of food, including avoiding cross-contamination and the safe consumption of food.

All Staff have access to a list of all pupils with allergies or food intolerances.

Information regarding pupils' allergies and food intolerances is kept in the Medical Room, School Office, staff Rooms, Catering Department and Food Technology classrooms.

This information is available to all staff on registers on iSAMS and on SOCS from the start of the academic year and regularly updated.

A photo list of pupils with allergies and food intolerances is available in the Food Technology classrooms and updated as needed.

Allergy safety guidance is available for staff.

7.6 Co-curricular Activities

Children with allergies have every opportunity to take part in co-curricular activities, out-of-school activities such as trips, sports fixtures and educational visits. Such activities require careful planning and preparation, but there is no reason to exclude a child with allergies.

All Staff have access to a list of all pupils with allergies or food intolerances.

Registers for lessons and co-curricular activities are checked against records on iSAMS and allergy/food intolerance lists provided.

Allergy safety guidance is available for staff.

7.7 Trips/Sports fixtures

A pupil's allergy status is given to all trip leaders and sports team coaches before departure.

Staff must discuss with the School Nurse any pupils with specific health needs and medication, including allergies and anaphylaxis and the provision and use of autoinjectors.

Pupils must not take food onto school minibuses or other school transport.

Packed lunches for school trips and other organised activities will be provided by the School. Pupils will no longer be able to bring in their own sandwiches or packed lunches on trips.

For children visiting from other schools, the information about allergies of those visiting children is received by the Catering Department. Diets are prepared by one of our chefs and labelled with the visiting child's name and diet details.

For residentials, we will continue to work closely with pupils and their families to ensure that suitable food is provided wherever possible, taking account of individual dietary requirements, allergies and intolerances.

Allergies should be included on all risk assessment for events on and off the School site.

Individual staff training is given as needed.

7.8 Visitors to school

All serveries/counters, function rooms and areas where food may be served display a 'please ask if you have any dietary requirements' sign.

Food without gluten or dairy is clearly labelled.

All visiting teams for sports events, functions etc are required to notify the School if they have any dietary requirements or allergies.

The Catering Department are informed of any dietary requests received from visitors.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have check SOCS register for pupils with allergies and details of any medication. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches;
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead by the PE department staff to ensure they have a safe meal; and
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9. INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The Director of Estates and grounds team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the School grounds and avoid them.

If the School keeps bees and has a pupil with a bee sting allergy, advice should be sought on how to manage this.

10. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

11. ANIMALS

It is normally the flakes of skin, saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site, a risk assessment will be done prior to the visit;
- Anyone in contact with an animal will wash their hands after contact; and
- School trips that include visits to animals will be carefully risk assessed.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the School premises or a school trip;
- Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor/ PSA, etc.;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the School's Anti-bullying Policy.

13. ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens;
- Senior pupils will carry at least one adrenaline auto-injectors with them and the second autoinjector will be kept in the School Office. All other pupils will keep two autoinjectors in the School Office, so they are always available to pupils and staff;
- Pre-Prep children with adrenaline pens – these will be looked after by the class teacher and be available for use;
- Pupils must also have access to two adrenaline pens as they travel to and from school if required;
- Spot checks will be made to ensure adrenaline pens are where they should be and in date;
- Adrenaline pens must not be kept locked away but will be in a labelled cupboard;
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps or given back to the parents.

13.2 Spare adrenaline pens

This School has 7 spare adrenaline pens to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted. These are:

- Medical Room, Main House - 150mcg (children 7.5kg to 25kgs) and 300mcg (over 25kgs) EpiPen
- School Office, Main House - 150mcg (children 7.5kg to 25kgs) and 300mcg (over 25kgs) EpiPen
- Food Technology Room, Senior School Building - 150mcg (children 7.5kg to 25kgs) and x2 300mcg (over 25kgs) EpiPen

The School Nurses are responsible for:

- Deciding how many spare pens are required;
- Deciding if adrenaline pen is in first aid kit for residential trip;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy.;
- Distribution around the site and clear signage;
- There are 2 spare auto injectors kept in school in School Office and in the Medical Room; and
- These may be issued for a school residential trip according to risk assessment completed.

13.3 Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;

- Adrenaline pens will be always kept close to the pupils e.g., not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline pens will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

14. RESPONDING TO AN ALLERGIC REACTION / ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction.

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan;
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

15. TRAINING

15.1 The School is committed to training all staff annually to give them a good understanding of allergies.
This includes:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis. Staff will be given the opportunity to practise with a training adrenaline auto-injector;
- How the School manages allergy, for example Emergency Response Plan, documentation, communication etc.;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

15.2 The School will carry out an anaphylaxis drill once a year.
This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

Rebecca Munro
Bursar and Designated Allergy Lead
November 2026

Policy Log:
Created April 2025
Reviewed April 2026
Updated November 2026

APPENDIX A:

Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body;
- a tingling or itchy feeling in the mouth;
- swelling of lips, face or eyes; and/or
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing);
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing; and/or
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs
- should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils **must** go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

APPENDIX B:

Catering Department Allergens Procedure
All children are identified on enrolment, and allergies are identified through a completed medical form.

There is regular communication between the School Nurse and the catering team. Whenever a new allergy is identified for a child, the School Nurse updates the allergens list and briefs the catering team.

The catering office, servery and kitchen have a comprehensive list of all pupils with allergies which is regularly updated.

All menus are adapted to provide an allergen free equivalent for all allergies. this is communicated to pupils and staff upon request.

All serveries/counters, function rooms and areas where food may be served display a 'please ask if you have any dietary requirements' sign.

Preparation:

- a meeting is held every day between designated allergen chef and front of house serving staff to confirm the days menu and quantities.
- when making, the allergen meal is made by a designated chef with clean equipment as a separate job in a specified part of the kitchen away from other prep. Chef will use only purple chopping boards, the purple boards are cleaned thoroughly in the dishwasher between each use.

Service:
The school has robust procedures in place to identify pupils with food allergies, these are:

- Children with allergies identify themselves to the catering staff.
- Catering staff are informed of an allergen with a pupil, this information is updated in the allergy file.
- Individual meal is prepared by a chef, checked alongside the allergy list and prepared in a separate area of the kitchen. The meal, together with a laminated, named photo ID is handed directly to the designated member of staff to issue to the child, confirming ID both visually and verbally.

Storage:

- all uncooked and cooked 'free-from' food is labelled and stored in separate areas of the walk-in fridge/ freezer and dry store – away from other foods.

Visitors:

- all serveries/counters, function rooms and areas where food may be served display a 'please ask if you have any dietary requirements' sign.
- all visiting teams for sports events, functions etc are required to notify the School if they have any dietary requirements or allergies.

APPENDIX 4: Head Injury and Concussion Policy

Aims of this policy:

At Ballard School we take our responsibility for the health and welfare of our pupils extremely seriously. We recognise the dangers presented by a head injury that results in a diagnosis of concussion. To ensure that pupil receive medical care of the highest standard, we have retained the services of a medical consultancy, Return2Play, which offers specialist advice on the management of concussion and the required rehabilitation.

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 have the required treatment, care and recuperation required during the graduated return to play or return to learn protocols.

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.

DEFINITIONS:

Head injury is a trauma to the head that may or may not include injury to the brain.

Concussion is a traumatic brain injury that alters the way the brain functions. Although concussions are usually caused by a blow to the head, they can occur when the head and upper body are violently shaken (such as a whiplash injury). There is usually a rapid onset of symptoms but occasionally these can be delayed by hours and days. Effects are usually temporary with around 80% resolving within 7- 10 days. Concussion results in a range of signs or symptoms which may not include loss of consciousness. In all cases of concussion, the risk to short term and long-term health exists where the injury is not managed properly.

RETURN2PLAY SOFTWARE:

Return2Play online injury management system allows staff to keep an up-to-date injury register of pupils and ensures that if they sustain a concussion, it can be recorded, with advice being sent to the injured pupil and parents. Importantly, the system monitors symptoms during recovery, links with doctors experienced in the management of concussion, and keeps everyone informed about progress through the concussion return to play pathway. [Return2Play links with SOCS teams sheets so that injured players cannot be selected for fixtures].

TRAINING:

Return2Play provide access to Head Injury & Concussion online training modules for staff, pupils, and parents.

These are updated annually at a minimum and when there are changes to guidance.

All staff involved with sport will undertake the course annually.

The School Nurse will undertake an induction programme which includes familiarisation with this policy, undertaking the specific Return2Play online module for medical staff and training on the Return2Play platform.

RISK ASSESSMENT:
All teachers-in-charge and coaches must carry out a dynamic risk assessment, specific to the venue, conditions at the time, players present and any other relevant factors at the start of the sporting activity. This risk assessment will inform the decisions taken about whether play goes ahead and whether any health and safety measures need to be in place to allow the game to proceed.

Considerations should include:

- Ground conditions – is the ground too hard to play on?
- Safety of the environment – are posts and barriers close to the area of play sufficiently padded?
- Application of sporting technique – are pupils applying the correct techniques of play? Is further coaching required?
- Sufficient warm-up – are pupils well-prepared to play?

Teachers-in-Charge should check the School's Return2Play concussion register via SOCS prior to any sports session (training or match) to ensure that all pupils engaging in the activity are safe to do so. They should then pass any relevant information to external coaches; this is essential as external coaches do not have access to Return2Play for reasons of GDPR.

As part of their health and safety responsibilities, all staff have a duty of care to report any accidents, incidents or near-misses to the Head of Safety, Energy & Compliance. It is crucial that all staff abide by this so that improvements can be made to pitches and facilities around the school.

CONCUSSION AWARENESS
Concussion recognition is summarised in Appendix 1. Below is a summary of symptoms that can be experienced when concussion has occurred. It should though be noted that there is no definitive list/combination of symptoms to prove that a concussion has occurred.

Loss of Consciousness	Nausea or vomiting
Seizure or convulsion	Drowsiness
Confusion	Feeling like 'in a fog'
Balance problems	Sensitivity to noise or light
Difficulty remembering	Being more emotional
Amnesia	Fatigue or low energy
Headache/ pressure in head	Irritable or anxiety
Neck Pain	Blurred vision
Dizziness	Difficulty concentrating

If after any head injury or violent shaking of the head any of the signs or symptoms listed above occur the case should be treated as a concussion, with the pupil removed from play (if the injury has taken place within a match context) and medical attention sought.

If there are no immediate signs or symptoms but the mode of injury was such that concern remains, the pupil should still be removed from play (if the injury take place within a match context) and medical attention sought.

If any of the following symptoms ('red flags' listed in Appendix 1) are reported or observed, the pupil should be reviewed immediately by a medical professional and, if necessary, a 999-call placed to the emergency services.

- Remaining unconscious or deteriorating conscious level/difficulty staying awake.
- Becoming increasingly confused or irritable.
- Experiencing a severe or increasing headache.
- Complaining of neck pain.
- Vomiting repeatedly.
- Demonstrating unusual behaviour.
- Having a fit, seizure or convulsion.
- Experiencing prolonged vision problems such as double vision.
- Bleeding from one or both ears or experiencing deafness.
- Having clear fluid leak from ears or nose.
- Experiencing weakness/tingling/burning in limbs.

The majority (80-90%) of concussions resolve in a short period (c.7-10 days) although this may be longer in children and in adolescents. It is for this reason that a more conservative approach is undertaken with pupils at Ballard School, ensuring that enough time is allowed for healing and to minimise the risk of potential further injury.

During the recovery period, the brain is more vulnerable to further injury, and if a pupil returns before he has fully recovered, this may result in:
- Prolonged concussion symptoms;
- Possible long-term health consequences e.g., psychological and/or degenerative brain disorders; or
- A further concussive event being FATAL, due to severe brain swelling – known as second impact syndrome.

INJURY MANAGEMENT AND ESCORTING THE PUPIL FOR MEDICAL ATTENTION
Any pupil who is sent for medical attention should be accompanied by a member of staff. In no circumstances should a pupil be accompanied only by another pupil.

Assessment of a head injury should take place immediately after it is sustained.

Where concussion is suspected, medical opinion should be sought immediately either by:
- Escorting the pupil to the School Nurse in the medical room.
- Contacting the School Nurse to come to the location of the pupil.
- Escorting the pupil to the First Aid provision at an external venue (when the injury is sustained whilst, for example, visiting another school)
- Dialling 999 (if there are any concerns about the immediate health of the pupil and/or when no other medical provision is available).

Where the injury is sustained away from School, the staff member in charge should not delegate the task of escorting a pupil for medical attention to anyone other than a member of Ballard School staff. On return to School, any pupil who has sustained a head injury should be escorted to the medical room for review or handed over directly to parent. The injury must be reported by completing the MSP accident form so that the correct process can then be initiated (as per below).

PROTOCOL FOR MANAGEMENT OF CONCUSSION:
Assessment will follow the guidance in Appendices 2 and 4

WHERE CONCUSSION IS SUSPECTED
- If on completion of the assessment a concussion is suspected, the injury must be recorded on Return2Play and concussion protocol implemented.
- Where an injury is so severe or concerning that it is clear an ambulance should be called, staff should dial 999 and seek support from the emergency services.
- If there are signs or symptoms present that are outlined in Appendix 3, but it is felt that a 999 call is not immediately required, the pupil should be referred to attend A&E without delay.
- A pupil who has attended A&E should be booked into the next Return2Play clinic for review.

- Alternatively, if no signs or symptoms outlined in Appendix 3 have developed, the pupil should be sent home and kept under observation for a minimum of two hours.
- Under no circumstances should a pupil be discharged alone. Hard copies of the Head Injury Advice Sheet (Appendix 2) must be given both to the pupil and to the responsible adult.

DIAGNOSED OR SUSPECTED CONCUSSION: NEXT STEPS

- All concussions and suspected concussions should be recorded on the Return2Play injury management system as soon as reasonably practicable, not only for completeness of recording but also because the system provides medical advice to the pupil and informs the necessary staff members that the injury has occurred. This will be done by the School Nurse.
- If a concussion or suspected concussion is sustained when away off site, the pupil should be escorted and handed over direct to parents or guardians. The incident must be reported on the MSP accident form so that the School Nurse can inform Return2Play.
- If an entry is made to the Return2Play system, an alert will automatically be emailed to all relevant staff, [SOCS will be automatically updated, meaning that pupils who are injured will be flagged up as off sport and therefore not available for training or fixtures].

RETURN TO LEARNING

It is increasingly acknowledged that, in some children, returning to academic work while they are still concussed can cause a significant delay in recovery and a deterioration in academic achievement. Where debilitating concussion-related symptoms remain present, a pupil should not be considered fit to return to learning.

It is important that that the pastoral tram team keeps a regular check on the pupil during recovery and if there are any concerns regarding symptoms impacting on learning or if it is felt that concentration is worsening symptoms, the pupil should be reassessed by the School Nurse.

If necessary, the School Nurse will seek the advice of Return2Play's medical team to seek advice on how to manage the situation. Sometimes it may be necessary to reduce the pupil's workload or to allow extra time for assignments.

RETURN TO ACTIVITY AND SPORT (GRAS)

Any pupil who has a concussion or suspected concussion must be managed under the RTP pathway prior to returning to physical activity, regardless of how the injury occurred.

- The latest Return to Activity & Sport pathway can be found in Appendix 4.
- No pupil may return to sports training until they have been cleared to do so by a doctor.
- No pupil may return to competitive sport/matches until they have been cleared to do so by a doctor, have been symptom free for a minimum of 14 days at rest AND it has been at least 21 days since the injury.

REVIEW OF CONCUSSION DATA

The school will review concussions on an annual basis, or more regularly if required.

APPENDIX 1: CONCUSSION RECOGNITION

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. VISIBLE CLUES OF SUSPECTED CONCUSSION

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground / being slow to get up
- Unsteadiness on feet / balance problems or falling over / lack of coordination
- Grabbing / clutching of head
- Dazed, blank or vacant look
- Confused / not aware of plays or events

2. SYMPTOMS OF SUSPECTED CONCUSSION

Presence of any one or more of the following symptoms may suggest a concussion.

Headache	Fatigue
"Pressure in head"	"Don't feel right"
Balance problems	Neck pain
Nausea or vomiting	More emotional
Drowsiness	More irritable
Dizziness	Sadnness
Blurred vision	Nervous or anxious
More sensitive to light	Difficulty concentrating
More sensitive to noise	Difficulty remembering
	Feeling slowed down
	Feeling "in a fog"

3. AWARENESS

Failure to answer any of these questions correctly may suggest a concussion:

- "Where are we today?"
- "What event are we doing?"
- "Who scored last in this game?
- "What event are we doing?"
- "Who scored last in this game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity before a medical assessment, Pupils with a suspected concussion should not be left alone.

RED FLAGS

If ANY of the following are observed or reported then the player should be reviewed immediately by a medical professional. If necessary, consider calling 999.

Neck pain or tenderness	Weakness or numbness/tingling in more than one arm or leg
Seizures, 'fits' or convulsions	Repeated vomiting
Loss of vision	Severe or increasing headache
Loss of consciousness	Increasingly restless, agitated or combative
Increased confusion or deteriorating conscious state	Visible deformity of the skull

REMEMBER

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present), unless trained to do so.
- Assume a possible spinal injury in all cases of head injury.

APPENDIX 2: HEAD INJURY ADVICE SHEET

Name:	House:
Date of injury:	Time of injury:
Responsible adult for the next 48 hours:	Information sheet provided by:
Following your head injury you have received the following medical attention:	
Diagnosis and next steps:	

Whether or not concussion has been formally been diagnosed above, you should note the following points:

- You must not consume alcohol or take sedatives for 48 hours (this can mask any change in your condition).
- Mild headache and an increased need to sleep are not uncommon after a head injury.
- Simple painkillers (e.g. paracetamol) are safe to take for any headache.
- You should get as much rest as possible, particularly over the next 48 hours.

If you or your responsible adult notice any of the following changes, medical attention should be sought immediately through the Medical Centre or the nearest Accident & Emergency department:

- Deterioration in level of consciousness / difficulty staying awake.
- Increase in confusion or irritability.
- Severe or increasing headache.
- Neck pain or stiffness.
- Repeated vomiting.
- Unusual behaviour.
- A fit, seizure or convulsion.
- Prolonged vision problems such as double vision / increase in light sensitivity.
- Bleeding from one or both ears or experiencing deafness.
- Clear fluid leaking from ears or nose.
- Weakness/tingling/burning in limbs.
- Increase in speech, comprehension or communication difficulties.

If you have been told you have **concussion** or **suspected concussion**, you will not be allowed to return to your School sport(s) or any other vigorous physical activity (including, for example, House sport(s)) until you have been assessed and passed fit to do so by a doctor. Full details of the return to sport pathway can be provided by the Medical Centre.

Please attend School lessons as normal unless you are advised to rest by the Medical Centre.

APPENDIX 3: MEDICAL CENTRE: REFERRAL TO A&E PROTOCOL

The below should be used as a guide for the Medical Centre to consider whether a pupil should be referred to a hospital Accident & Emergency department. Where there is any doubt, a referral should be made.

Concerning signs and symptoms:

- Deteriorating conscious state
- Increasing confusion, irritability or behavioural change
- Repeated vomiting
- Seizure or convulsion
- Any focal neurological symptoms since the injury (e.g.weakness or tingling/burning in arms or legs)
- Severe or worsening headache or neck pain despite simple analgesia
- Visual disturbance (eg persistent double vision)
- Clear fluid leaking from ears or nose
- Bleeding from one or both ears or experiencing deafness
- Other evidence of possible facial or skull fractures

Relevent past medical history:

- Any previous brain surgery
- Any history of bleeding or clotting disorders
- Current anticoagulant therapy such as warfarin

Other considerations:

- Current drug or alcohol intoxication (as may mask serious symptoms)
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person being affected)
- Continuing concern by the professional about the diagnosis
- Visible trauma to the head not covered above but still of concern to the professional

TRANSFER CONSIDERATIONS

Where the decision is taken to refer a pupil to an Accident & Emergency department, the duty nurse will determine whether an ambulance is required based on the pupil's clinical condition. If an ambulance is deemed not to be required, a car is an appropriate means of transport provided that the pupil is accompanied.

If an ambulance is deemed necessary for transfer of the pupil to hospital, the pupil must be accompanied by a responsible adult (preferably a parent or member of House staff).

A letter summarising signs and symptoms should be sent with the pupil if possible.

APPENDIX 4: GRADUATED RETURN TO ACTIVITY & SPORT (UPDATED AUGUST 2023)

Return to Activity & Sport Pathway (summary) – Sept 2023
Following a concussion/suspected concussion

return 2 play
Part of Meliora Medical Group

Time since injury (earliest day)	Activity Level
0-2 days	**Relative rest**
	Medical Assessment ***(with school/club medical team or R2P if unable to access/higher level input required)*** *to confirm diagnosis and give recovery advice*
3-7 days	**Light activity** Gentle walks etc. ***Activity level shouldn't leave you breathless***
8 days onwards	**Low risk exercise & training** Gradual increase in self-directed exercise – running, stationary bike, swimming, supervised weight training etc. ***Focus on fitness*** Can introduce static training drills (eg passing/kicking). Only drills with ***NO*** predictable risk of head injury
	R2P Doctor Assessment *to assess fitness to start a formal return to sport and advise on timeframes*
15 days onwards	**Gradual return to sports training** Starting with non-contact and gradually building up complexity and intensity. Introduction of contact in the final stages
	R2P Doctor Assessment *to assess fitness to return to unrestricted sport, including matches*
Day 21 earliest	**Earliest return to competitive sport/matches** Only if symptom free at rest for at least 14 days and has completed gradual return to sports training without any recurrence in symptoms

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:	

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 of 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 Head injury and/or concussion, then they will not be allowed to return to contact sport until they have been seen by Return2Play medical professional. A return to sport will be managed by Return2Play.

Graduated Return to Daily Activities and Sport (GRAS)

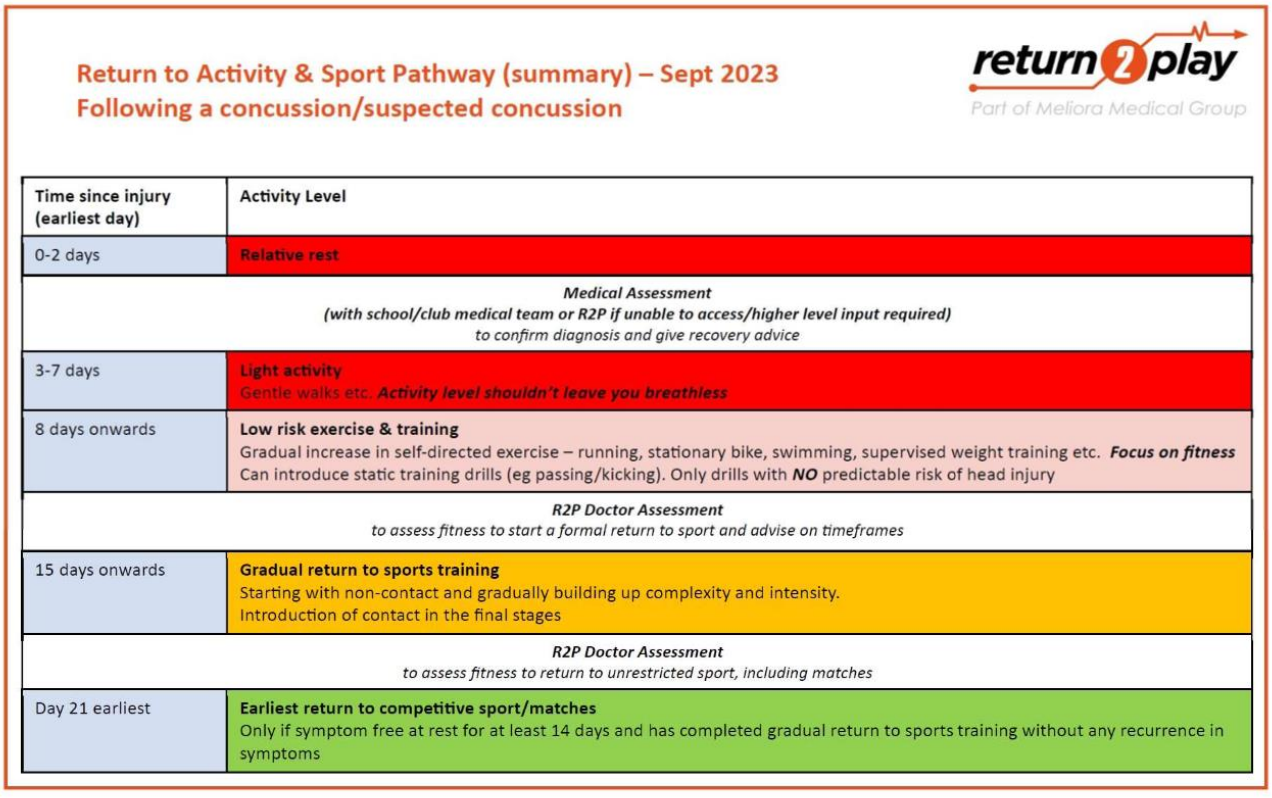
(This document is produced with reference to guidelines set out by the England Rugby Headcase and Return2Play)

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

APPENDIX 4: GRADUATED RETURN TO ACTIVITY & SPORT (UPDATED AUGUST 2023)



Return to Activity & Sport Pathway (summary) – Sept 2023
Following a concussion/suspected concussion

return 2 play
Part of Meliora Medical Group

Time since injury (earliest day)	Activity Level
0-2 days	**Relative rest**
	Medical Assessment ***(with school/club medical team or R2P if unable to access/higher level input required)*** *to confirm diagnosis and give recovery advice*
3-7 days	**Light activity** Gentle walks etc. ***Activity level shouldn't leave you breathless***
8 days onwards	**Low risk exercise & training** Gradual increase in self-directed exercise – running, stationary bike, swimming, supervised weight training etc. ***Focus on fitness*** Can introduce static training drills (eg passing/kicking). Only drills with ***NO*** predictable risk of head injury
	R2P Doctor Assessment *to assess fitness to start a formal return to sport and advise on timeframes*
15 days onwards	**Gradual return to sports training** Starting with non-contact and gradually building up complexity and intensity. Introduction of contact in the final stages
	R2P Doctor Assessment *to assess fitness to return to unrestricted sport, including matches*
Day 21 earliest	**Earliest return to competitive sport/matches** Only if symptom free at rest for at least 14 days and has completed gradual return to sports training without any recurrence in symptoms

APPENDIX 5: 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/autoinjector 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/autoinjectors there is always at least one EpiPen/autoinjector 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
- Hay fever/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 6: Infection Control Policy

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.

RESPONSIBILITES

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.