

First Aid and Health Care Policy

This policy was reviewed in: July 2025

This policy is due to be reviewed in: July 2026

This policy applies to the whole school including EYFS

Changes to the Policy (July 2025) have been tracked by a slight black line to the left of the respective paragraph. The list of First Aiders has been updated – September 2025.

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Overview

Aims

To provide a professional medical service of the highest quality in a caring, supportive and confidential atmosphere. To be a health promoting support system providing knowledge and guidance to ensure a healthy school community in a state of complete physical, social and mental well-being.

Objectives

1. To be aware of the need to preserve a high standard of nursing care
2. To be aware of responsibilities, both legal, moral and multi-cultural
3. To ensure records are accurate and up-to-date
4. To record all accidents/incidents and report as legislation requires
5. To be aware of the importance of preventative health care and what this involves
6. To recognise the importance of communication and to be able to discuss with other professionals, staff, students and parents
7. To be aware of the need to seek and give advice and support
8. To preserve confidentiality
9. To be aware of the importance of continued education and updating of nursing/medical skills, (Continued Professional Development)
10. To always be available with an open mind to listen with care and concern to the needs of the School community
11. To ensure all teaching or other relevant staff, are aware of students with health problems

Responsibilities

The responsibilities and duties of the nurses are many and varied. The following list, which cannot be definitive, gives some indication of the role of the nurses:

1. Nursing care
2. Confidential care and support
3. Administering first aid
4. Health education
5. Medical examinations
6. Communication with students, staff and parents
7. Counselling
8. Recording of treatments
9. Safety of drugs, NHS records and other medical records
10. Immunisations
11. Health and Safety (accident reporting)
12. Administration of medication

Surgeries

The School Nurses have an open-door surgery Monday – Friday 0800-1630 hours.

All treatments, medication and advice given are recorded on iSAMS for each individual child. Staff are informed accordingly.

Medical notes and medical history details are recorded on iSAMS, and any hard copies of medical information are stored in a locked filing cabinet and are confidential to the Medical Department.

Communication

Communication is a vital part of a Nurse's role. If a student should become ill during school hours, the parents are called, whenever possible and the student returns home with the parent. However, as many parents are working, it is feasible to wait and see whether a rest and symptomatic treatment

can restore a child for return to class. Should it seem that the student is unable to attend school for the rest of the day, then parents are telephoned and suitable arrangements are made.

In the case of an EYFS student, parents will be informed of any accident, injury or first aid treatment given on the same day, or as soon as reasonably practicable. Often a student will confide in their Form Tutor if there are any emotional or physical worries. The teacher should record this on CPOMs and alert it as a pastoral care concern so that the Nurses and pastoral team are aware, to enable support or help to come from both sides.

After the school holidays, the nurse must be informed of any medical issues that have arisen during the holidays concerning any of the students. This should be flagged by parents on via the online system or directly by email to nurses@piperscorner.co.uk. If parents send a note of details of any accidents/family problems to the Form Tutor, a copy of should also be sent to the Nurse. Hopefully, liaison between parents, staff and the School Nurse will be beneficial to the student. If a student has any emotional problems, although told in confidence, they are encouraged to involve parents wherever possible and these may be discussed with the pastoral care team.

A notice is left at the School Office of the Nurse's whereabouts during the school day.

During the School Term, if medication is sent in from home to be administered during the day, the School Nurses should be contacted and a medicines permission form needs to be completed by the parents via MSP. The signed form should either be handed in or sent via email to nurse@piperscorner.co.uk

Procedure in the case of safeguarding concerns

If the School Nurse is notified of, or suspects safeguarding issues, she must take the following steps:

- Obtain any information relevant to the case and record on CPOMS as soon as possible, but do not conduct any investigation in line with safeguarding protocol.
- Follow Child Protection Policies
- Discuss with the DSL as appropriate

Health and safety

One of the responsibilities of the Nurse is to record and report accidents and dangerous occurrences as outlined by the Health and Safety at Work etc. Act 1974.

First Aid kits are available at various sites around the school; these are checked regularly and replenished as required.

Parents must inform the School Nurse if their child develops a medical condition which will require either prescription or non-prescription medication to be taken at school and of any changes to the medication required. Permission forms and care plans must be completed (see above).

Individual Health Care Plans

The School Nurse will, where required, produce an Individual Health Care Plan (IHCP) for a student, particularly those with long-term or complex health needs. This will be completed in association with the student's parents.

The School Nurse is responsible for the maintenance and implementation of the IHCP. It is a requirement that parents complete/update the IHCP annually.

Where appropriate, the IHCP should be linked with a student's statement of Special Educational Needs (SEN) and/or Education, Health and Care Plan (EHC). Where a student has SEN but does not have a statement or EHC, their SEN should be mentioned in their IHCP.

Protocol for all staff working in the surgery

Any staff who may be asked to help in the surgery will ensure care for the student as a whole, maintaining confidentiality, but also keeping parents and the School informed when appropriate.

Parents are asked to complete an electronic Medical Information Form for their child, detailing past and current medical conditions and allergies, before they start at the school. Parents are asked to notify the School Nurse of any changes to this information throughout the school year. Each year all parents are asked to resubmit medical and food allergy information via our online system. Health Care Plans will be updated at this time by parents, organised by the School Nurses.

Medical and health records are kept securely on iSAMS. Any hard copies of medical information are stored in locked cabinets in the medical room.

The Surgery has an "Open Door" policy throughout the day; however, students are encouraged to visit during break times to avoid disruption to lessons, except in cases of emergency. If students are ill during the day, they are sent by staff to the Surgery with a signed blue slip in their planner or, if too unwell, the School Nurse will attend student in situ.

Procedure for Student to be sent home or to rest in the Surgery

- Enter the student's name, class, time, details of symptoms and treatment administered on the student's iSAMS profile
- If it is deemed appropriate that either the student stay in the ward room or be sent home, the School Office will be informed and they will notify teaching staff
- If the Nurse believes that the student is not well enough to be at school, they will:
 - Ring the parents and arrange for the child to be taken home
 - Allow the student to rest in the ward room if it is not possible for them to be collected

1. First Aid Policy

Introduction

The purpose of this policy is to allocate responsibilities and procedures to ensure that appropriate equipment, facilities and personnel are provided to enable first aid treatment to be actioned in a timely and competent manner.

All first aid kits at Pipers Corner have an instruction leaflet inside detailing what should be done in a medical emergency. Staff should then ensure that the appropriate action is taken depending on the severity of the incident. This may involve an ambulance and parents being called. An accident form should be completed via our online system and sent to the relevant staff, the Bursar and/or the Headmistress, if outside medical professional assistance is required and appropriate action taken if this is deemed necessary.

The policy is based on the Health & Safety at Work Act 1974, the Health & Safety (First Aid) Regulations 1981 and the DfE guide "Guidance on First Aid for Schools". In addition, the Childcare Act 2006 places a specific legal requirement relating to first aid through the statutory framework for the Early Years Foundation Stage from the DfE. This publication specifies that **"At least one person who has a current Paediatric First Aid Certificate must be on the premises and available at all times when children are present and must accompany children on outings"**.

Our policy at Pipers Corner School is to have in excess of this number and enable all staff that are keen and willing to do the training, the opportunity to do so. These requirements apply to all children up to the age of five, and our medical and Pre-Prep staff are trained as appropriate.

As required by the Education (School Premises) Regulations 2012, Pipers Corner School has a dedicated medical room and an additional ward room with adequate space for medical examination and care. This area contains its own WC and washroom. Everyone in the school, including our EYFS children, have access to this medical room.

The school also complies with these regulations by keeping detailed records of illnesses, accidents, and injuries, together with an account of any first aid treatment, non-prescription medication or treatment given to a student.

In addition, Pipers Corner School acknowledges the following guidance in bringing together this Policy and all its first aid procedures and arrangements:

- DfE's Supporting students at school with medical conditions (August 2017)
- Medical Officers of Schools Association (MOSA): *First Aid in Schools*
- DfES Health & Safety: Responsibilities and Powers
- DfEE Guidance on First Aid for Schools
- DfES Managing Medicines in Schools and Early Years Settings (March 2005)
- RCN Toolkit for School Nurses
- NMC The Code: Standards of conduct, performance, and ethics for nurses and midwives
- RIDDOR 2013

Responsibilities, Qualifications and Training

Internal Management

The internal management responsibility for first aid is delegated to the Headmistress, and in turn to the Bursar and to the School Nurse. At least one member of staff qualified in first aid is available onsite when children are present.

The Headmistress is responsible for ensuring that parents are aware of the School's Health and Safety and First Aid practices.

The Bursar, as the School's Safety Representative/Competent Person, is responsible for:

- Liaising with the School Nurse to carry out appropriate Risk Assessments
- Regularly keeping the Headmistress and the Governing Body informed of the implementation of this Policy
- Ensuring that the number of First Aiders/Appointed Persons meets the assessed need
- Ensuring that the equipment and facilities are fit for purpose

Medical Team

The School Nurse, who is the School's Health Representative, is responsible for:

- First Aid and the administration of medicines
- Reporting of Accidents/Injuries, Diseases and Dangerous Occurrences – in conjunction with the Bursar
- Carrying out appropriate Risk Assessments in liaison with the Bursar
- Ensuring that parents are aware of the School's First Aid Policy if required
- Ensuring that the first aid provision is adequate and appropriate – as discussed with the Bursar and Headmistress
- Developing detailed procedures
- Ensuring lists of first aid facilities and first aid trained staff are kept updated and accessible on SharePoint
- Hard copies of first aid lists will also be displayed at set locations around the School

The medical room is staffed during term-time from Monday to Friday between 0800 – 1630 hours by the School Nurse. The telephone number in the medical room is 01494 719819 / mobile number 07825 729166 / Walkie Talkie Channel 4. If the nurse is not available a qualified first aider will be allocated and contactable via the school office. This person is responsible for any medical care or first aid that may be required during the school day, and who will, if necessary, call an ambulance or give instructions to the School Office to call an ambulance. However, any member of staff may call an ambulance in a school emergency.

Occasionally other staff may be required to assist with minor injuries, provided they have completed appropriate training

First Aid Boxes Location and Contents

First aid facilities are maintained by the school nurse. Staff using items from these boxes are to inform the School Nurse so that they can be replaced immediately. First aid boxes are checked regularly by the School Nurse.

First aid boxes can be found at set locations around the school site. A list of these locations is detailed in Appendix Two.

Each first aid kit will meet the basic requirements for a workplace first aid kit. Area specific first aid items will be added to the first aid kit dependent on its location.

Other medical assistance:

Ambulance	(9) 999/112	Minor Injuries Unit	01494 526161
Wycombe Hospital	(9) 01494 526161	Stoke Mandeville Hospital	01296 315000
NHS Health Advice	111		
Diabetes Nurse	(9) 01494 425353	Mobile 07876 578515	Hospital 01296 316418

School Holidays

During the school holidays, any incidents are to be reported to the Bursary. A First Aid trained member of staff (Bursar, Admin or Site Team) will attend to any first aid needs. It is important that when annual leave arrangements are being made that at least one qualified first aider is on site throughout the working day.

Physical contact with students

Depending on the nature of the illness or injury, treatment may require touching or holding of a student or part of their body by the School Nurse or another trained member of staff. If physical contact should be necessary the School Nurse should seek permission from the student and if necessary have another member of staff present. Medical staff should follow advice in the staff code of conduct regarding physical contact with students.

Contacting parents

Parents will be contacted if medical assistance is thought necessary. However, should no parent be available, medical assistance will be sought by the school and the child will be accompanied to the doctor/hospital by an appropriate member of staff. All parents are required to sign a consent for emergency medical treatment if the need arises.

The school is aware of its duty to inform parents of any accidents or injuries sustained by their child on the same day, or as soon as reasonably practicable and details of any first aid treatment given. This will be done via telephone or email as appropriate, to ensure parents are aware of the situation.

Where younger students, including EYFS children, receive minor medical treatment during the day, parents/guardians are informed either verbally by the student's Form Tutor, or in writing in the student's School Book. Older more capable students are asked to tell their parents of any minor medical treatment they receive. All permissions for medication will be received in writing.

Calling an Ambulance

If someone at the School has an accident, first aid trained staff and appointed persons have received guidance on when to summon medical help. The School Nurse is normally responsible for summoning an ambulance, but all first aid trained staff are aware that if the School Nurse is unavailable, they should summon an ambulance themselves or ask the School Office to do so for them. If an emergency any member of staff can call an ambulance. When calling an ambulance, the Main Office and Maintenance also need to be informed to guide the Ambulance crew to the correct area on site.

An appropriate member of staff will always stay with a child in hospital until their parents have been contacted.

Dial 999 or 112 for an ambulance.

Please see the following Diabetes, Asthma, Allergy and Anaphylaxis, and Epilepsy Policies for when to call an ambulance.

What to do in the event of an accident or illness

In an emergency:

- Dial 999 for the emergency services. Give as exact a location as possible and send someone to the school gates to direct the ambulance when it arrives.
- Emergency first aid should be given with a constant ABCDE approach to assess and treatment.
- Stay with the casualty until they are handed over to the care of a doctor, paramedic, hospital accident and emergency unit personnel or other appropriate person.
- Contact Number:
 - Medical Centre Internal Ext. - 819
 - Direct Line - 01494 719819
 - Emergency Phone - 07825 729166

At other times:

- Send or take anyone with a serious injury directly to hospital. If you are driving, consider taking someone else with you to look after the injured person in the car.

- Any casualty who has sustained a significant head injury should be taken to hospital. Parents or next of kin are to be informed about all head injuries promptly.
- Parents or carers of early years students will be informed of any accident or injury sustained by the child and any first aid given on the day of the incident or as soon as reasonably practicable afterwards.
- Any student sent to hospital by ambulance should be accompanied in the ambulance by a member of staff at the request of paramedics or followed to hospital by a member of staff to act in Loco Parentis, and if possible met at hospital by a relative.
- Call for a member of the first aid team to treat any injured person.
- In the event of an accident, a casualty should not be moved (unless in immediate danger) until they have been assessed by a qualified first aider.
- During term time, send any student or staff member who has minor injuries or feels generally unwell to the Health Centre (they should be accompanied). During school holidays, such casualties should be sent to their own GP practice or Accident and Emergency unit if appropriate.
- Liaise with teaching staff to ensure that lessons are covered in the event of an absent teacher.

Contacting Emergency Services

Dial 999, ask for appropriate emergency services and be ready with the following information:

1. Your telephone number
 2. Give your location as follows: **Pipers Corner School**
 3. State that the postcode is: **HP15 6LP**
 4. Give exact location in the school/setting
 5. Give your name
 6. Give name of child and brief description of child's symptoms
 7. Inform 999 control of the best entrance and state that the crew will be met upon arrival
- Ensure the School Office are aware and can liaise with the Grounds Staff to direct the Ambulance.

All reasonable effort will be made to contact parents of students or next of kin for staff

Records

In accordance with HSE guidelines, the school retains records of all treatment and medicines that have been administered to adults for at least 3 years and for students up to the age of 25 years. All records are then destroyed appropriately. Access to such records is restricted to the Medical Staff.

First Aid Kits

The Medical Centre houses comprehensive facilities and first aid equipment.

In addition, First Aid Kits are placed in all the practical academic departments as well as the services areas, see Appendix Two. The school nurse is responsible for ensuring that first aid kits are equipped as recommended by current guidance with a 'sufficient quantity' of basic first aid material, and nothing else. Further contents as appropriate to the area/activity are also added. The contents of each kit will be replenished as soon as possible after use. Anyone using supplies is asked to notify the school nurse immediately.

Each school minibus is equipped with a First Aid Kit; and at least one is taken on every Educational Visit/Offsite Activity. Games staff have their own First Aid Kits to take to matches.

Personal Protective Equipment (PPE)

The school maintains stocks of appropriate PPE and all relevant staff members are trained in its safe usage.

Risk Assessments

The School Nurse works with the Bursar to carry out detailed Risk Assessments of all first aid and medical procedures. The purpose of such risk assessments is to determine an extra provision required over and above the minimum provision and cover the needs of individual students with particular medical conditions and the risks to staff and any visitors who may come into school. Care Plans are drawn up in conjunction with parents and relevant health care professionals. These include such conditions as asthma, anaphylaxis, epilepsy and diabetes. Health Care Plans are required to be updated annually by parents and should be reviewed with any changes to circumstances. Health Care Plans are shared with staff in a training session held during staff Inset training. Care Plans will be taken out on all school trips; parents are made aware of this and sign to give their agreement. Care Plans will again be gone through with staff prior to going on a trip so that adequate risk assessments can be completed.

2. Recording and reporting accidents and RIDDOR

All schools are required to keep detailed records of illnesses, accidents, and injuries, together with an account of any first aid treatment, non-prescription medication or treatment given to a student or employee.

Reporting of Injuries, Diseases and Dangerous Occurrences

The Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) require that employers report certain accidents, diseases and dangerous occurrences arising out of or in connection with work. Guidance on its applicability to schools can be found in the HSE's Education Information Sheet No 1 (Revision 3) (October 2013 - Incident-reporting in schools (accidents, diseases and dangerous occurrences)). All fatal and specified major injuries and any injuries that result in an employee being incapacitated for over seven (7) consecutive days, and accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Under the requirements of the Regulations, all reportable work-related injuries and incidents under RIDDOR 2013 must be reported using the Health and Safety Executive's (HSE) online reporting forms database located on their website: www.hse.gov.uk/riddor/ within 15 days of the incident. Fatalities and major incidents or injuries should be reported immediately via telephone to the Incident Contact Centre (ICC) on 0845-300-9923 during normal office hours. The ICC operator will complete a report form over the phone and a copy will be sent to the school.

A schedule of injuries and conditions which are required to be reported is as follows:

Reportable Specified Injuries

- Fracture other than to fingers, thumbs or toes
- Amputation
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding), which: cover more than 10% of the body; or cause significant damage to the eyes, respiratory system, or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury 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

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days.

Non-fatal accidents to students and other people who are not at work

Injuries to students and visitors who are involved in an accident at School or an activity organised by the School are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

If a student injured in an incident remains at School, is taken home or is simply absent from School for a number of days, the incident is not reportable to HSE, but it will be recorded at School and records retained.

An injury to a student or visitor is considered to have arisen out of or in connection with work, if the incident was caused by:

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

Occupational Diseases

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. These include:

- carpal tunnel syndrome
- severe cramp of the hand or forearm
- occupational dermatitis
- hand-arm vibration syndrome
- occupational asthma
- tendonitis or tenosynovitis of the hand or forearm
- any occupational cancer
- any disease attributed to an occupational exposure to a biological agent

Stress

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR.

Dangerous occurrences

These are specified near-miss events, which are only reportable if listed under RIDDOR. Reportable dangerous occurrences in schools typically include:

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

Reporting an Incident

Minor accidents and injuries to students will be recorded on iSAMS. Where appropriate an accident or head injury form will be completed on our online system by the staff member who witnessed the accident or near miss. Parents are advised of accidents/incidents either via telephone or email as deemed appropriate. The School Nurses will disseminate the information to all relevant staff.

Where a child receives a head injury which either leaves a visible mark or is of concern to either the school nurse or another member of staff but does not require hospital treatment, then a Head Injury Advice sheet and/or a Pipers Concussion Guidelines booklet will be sent home to the parents with the child.

All accidents, injuries, occupational illnesses, dangerous occurrences or near-misses involving staff, visitors or contractors on site must be reported using the Accident Book which complies with the Data Protection Act 2018, and details of accidents are to be kept in the Accident Folder.

Report of Violent, Abusive or Threatening Behaviour

An employee is required to report any act of violence, abusive or threatening behaviour arising out of or in connection with work and directed towards him/her by any person – including children, students, colleagues, members of the public, etc. to the Headmistress, who will decide on the appropriate course of action.

Recording Non-Prescription Medication given to a Student or an Employee

Details of all non-prescription medication given to both students and to staff members are recorded on iSAMS, or a medicines permission form if appropriate.

Monitoring and Review

An analysis of the accident reports and near-misses will be undertaken at intervals and reviewed by both the SLT and Board of Governors for further consideration.

3. Protocol for Dealing with Spillage of Body Fluids

The school observes guidance provided by the NHS Foundation Trust in its approach for dealing hygienically with spills of body fluids. The risks are considered small provided that good hygiene procedures are maintained. Any individual cleaning up such spills must cover any abrasions, wear personal protective equipment (PPE) provided: disposable gloves and aprons, and wash their hands.

Dealing with bodily fluids - urine, faeces and vomit

Spills of body fluids: urine, faeces and vomit must be cleaned up immediately using the following methods using the biohazard body fluid single use clean up kit:

- Ask for biohazard bodily fluid kit, “spillage kit”
- Ask somebody to phone maintenance – they will come straight away and clear up the spill – nobody else should be doing this, although paper towels or equivalent can be put lightly over the affected area
- If dealing with the student who has been sick put on apron and gloves from the pack
- Move other students as far from the spill as possible – any food affected must be thrown
- Inform the School Nurse
- Reassure student who has been sick, and if at all possible, move them out of the dining room and along to the medical room, preferably via the outside route, the parents of the child concerned will be called and it will be arranged for them to go home
- Blue paper towels will be available for staff to use at lunchtimes to cover the spill, not clean it up. This will be kept on the clearing trolley
- Remove as much of the spillage as possible by mopping up with absorbent toilet tissues, or paper towels - these can be disposed of by placing into the bodily fluids bin (grey and yellow)
- For spillages indoors, clean the area with detergent and hot water, rinse and dry.
- For spillages outdoors sluice the areas with water.

Dealing with bodily fluids - Blood

Blood spillages must be cleaned up immediately using the following method: remove as much of the spillage as possible by mopping up with absorbent toilet tissue, or paper towels and placing into the bodily fluids bin (yellow). It is not necessary to use household bleach to clean the area, thorough cleaning with detergent and water will suffice. How well the cleaning is done is more relevant than the chemical used.

Hands should be washed after removing gloves and apron

Blood or other body fluid spillage on carpets and upholstery should be cleaned with warm soapy water, or a proprietary liquid carpet shampoo, since the use of Hypochlorites may discolour fabrics. Blood on clothing should be treated by simply washing, preferably in a washing machine.

4. Control of Infectious Diseases

Introduction

This risk will be greatly minimised

- If all members of the school community practise good hygiene
- If contact with anybody with an infectious illness is kept to a minimum, either through isolation of student, or affected person staying away from school until infectious period is passed
- If standard infection control precautions are taken

Good hygiene

Practising good hygiene is the single most effective way to stop the spread of infectious diseases.

Spread of viruses or bacteria can be prevented by:

- using tissues to cover mouth and nose when coughing and sneezing
- disposing of the tissues as soon as possible
- washing hands regularly with soap and water, especially after visits to the toilet, before eating, after handling dirty items, e.g. bins, and before, during and after food preparation

Everyone has a responsibility to ensure their own hygiene standards are good, and to ensure students understand the importance of good hygiene. They should be willing to challenge those not following safe practice.

Control through isolation or absence from school

When to isolate

The school will be guided by advice set out by UKHSA “Health Protection in Education & Childcare settings” where there is a case of confirmed or high likelihood of infectious disease.

Students

- Upon notification from parent of infection, the nurse will ensure correct advice regarding exclusion from school according to UKHSA is followed, and liaise with parents accordingly
- If a student presents to the Surgery with a suspected infectious disease as listed in UKHSA document, the nurse on duty will contact parents
- Where isolation is required, parents will be requested to collect their child from school. Until the student is collected, they will remain in the ward in the surgery

Method of isolation

- Students being cared for in isolation should be cared for in the ward room and be allocated a toilet exclusively for their use until collected
- They should not be visited by other students
- All crockery/cutlery used by the student should be washed in the dishwasher on the hottest setting after use
- Medical equipment used, e.g. thermometer, should be used exclusively for the infectious student until no longer needed and thoroughly cleaned
- Nursing staff should wear disposable aprons and gloves when caring for the student, use alcohol hand gel when leaving the room and maintain good hygiene practices
- The ward room and allocated toilet/washroom should be thoroughly cleaned by domestic staff after the student is collected and should not be used by any other person until this is done

Staff

Any staff member with an infectious illness should remain away from school for the period of time recommended by DFE guidance. They should seek advice regarding this from their own GP or NHS Direct. They may seek verbal advice via the nurse, but proper diagnosis of an illness can only be made by a general practitioner, who will carry out a medical examination and possibly laboratory tests.

Pandemic illness

In the case of pandemic illness, e.g. influenza, the school will follow DFE and or government guidelines to manage the outbreak, which may involve direct contact and liaison between school nurses and the Local Authority Health Prevention Officer.

Standard Infection Control Precautions

A clean clinical environment

Contaminants such as dust, large numbers of micro-organisms and the organic material that harbours them e.g. faeces, urine, blood, pus and other body fluids need to be contained by a cleaning process. This process includes disinfection which kills some micro-organisms but does not leave the surfaces completely free of contamination and is only effective if the equipment or surface is thoroughly cleaned with a detergent solution beforehand. The following precautions/procedures will be adhered to:

- Treatment of room work surfaces and couches on a daily basis
- The above surfaces must be dried using disposable paper towel as this reduces the cross-contamination risk
- Trolleys and couches etc. may be cleaned in between patients using alcohol wipes. However, in the presence of known infection or visible contamination detergent and water solution must be used.
- Washing up bowls used for cleaning must be stored in a clean and dry cupboard
- Disposable couch roll must be used at all times and must be changed between patients
- The use of blankets is not permitted – disposable couch roll must be used to maintain patient dignity

Hand Hygiene

- Hand washing is the single most important measure to reduce the spread of infection. Correct hand washing technique is essential
- It is essential to decontaminate hands before direct contact with a patient and after any activity or contact that contaminates the hands i.e. specimen handling
- Liquid only dispensers are to be used at hand basins
- Hands should be dried using paper towels

Safe management of sharps

For their own safety and that of others, staff must adhere to the following procedures.

- Keep handling of sharps to a minimum
- Do not pass sharps directly from hand to hand
- Do not break or bend needles prior to disposal
- Do not re-sheath needles
- Disposal of sharps into yellow bins. These containers must not be filled more than two thirds full and when full must be sealed securely
- Sharps containers in use must be positioned in a safe place away from the students

Management of needle stick injury

- Immediately force bleed and wash wound (do not suck) and apply first aid
- Assess the injury and the risk
 - Has the student/staff any known risk factors?
 - Is the needle a hollow bore type?
 - Was the needle in the vein or artery?
- If any concerns about the above question call the Occupational Health department at High Wycombe Hospital for advice or Accident and Emergency at Stoke Mandeville Hospital
- Complete an accident/incident form

Personal Protective Equipment

- This is stocked and used by nurses in Surgery as a routine infection control precaution, but in the case of an outbreak of infectious illness where students are cared for elsewhere in the school, the nurse will have responsibility for ensuring that adequate supplies of equipment are available.
- Gloves – should be worn for invasive procedures; all activities that carry a risk of exposure to blood, body fluids, secretions (including respiratory secretions) and excretions; handling sharp and contaminated equipment.
- Aprons – disposable plastic aprons should be worn whenever there is a risk of personal clothes coming into contact with a student's blood, body fluids, secretions (including respiratory secretions) or excretions or during activities that involve close contact with student.
- Surgical masks – use of these may be recommended under certain circumstances. They should: cover both the nose and the mouth; not be allowed to dangle around the neck after or between each use; not be touched once put on; be changed when they become moist; be worn once only and then discarded in an appropriate receptacle such as clinical waste (grey/yellow) bin. Hand hygiene must be performed after disposal is complete.
- Nurses should complete PPE training.

Clinical Waste Disposal

- Waste generated within the clinical setting should be managed safely and effectively, with attention paid to disposal of items that have been contaminated with body fluids
- Clinical waste should be put into yellow bin bags, tied and disposed of in clinical waste bin
- Staff should wear gloves when handling all waste and should perform hand hygiene after removing the gloves

Sickness & Infectious Diseases

As a general rule, a student should not attend school for 48 hours after last symptoms of diarrhoea or vomiting. Additionally, students should not attend school for 24 hours after a raised temperature, as they could easily pick up another infection, or indeed pass one on.

Head lice are a perennial problem in all schools. Parents are advised to treat their child accordingly before returning them to school if they discover they have head lice (or if their eggs are present).

5. Confidentiality Protocol

Introduction

Confidentiality is a fundamental part of the nurse/student relationship. This includes students under the age of 16. The nurse should not pass information on to persons outside healthcare professionals without the agreement of the student. Nursing staff will be acquainted with and follow standards set down by their professional body, the Nursing and Midwifery Council, in their code: Standards of conduct, performance and ethics for Nurses and midwives (2008). They will follow advice given by the NMC which supports the Code with respect to confidentiality. Detailed guidance for health care workers can also be found in the Department of Health Confidentiality NHS Code of Practice 2003.

The NMC code states:

- You must respect people's right to confidentiality
- You must ensure people are informed about how and why information is shared by those who will be providing their care
- You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising

NMC advice states that it is not acceptable for nurses and midwives to:

- discuss matters related to the people in their care outside the clinical setting
- discuss a case with colleagues in public where they may be overheard
- leave records unattended where they may be read by unauthorised persons

Disclosure is only lawful and ethical if the individual has given consent to the information being passed on. Such consent must be freely and fully given.

Consent to disclosure of confidential information may be:

- Explicit
- Implied
- Required by law or capable of justification by reason of the public interest

Confidentiality NHS Code of Practice (November 2003 Department of Health), Annex B – Confidentiality Decisions states:

- Young people aged 16 or 17 are presumed to be competent for the purposes of consent to treatment and are therefore entitled to the same duty of confidentiality as adults. Children under the age of 16 who have the capacity and understanding to take decisions about their own treatment* are also entitled to make decisions about the use and disclosure of information they have provided in confidence (e.g. they may be receiving treatment or counselling about which they do not want their parents to know). However, where a competent young person or child is refusing treatment for a life-threatening condition, the duty of care would require confidentiality to be breached to the extent of informing those with parental responsibility for the child who might then be able to provide the necessary consent to the treatment.
- In other cases, consent should be sought from a person with parental responsibility if such a person is available. It is important to check that persons have proper authority (as parents or guardians). Ideally, there should be notes within the child's file as to any unusual arrangements.

*In *Gillick v West Norfolk and Wisbech Health Authority* [1986] AC 112 it was held that, where a child is under 16, but has sufficient understanding in relation to the proposed treatment to give (or withhold) consent, his or her consent (or refusal) should be respected. However, the child should be encouraged to involve parents or other legal guardians.

The exceptions are:

1. Where the school nurse considers the information to be a matter of public interest e.g. serious crime, child abuse or drug related activities which place others at serious risk.
2. Where a court order overrides the duty of confidentiality.

Aims and objectives

In order to accommodate this directive as it affects the nurse's practice within the school community, the following protocol has been agreed.

1. The student's interests and welfare are paramount. The nurse must use their professional judgement and work within the guidelines and recommendations of the Safeguarding Policy and in the context of legislation governing this. Should the nurse consider the sharing of information an advantage to the student, so that the individual receives the best possible support and care, she will encourage the student to talk to the Headmistress, Head of Wellbeing, counsellor, form tutor or their parents. The nurse, as the student's advocate, and with their agreement, will inform a third party on their behalf.
2. Any sensitive issue concerning the student's protection, with the student's permission, will be passed to the Designated Safeguarding Lead. This information will also be passed on to the DSL if it is deemed possible that the student will harm themselves or others.
3. Where the nurse does not have the agreement of an under sixteen-year-old to disclose information but needs to arrange a visit for the student to an outside agency during school hours, they will inform the School Office that they are going out and their return to school will be notified as usual. The nurse will state that the destination is health related. The student must sign themselves in/out as per usual protocol. Gillick competency and Fraser guidelines will be followed where appropriate.

6. Administration of Medicines

Guidelines for the Administration of Prescribed Medication

In the administration of medicines, Pipers Corner School follows DfE's guidance Supporting students at school with medical conditions (August 2017).

Before the administration of any medicines, the school should have been given clear and precise instructions from parents on the Medicines Permission Form and medicine containers should have the dosage and student's name clearly marked on them. If in doubt, the parent must be contacted prior to administration. Medication Forms can be obtained from the School Office or the Medical Centre. The above also applies to the use of asthma inhalers and medication for anaphylaxis. With the exception of asthma inhalers and adrenaline pens, all medication is to be handed in to the school nurse who will ensure that it is administered correctly.

In the nurse's absence any member of staff who has received training in "Supporting Students with Medical Conditions in Schools" may give out medication as per the below procedure.

Any student who suffers from anaphylaxis should have access to two prescribed Adrenaline Pens in School. For students in lower years (Year 6 and below) parents should supply x2 Adrenaline Pens to be stored in school. Older students (Year 7 and above) should carry x2 Adrenaline Pens on their person at all times during the school day.

Likewise, students who are prescribed inhalers for asthma should carry these on their person at all times during the school day.

Generic versions of both adrenaline pens and asthma inhalers are stored in the school's medical room for use in an emergency. These medications can only be administered to students who are routinely prescribed these medications and whose parents have provided written consent for their use. These generic medications can also be administered if instructed by the emergency services.

Procedure to be followed when Administering Medication

- Confirm the identity of the student by asking them to tell you their name
- Check that the medicine to be administered has the correct name of the student on it
- Carefully read the instructions on the prescribed medicine and written instructions from the parent
- Administer medicine as instructed
- Sign the Medicines Permission Form and state the time and the amount of medicine given

Always check whether the medicine should be kept at room temperature or in the fridge.

- It is the responsibility of the student to remember to come for their medicine at the correct time
- It is the responsibility of the child or parent to collect the medicine at the end of the school day from the office "Hatch"
- It is the responsibility of parents to ensure that any medications stored in school remain within their expiry date (e.g. inhalers or adrenaline pens)

Parents of children in EYFS will be made aware of the administration of medicine on the same day and a log is kept in the Pre-Prep Department. All EYFS staff are trained in the administration of medicine. Prescription medicine is not administered to children in EYFS unless it has been prescribed by a Doctor, Dentist, Nurse or Pharmacist. Medicines containing aspirin may only be given if prescribed by a doctor.

Students will be encouraged to self-administer where possible.

Guidelines for the Administration of Non-Prescription Medication

Non-prescription medications are those listed as 'over-the-counter' medications. Parents are required to give consent for administration of these medications when they complete the Medical Information Update Form. These medications include such items as Paracetamol, Ibuprofen, Piriton.

Procedure:

- The reason for giving the medication must be established
- Check if the student is allergic to any medication
- Check if the student has taken any medication recently and, if so, what they have taken
- Check if the student has taken that medication before and, if so, whether there were any problems
- Check the expiry or 'use by' date on the medication packet
- If there is doubt as to whether a parent has given permission, they must be contacted prior to administration. If the parent cannot be contacted, do not administer any medication
- The student must take the medication under the supervision of the person issuing it
- Record the details immediately in the Medication Book or on the Medication Form
- Parents should be made aware that their child has received an over-the-counter medication during the school day
- Check the medication is in its original packaging

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each school year. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

'Sharps' boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from their daughter's GP or paediatrician. Collection and disposal of the boxes is the parents' responsibility and should be arranged with the Local Authority's environmental services.

Useful Information

- DCSF website <http://medicalconditionsatschool.org.uk/> 'Medical Conditions as School: A Policy Resource Pack'
- HM Gov. Misuse of Drugs (Safe Custody) Regulations (1973)
[http://www.dh.gov.uk/Safer Management of Controlled Drugs: Guidance on Standard Operating Procedures \(2007\)](http://www.dh.gov.uk/Safer%20Management%20of%20Controlled%20Drugs%20Guidance%20on%20Standard%20Operating%20Procedures%20(2007))
- <http://www.nmc-uk.org/Documents/NMC-Publications/Standards-for-medicines-management> (2010)

Over the counter medications:

Over the counter medicines can be administered by a competent member of staff working in the medical room. These medications should be administered in line with parental consent as per the students Medical Information Form.

No aspirin should be given to children under 16 years old.

Always ask students if they have any allergies and check their notes.

Administration of Medicine

Administration of medication should be done alongside the guidance provided in the packet for that medication and take into account details provided by parents if appropriate. Additionally, administration of medication should be in accordance with 'The 5 R's' (right patient, right dose, right route, right time, right medication). The BNF (British National Formulary) can also be referred to when administering medication.

7. Immunisations

Immunisations are delivered by the Buckinghamshire Immunisation Team. The current immunisations schedule can be found on the below link:

<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule/the-complete-routine-immunisation-schedule-from-february-2022>

Currently students in Reception – Year 11 are offered a vaccination to protect against flu. This is seasonal and will be delivered between October and December.

The Human Papilloma Virus (HPV) immunisation is delivered in 1 dose in Year 8.

Immunisation for Meningococcal disease strains A, C, W & Y is currently offered in Year 9, as well as Diphtheria, Tetanus & Polio immunisation.

Measles, Mumps & Rubella (MMR) immunisations are offered in Year 9 to any student who did not complete their two doses during infancy.

8. Defibrillator Protocol (AED)

This Policy establishes guidelines for the placement, care and use of **the two Philips HeartStart Defibrillators located at Pipers Corner School**.

The HeartStart Defibrillator is used to treat the most common causes of sudden cardiac arrest (SCA), including ventricular fibrillation (VF). SCA is a condition that occurs when the heart unexpectedly stops pumping. SCA can occur to anyone, anywhere, at any time. Many victims of SCA do not have warning signs or symptoms.

A Defibrillator should only be applied to victims who are unconscious, without pulse, signs of circulation and normal breathing. The HeartStart Defibrillator will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the HeartStart Defibrillator will charge to the appropriate energy level and advise the operator to deliver a shock.

It is important to understand that survival rates for SCA are directly related to how soon victims receive treatment. For every minute of delay, the chance of survival declines by 7-10%. Treatment cannot ensure survival. In some victims, the underlying problem causing the cardiac arrest is simply not survivable despite any available care.

Storage and Accessibility

The two HeartStart Defibrillators are located in the entrance foyer of **Orchard Pool** and by the ground floor lift in the **Pipers Arts Centre**.

Responsibilities

The School Nurse is the designated person responsible for the following:

- Coordinating equipment and accessories.
- Coordination of training for emergency responders.
- Post event procedures: checking equipment after an event; conducting a staff incident debriefing; and incident reporting as required in accordance with the School's First Aid Policy.
- Periodic maintenance: inspecting exterior and connector for dirt or contamination; checking supplies, accessories and spares for expiration dates and damage; checking operation and battery by observing the green flashing light daily. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- Revision of this procedure, as required; monitoring effectiveness of this system; communication with relevant staff on issues related to medical emergency response programme.

Trained Staff

- Appropriately trained staff are responsible for activating the internal emergency response system and providing prompt basic life support including using the Defibrillator according to training and experience.
- Staff should be aware that they are not liable for rendering such emergency care.
- Volunteers can, at their discretion, provide voluntary assistance to victims of medical emergencies. The extent to which these individuals respond should be appropriate to their training and experience. Volunteers are encouraged to contribute to emergency response only to the extent they are comfortable.

Guidelines

Conduct an initial assessment of the patient and environment. If the patient is not responding and signs of breathing and circulation are not present, ensure the emergency services are called on 999/112, provide CPR until the HeartStart Defibrillator arrives. If you are in doubt as to whether the victim has suffered from a sudden cardiac arrest, apply the pads. Follow the voice instructions for each step in using the defibrillator.

There are three basic steps to using the defibrillator to treat someone who may be in SCA:

1. PULL up the handle on the SMART Pads Cartridge
2. PLACE the pads on the patient's bare skin
3. PRESS the flashing Shock button if instructed

9. Arrangements for Students with particular Medical Conditions

At the start of every academic year, the School Nurse will circulate lists of those students with particular medical conditions and food allergies to all staff.

Common Medical Conditions

The guidelines on the following pages set out the procedures which the school either currently follows with regard to existing students or would follow in the event of a student suffering from: Diabetes Type 1, Asthma, Anaphylaxis or Epilepsy.

Allergies

The School Nurse is informed of student allergies on the Medical Information Form submitted by parents for all incoming students. Parents are asked to inform the School Nurse of any allergies that they become aware of or that develop whilst their child is at Pipers Corner School.

The school's catering staff and catering and hospitality are aware of all these students and their allergies and cater to their needs with every school meal or snack provided. As soon as the school nurse is made aware of any changes to the list, all relevant staff will be notified.

Coloured lanyards are issued to students: (Red for anaphylaxis, Orange for allergies/intolerances) to help catering staff identify students with food allergies. See the School's Policy on 'Allergy and Anaphylaxis'.

10. Diabetes Type 1 Protocol

Diabetes Mellitus is a condition in which the body fails to produce sufficient amounts of insulin to regulate the body's blood sugar levels. High blood sugar is known as hyperglycaemia and low blood sugar as hypoglycaemia.

Symptoms of Hypoglycaemia include

- Weakness
- Feeling faint/dizzy or hungry
- Butterflies in tummy or headache
- Strange/moody behaviour
- Sweating and pale
- Feeling sleepy or deteriorating level of consciousness

Symptoms of Hyperglycaemia include

- Fruity and sweet breath (ketones)
- Excessive thirst and need to urinate frequently
- Difficulty breathing
- Feeling tired/drowsiness, leading to unconsciousness
- Tummy pain
- Moody

If the student's level of consciousness deteriorates or they lose consciousness, phone 999 or 112 for an ambulance. The parents should also be phoned at this point.

Care Plans for Current Students with Diabetes Mellitus

- The School Nurse holds a current annual Care Plan for students which has been prepared in consultation between the School Nurse, the parents, and the diabetic specialists at the student's allocated hospital. The parents will inform the School Nurse if there are any changes to their child's condition and related Care Plan/s. All staff will be informed of this student's medical needs during a staff inset or staff meeting.
- The student keeps a supply of sugary foods e.g. biscuits, sweets and glucose tablets in the Medical Room and on their person, which can be taken if required, following a low blood glucose test.
- An appropriate snack will be given to the student if necessary, dependent upon the results of each test. Relevant testing equipment and snacks are taken on all educational visits and to all offsite sports fixtures.
- Needles are disposed of immediately into a "Sharps" bin located in the medical room.
- Every student diagnosed with Diabetes is encouraged to participate in all activities within the school curriculum unless otherwise stated by their GP or parents.

Insulin Injections

The student with diagnosed Diabetes Type 1 requires insulin injections during the school day. The student is capable of adhering to the Care Plan provided by parents and prescriptions and levels of insulin advised by Diabetic Consultants. Insulin is either kept in a locked cabinet in the Medical Centre, or on the student if they are deemed responsible enough for its safe keeping. Spare, unopened insulin vials for the individual are kept in the locked fridge in the Medical Centre. The student will test their own blood glucose level at lunchtime. From this they will then work out how much insulin to self-administer, taking into account the amount of carbohydrates consumed with a meal.

The student can additionally take a blood glucose reading at any other point during the day whereby they feel that their blood glucose levels are not within the normal parameters of 4.0-10.0. Appropriate action is then taken dependent on this blood glucose reading, in line with the students care plan.

Insulin vials are renewed every 28 days. Used injections are initially put into the 'Sharps' bin, and may subsequently be given to the parent to dispose of in the correct manner.

Students wearing an insulin pump device and/or using a freestyle libre device will be given permission to carry their linked smartphone to ensure accurate monitoring during the school day.

Any staff members with a diabetic diagnosis will meet with the Nurses/HR to ensure a comprehensive risk assessment is completed and plan in place for support if needed during the School day.

11. Asthma Protocol

Introduction

Asthma is a condition that affects the airways, the small tubes that carry air in and out of the lungs.

- When a student with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscle around the walls of the airways tightens so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell
- All these reactions cause the airways to become narrower and irritated making it difficult to breathe and leading to symptoms of asthma

Procedure for Dealing with an Asthma Attack

All staff are advised of the following guidelines on how to deal with a student or staff member who is having an asthma attack whilst awaiting medical assistance:

- Ensure that the student or staff member is calm and comfortable and reassure them
- Sit them in the “W” position or slightly forward on a chair to allow the chest to open
- Allow the student to take their own inhaler, always with a spacer where possible, but assist as necessary
- Encourage them to breathe slowly
- Follow this protocol:
 - Take one puff of the reliever inhaler (usually blue) every 30 to 60 seconds, up to 10 puffs
 - If the student feels worse at any point, or does not feel better after 10 puffs, call 999/112 for an ambulance. Parents to be notified of the emergency call.
 - If the ambulance has not arrived after 10 minutes and the symptoms are not improving, repeat the last step
 - If the symptoms are no better after repeating this step, and the ambulance has still not arrived, contact 999/112 again immediately.
- Parents should always be notified of an asthma attack and advised to see the G.P. with their child if a hospital review is not required.

Medication

As soon as the School Nurse is made aware of a student with asthma, a care plan is given to the parents to complete and return, which provides information to the school on the student's history and individual needs. The School Nurse makes these available on iSAMS and SharePoint, and a copy is provided for any off-site trips as part of the risk assessment.

Immediate access to a blue reliever Ventolin inhaler is vital. Parents provide their child with an inhaler and spacer. The use by date must be checked regularly by the parent. Students should be taught by parents when and how frequently they need to self-administer their inhalers. Any child who has an inhaler should be allowed to use it when necessary. There is also a generic Ventolin inhaler in school, which is only to be used in an emergency if the student's own inhaler has run out or has been left at home. A generic emergency inhaler can only be administered to students who are routinely prescribed inhalers for asthma, and whose parents have provided written permission to do so. Students with asthma are encouraged to take part in all activities within the school curriculum unless otherwise stated by the GP.

12. Anaphylaxis Protocol

Please see the School's separate Policy on 'Allergy and Anaphylaxis'.

13. Epilepsy / Febrile Convulsions Protocol

Epileptic seizures are due to recurrent, major disturbances in the electrical activity of the brain. These seizures can be sudden and usually result in loss or impairment of consciousness.

Students who suffer with seizures are encouraged to participate in all activities within the school curriculum, unless otherwise stated by their GP/parents/guardians.

Symptoms

- Before a seizure, the student may have a brief warning period (aura) which may involve a strange feeling or a bitter taste or smell
- Sudden unconsciousness often letting out a cry
- Rigidity and arching of back
- Breathing may cease
- Lips may become blue
- Face and neck may become red and puffy
- Convulsive movements may begin and the jaw may become clenched, saliva may be blood-stained, but this could be due to biting of the tongue
- Incontinence
- At the end of the convulsive movements, the muscles relax and consciousness is regained. The student may be unaware of what has happened
- They may feel tired and fall into a deep sleep

Guidelines during a Convulsion

- Protect casualty from injury, which may involve helping them onto floor if they fall and possibly putting a cushion in place to protect the head and limbs when necessary
- Do not move the casualty unnecessarily
- Remove any sharp objects or hot drinks
- Do not restrain compulsive movements
- Do not put anything in the casualty's mouth (including your fingers)
- Loosen clothing around the neck
- Note the time the seizure started, how long it continues for, and any side effects
- Where seizure could be due to a high temperature, remove clothing as appropriate and apply tepid sponge

Guidelines after a Convulsion

- Roll the casualty on to their side into the recovery position
- Stay with the casualty until consciousness is fully regained or until ambulance arrives
- If any of the following apply, dial 999 or 112
- Unconsciousness lasting for more than 10 minutes
- Seizure continues for more than 5 minutes
- Repeated seizures or if this is the first one
- Casualty is not aware of any reason for the seizure

Care Plans and Staff Training

In accordance with the DfE document Supporting Students at School with Medical Conditions (August 2017) the school nurse is responsible for drawing up care plans for individual children with medical conditions. This is done in conjunction with parents and other health care professionals. The information given in the document will then be passed on to the relevant staff by the school nurse. This is either done in staff meetings at least annually, or on an individual basis where required.

Care Plans are reviewed by parents at least annually and more often if there is a change to the student needs.

Temporary risk assessments are done for students who have a mobility issue, whether on crutches or in a wheelchair, to ensure that they are assisted in exiting a building were there to be an emergency. A Personal Emergency Evacuation Plan (PEEP) is drawn up by the School Nurse, the parent and the student. The student is then required to carry a PEEP emergency phone on a lanyard around her neck for the whole time they are in school and are partially mobile. On pressing the SOS button help will be summoned from security, maintenance and the medical room.

Students are to be made aware of First Aid issues through the PHSE programme and the School Nurse.

School Trips

The Group Leader for any school trip or visit is responsible for ordering (when completing risk assessment) and collecting a first aid kit, care plans, generic inhaler, and student's own medications (including adrenaline pens) as appropriate from the medical room. These should be returned upon completion of the trip. One member of staff on the trip should have completed the Educare 'Administering medication' course.

The School Nurse will run through any medical issues with the member of staff as needed. This process can take time to arrange depending on the requirements of the trip and so group leaders should consider this when requesting medical information and equipment. They will train staff if there are specific medication requirements. An accident form is available on our online system for staff to complete, if required. The Nurses will disseminate accident form information to relevant staff as required. A medication form is also sent on all trips for staff administering medications to complete. All paperwork is returned to the medical room and kept on file. School trip leaders are able to access care plans and medical conditions on SharePoint under "Medical Centre", as well as online accidents/medication permission forms on our online system.

Monitoring and Review

This policy is reviewed annually to ensure that the appropriate needs, arrangements, and procedures are in place and working. The policy is reviewed more frequently where regulations change or issues arise in light of reports of accidents or illnesses.

14. Head Injury Policy and Protocol

Aims

- To recognise and act appropriately in case of a head injury sustained by a student, member of staff or visitor
- To deliver lifesaving first aid, if required
- To arrange immediate, appropriate follow-up and medical assessment, as required
- To avoid the possible serious consequences of untreated head injury

Procedure

- Any blow to the head should be treated as potentially serious, and anyone who has received a head injury should be sent to the Surgery for assessment if it is safe and appropriate to do so
- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed
- The individual's level of consciousness should be assessed by using the AVPU method
 - A - Is the casualty ALERT
 - V – Do they respond to VOICE
 - P – Does the casualty respond to PAIN
 - U – Is the casualty UNRESPONSIVE to any stimulus
- If the casualty is unconscious or their consciousness seems impaired, e.g. they are very drowsy or confused, they must be turned on to their side or into the recovery position to aid their breathing and prevent them from choking should they vomit
- However, where there is suspicion of neck injury, the casualty must NOT be moved the casualty unless failure to do so would cause more harm (e.g. breathing obstructed, vomiting, in immediate danger from environment)
- If the casualty is not breathing, or not breathing normally, call for help immediately, call 999. Commence CPR if trained and able to do so
- Where there has been a period of unconsciousness of more than a couple of minutes, or there is a subsequent deterioration in level of consciousness, dial 999 and transport to hospital
- The Surgery can be called to ask for advice, and the nurse will attend if able to do so, but this should NOT take precedence over calling 999 where this is required

Concussion

This is caused by a blow to the head resulting in the brain being “shaken” inside the skull. The casualty may suffer impaired consciousness for a few minutes after the event, they may not remember the event, and they may complain of persistent mild symptoms for several days afterwards. In the event of head injury and suspected concussion, the casualty will be assessed by the Surgery nurse, and given verbal and printed advice regarding signs and symptoms to be aware of.

Signs and symptoms of concussion might include:

- Headaches
- Dizziness
- Nausea
- Sensitivity to light or noise
- Sleep disturbances
- Memory problems
- Irritability
- Restlessness
- Difficulties concentrating
- Tearfulness/anxiety
- Fatigue
- Auditory / visual disturbances

The casualty should be encouraged to rest and avoid watching TV/computers for 48 hours whilst they have symptoms. Paracetamol should be given (after consent has been obtained) to alleviate the headache.

Problems could arise, particularly over the next 24 – 48 hours, and if any of the following signs are observed then the casualty should go to A&E for assessment:

- Loss of consciousness
- New deafness in one or both ears
- Loss of balance or problems walking
- Any weakness in one or both arms or legs
- Repeated vomiting
- Clear fluid coming out of ears or nose
- Unusual drowsiness
- Increasing disorientation
- Problems understanding or speaking
- Blurred or double vision
- Inability to be woken
- Bleeding from one or both ears
- Severe headaches not relieved by painkillers such as paracetamol

Any student with signs of concussion should be seen by their doctor.

If symptoms of concussion persist after 10 days, the casualty should be reviewed by their doctor.

Sports

Any student with a history of head injury and concussion should remain off contact sports for 3 weeks, with a gradual return to full sporting activity thereafter if symptom free.

Follow up

- Ensure the incident is recorded fully
- Ensure staff are informed of the incident so that they can observe any change in condition
- Ensure parents/guardians are informed of the incident and action is taken

15. Mental Health Policy

Guidance on a range of mental health conditions can be found in the stand alone 'Student Mental Health Policy'. The Student Mental Health Policy includes warning signs, intervention thresholds, staff responsibilities, and the management of disclosures concerning mental health.

The Student Mental Health Policy includes information on the following:

- Anxiety/Panic attacks – treatment of symptoms removal from area of distress and focus on breathing calmly and slowly
- Obsessive-compulsive disorder (OCD)
- Depression
- Self-Harm
- Suicidal thoughts and feelings
- Eating disorders
- Addiction
- Body Dysmorphic Disorder (BDD)

All of the above are detailed in the Student Mental Health Policy and should be referred to the School Nurse for referral to professional services.

16. Alcohol Intoxication Policy

Introduction

Any student found to have had too much alcohol to drink, must come to be assessed and stay in the Surgery. They will remain there if the nurse decides that they do not need to go to Hospital, until collected by parents. Ingestion of alcohol contravenes the school rules and therefore the Headmistress will be informed of any student who has attended the Surgery as a consequence of alcohol ingestion. Parents will be contacted.

The Medical Staff to Assess:

The level of intoxication/consciousness. N.B. Alcohol on breath may not be present.

If unconscious

1. The student must not be left alone
2. ABC – recovery position
3. 999 – ambulance
4. Try to obtain full history from witness
5. Call for extra staff help – ring Senior member of staff on call
6. Neurological observations to be done ¼ hourly by nursing staff until ambulance arrives
7. Check temperature
8. Check blood sugars
9. Keep the student warm as potential problem of decreased body temperature
10. Consider other possible causes of decreased level of consciousness, e.g. drug ingestion, head injury, illness, seizure, hypoglycaemia

If conscious

If more than one intoxicated student is taken to the Surgery, the nurse on duty will use her clinical judgement to decide whether or not another member of staff needs to be present. This member of staff will be present to support the nurse on duty and not to carry out clinical duties. The nurse on duty will contact the Senior Staff on call to discuss this. It may not be necessary to have a second member of staff present, but the Senior Staff member should be alert to the possibility that someone may need to attend the Surgery urgently should one of the students need to be transferred to A&E.

- If only one student is involved and is aggressive, 2 adults must be present to maintain staff safety
- Contact the Senior Staff member on call to arrange this
- Reassure student that staff are only there to care for them and not to discipline
- Ascertain whether they were drinking alone or if anyone else was involved: if so who, where and how are they?
- Ascertain what sort of alcohol they have had (when and how much), and has there been any other substance involved
- Ask whether they have vomited: how much and how often?
- Ask when they last ate and how much
- Ask at what time they stopped drinking

Observe for symptoms of alcohol poisoning:

- flushed and moist face
- increased bounding pulse
- slurred speech
- staggering
- deep noisy breathing
- nausea

Procedure whilst in the Surgery

- Protect airway - if possible, the student should be encouraged to lie on their side, to prevent accidental inhalation of vomit
- The student should be encouraged to drink sweet fluids: either glucose water or Ribena /apple with glucose approx. 1 pint per hour unless very drowsy
- Check temperature and pulse – may be very cold
- Neurological observations should be done half hourly
- If at all concerned about the condition of the student phone for an ambulance.
- Parents to be contacted

17. Smoking Cessation Policy

Aims

The aims of this policy are to ensure students are fully aware of the health risks attached to smoking, to encourage young people who want to quit, and to persuade those less motivated to quit that they may want to in the future.

Introduction

Smoking is the single most preventable cause of premature death and ill-health in our society. The school policy on smoking aims to give students the message that the habit creates health problems for smokers and non-smokers alike, that non-smoking represents the norm in society and that this norm receives support from the school and staff. The school recognises its duty to educate young people to make healthy lifestyle choices including the cessation of smoking and/or vaping.

Advice for Young People

The Surgery will advise students who want to stop smoking:

- To make a list of reasons why they want to stop
- By explaining that most of the pleasure of smoking comes from the release of nicotine
- By warning of withdrawal symptoms
- By informing them that they can expect stopping to be difficult but progressively easier after the 3rd and 4th day
- By encouraging involvement of family and friends; if possible setting a quit date with a friend
- By checking carbon dioxide reading percentage; this will normally be around 4-6, and after stopping will go down to 1-0

The Surgery will support students in deciding a date to stop which feels right for the individual and causes least stress

The Surgery will support students in avoiding a relapse by encouraging them:

- To use nicotine therapy to relieve symptoms
- To avoid situations associated with smoking/vaping until they can be comfortable and resist the impulse to smoke/vape.
- To replace smoking/vaping with other activities such as exercise, eating enjoyable foods, reading and drinking lots of water
- To set targets and reward themselves

Support available:

- The Surgery can offer practical advice, and follow up support where necessary, as many times as a student wants (daily, weekly, fortnightly etc.)
- The Surgery can discuss options available to students who wish to give up smoking including; nicotine replacement therapy, GP appointments, counselling etc

18. Healthy Eating Policy

Introduction

Nutrition experts agree that a healthy diet is one of the best ways of maintaining and protecting children's health, both now and later in life.

However, the diets of school children and young people in the UK continue to give cause for concern, containing too much sugar, salt and saturated fat and too little fibre. Significant numbers of young people do not consume enough iron, calcium and certain vitamins, all of which are essential for health, growth and development. Therefore, over the last decade, successive governments have introduced regulations and standards for school food in the maintained education sector, the most recent of which were introduced in January 2015 as part of the School Food Plan.

The School is strongly committed to encouraging healthy eating among its students, recognising that there is considerable scope for school meals to have a positive influence on children's food choices away from school, in turn helping to establish healthy eating patterns for life.

Goals:

Through its partnership with Holroyd Howe Ltd, Pipers Corner School will demonstrate its commitment to encouraging students to make healthy food choices by ensuring that its caterers:

- Meet the Government food standards where applicable
- Adopt healthier catering practices in the preparation and service of food so that students are offered meals that are nutritionally balanced but tasty
- Plan menus with both health and enjoyment in mind
- Make wide use of fibre-rich foods, including vegetables, fruit and wholegrains, whilst limiting fatty, salty and sugary foods and avoiding highly processed food
- Promote and market food choices in a way that supports nutrition recommendations and makes healthy choices the easy and popular choices

Elsewhere in school:

- The school will educate its students about the importance of maintaining a healthy, balanced diet through lessons such as Food Technology and Life Skills (PSHE)
- Crisps, chocolate, sugary drinks and other 'junk' food will not be available in vending machines around the school
- The School's Café, will stock a wide range of healthy snacks alongside traditional cookies, cakes etc
- In addition, the School will actively publicise, through means such as assemblies and the newsletter, initiatives organised by Holroyd Howe Ltd to encourage Healthy Eating

Appendix One: First Aiders – as of September 2025

Members of Staff Qualified to give Basic First Aid: Academic Year 2025/2026					
Surname	Forename	Area	Number	Course	Expiry
Avory	Michelle	Science	835	Emergency First Aid at Work L3	May-26
Blake	Dasa	Prep	833	Emergency First Aid at Work L3	Jun-26
Boydon	Julia	Pre Prep/Prep	840	Paediatric First Aid	May-28
Brennan	Steph	PE	844	Emergency First Aid at Work L3 NRASTC	Mar-28 July-26
Brewer	Deborah	Science	856	Emergency First Aid at Work L3	Sep-27
Bryant	Jonty	Gap Assistant and Lifeguard		Emergency First Aid at Work L3 NRASTC	Oct-2026 Sep-27
Bryett-Windle	Lauren	PE	844	NRASTC	July-26
Bryson	Andrew	IT	882	Emergency First Aid at work	Oct-26
Cairns	Charlotte	PE	844	Emergency First Aid at Work L3 NRASTC	Nov-25 July-26
Collins	Melanie	Geography	854	Emergency First Aid at Work L3	Mar-28
Chorafi	Siham	Languages	828	Emergency First Aid at Work L3	Jun-26
Cooper	Lorna	IL	842	Emergency First Aid at Work L3	Nov-25
Crocker	Jeremy	Science	830	Emergency First Aid at Work L3	Sep-27
Dean	Emily	History	847	Emergency First Aid at Work L3	Mar-28
Dollery	Clare	PE	844	Emergency First Aid at Work L3 NRASTC	Jun-26 July-26
Dower	Lucy	Pre-prep	840	Paediatric First Aid	May-28
Dworkin	Katya	PE	844	Emergency First Aid at Work L3 NRASTC	Nov-25 July 26
Easterbrook	Debbie	PE Asst		Level 3 Paediatric First Aid	Oct-26
Gifford	Simon	English	834	Emergency First Aid at Work L3	Sep-27
Hancock	Simon	Theatre	837	Emergency First Aid at Work L3	Jun-26
Hanley	Jen	Science	830	Emergency First Aid at Work L3	Jun-26
Harmen	Rachel	Medical	819	First Aid at Work L3 and Paediatric First Aid	May-28
Hall	Louise	PE	844	NRASTC	July-26
Harty	Patrick	Science	830	Emergency First Aid at Work L3	Sep-27
Henson	Jo	Pre-prep	840	Paediatric First Aid	May-28
Hill	Kevin	Estates Office	838	Emergency First Aid at work L3	Oct-26
Hodge	Shula	Exams officer	805	Emergency First Aid at Work L3	Nov-25
Hutchinson	Leoni	Theatre	837	Emergency First Aid at Work	Mar-28
Jafari	George	Science	856	Emergency First Aid at Work L3	Jun-26
Jafari	Rosie	Art	887	Emergency First Aid at Work	Oct-26

Johnston	Tom	Security	817	Emergency First Aid at Work L3	Sep-27
Kemp	Claire	Psychology	884	Emergency First Aid at Work L3	Jun-26
Lawrence	Ruth	Forest School	804	Paediatric First Aid and Forest School	Jun-27
Lewin	Zoe	Dance	883	Emergency First Aid at Work L3	Sep-27
Lomax	Sarah	Languages	828	Emergency First Aid at Work	Oct-26
Maynard	Rosie	Textiles	887	Emergency First Aid at Work	Mar-28
McClelland	Sandra	Prep	840	Emergency First Aid at Work L3	Sep-27
McVean	Ross	Science	856	Emergency First Aid L3	Oct-26
Morton	Joanne	Science	835	Emergency First Aid at Work L3	Jun-26
Mullen	Rebecca	Science	835	Emergency First Aid at Work L3	Jun-26
Mushaike	Rose	Maths	861	Emergency First Aid at Work L3	Sep-27
Nettelfield	Sally	Holroyd Howe	845	Emergency First Aid at Work L3	Mar-28
Ngwenya	George	Science	835	Emergency First Aid at Work	Mar-28
Norbury	Emma	Reception/Office	200	Emergency First Aid at Work	Mar-28
Outten	Louise	Pre Prep	840	Paediatric First Aid L3	Jun-26
Palmer-Jones	Rachel	Forest School	804	Forest School and Paediatric First Aid	Sep-28
Parker	Liz	Prep	827	National Rescue Award ST&C	Jul-26
Pettingell	Becky	Medical	819	Emergency First Aid and Paediatric First Aid	May-28
Quinn	Dave	DofE Office	804	Advanced Outdoor First Aid	Jan-28
Ramsay	Dawn	Textiles	887	Emergency First Aid at Work L3	Mar-26
Reid	Annabel	Textiles	887	Emergency First Aid at Work L3	Mar-28
Scott	Lou	IT	891	Emergency First Aid at Work	Jul-27
Skinner	Emily	Pre-Prep/Breakfast Club	840	Paediatric First Aid	Oct-27
Sothcott	Sam	PE	815	Emergency First Aid at Work L3 NRASTC	Nov-25 Jul-26
Sowden	Rebecca	Science	830	Emergency First Aid at Work L3	Mar-26
Spargo	Jake	Prep	833	Emergency First Aid at Work L3	Apr-26
Speakman	Gordon	Science	830	Emergency First Aid at Work L3	Jun-26
Spencer	Sarah	Drama	883	Emergency First Aid at Work L3	Sep-27
Stockton	Richard	Geography	854	Emergency First Aid at Work L3	Mar-28
Tinnelly	Jenny	History	847	Emergency First Aid at Work L3	Sep-27
Urquhart	Ross	Prep	827	Paediatric First Aid	Dec-25
Webber	Simon	Art	887	Emergency First Aid L3	Oct-26
Wilde	Rebecca	Wellbeing room	846	Emergency First Aid at Work L3	Nov-25
Wojtala	Marzena	Food tech	886	Emergency First Aid at Work	Mar-28

***NRASTC denotes National Rescue Award for Swimming Teachers and Coaches**

Members of Staff Qualified in Mental Health First Aid

Wilde	Rebecca	Wellbeing room	826	Mental Health First Aid	Ongoing
Harmen	Rachel	Medical	819	Youth Mental Health First Aid	Feb-28
Pettingell	Becky	Medical	819	Youth Mental Health First Aid	Nov-27
Duncan	Olivia	HR	873	Adult Mental Health First Aid	Sep-27
Rees	Rohini	Art	824	Youth Mental Health First Aid	Nov-27
Rees	Alex	Assistant Head/ICT	881	Youth Mental Health First Aid	Nov-27
McClean	Andrew	Deputy Head/DSL	839	Youth Mental Health First Aid	Nov-27
Harrison	Kelly	Head of Sixth Form	868	Youth Mental Health First Aid	Nov-27
Mayall	Kate	IL	842	Youth Mental Health First Aid	Nov-27
Over	Clare	IT/Educational Visits	836	Youth Mental Health First Aid	Nov-27
Cohen	Scott	Maths	823	Youth Mental Health First Aid	Nov-27
Durrant	Gabrielle	Maths	861	Youth Mental Health First Aid	Nov-27
Shapland	Michelle	MFL	884/828	Youth Mental Health First Aid	Nov-27
Lomax	Sarah	MFL	828	Youth Mental Health First Aid	Nov-27
Faith	Harriet	Music	844	Youth Mental Health First Aid	Nov-27
Bolton	Emma	PA Deputy Head/Past.	839	Youth Mental Health First Aid	Nov-27
Brennan	Stephanie	PE	844	Youth Mental Health First Aid	Feb-28
Cairns	Charlotte	PE	844	Youth Mental Health First Aid	Feb-28
Dworkin	Katya	PE	830	Youth Mental Health First Aid	Feb-28
Coe	Rachael	PSHE		Youth Mental Health First Aid	Feb-28
Jafari	George	Science	835	Youth Mental Health First Aid	Feb-28
Sowden	Rebecca	Science	835	Youth Mental Health First Aid	Feb-28
Mullen	Rebecca	Science	835	Youth Mental Health First Aid	Feb-28
Reid	Annabel	Textiles	887	Youth Mental Health First Aid	Feb-28

Appendix Two: Locations of First Aid Kits

Main Building	Cottesloe Centre & Lady Buckinghamshire Studios	Founders Wing & South Wing	Arts Centre	Other Locations
Medical Room x 8 + emergency adrenaline pens and emergency inhalers	Staff Room x2 small + Outside Staff Room (Adrenaline Pen Box)	Entrance to Prep Corridor	Front of house, ground floor lift (Defibrillator)	Orchard Pool (Defibrillator)
Headmistress' Study	Food Technology + blue plasters + eye wash station + burns stock	Maths Corridor	Front of house – stalls right, by water cooler x1 medium	Pre-Prep corridor + spillage kit
Main Office	Food Room 2	English Corridor	On Stage – by workshop doors X1 medium + foil blankets + ice packs + spillage kit	Dance Studio x1 small + ice packs + foil blankets
Old Boarding Corridor	Library	Languages Corridor	Theatre Workshop x1 medium + burns kit + eye wash station	Forest School Shed
D of E Office	Sixth Form Centre x1 large	Lab Prep Room + burns + ice packs + eye care	Backstage Corridor X1 medium	Fitness Suite
Landau Hall	Textile Studio	Science 3	Balcony Corridor, by toilets x1 medium	Pool Plant Room
Kitchen + burns kit + spillage kit	Design Technology + eye care	Science 5	Upper Foyer, sliding panel x1 medium + ice packs + foil blankets	Bursary and Maintenance Workshop
	Art Studio	Humanities Store Room	Technical Office	Sports Hall
	Sculpture Studio	Textiles HU7	Café, kitchen – x1 large + burns kit + spillage kit	Sports Hall Office Kits for fixtures + ice packs
	Prep Studio	Potting Shed	Technical Gallery x1 medium + burns kit (sound desk drawer)	Minibus and Mini van (x1 kit each)

Prepare & Protect

Guidance for healthcare staff on personal protective equipment

PUTTING ON personal protective equipment (PPE)

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

The order for putting on PPE is: APRON, SURGICAL MASK, EYE PROTECTION and GLOVES.



APRON (OR GOWN)

- Pull over head and fasten at back or waist



SURGICAL MASK (OR RESPIRATOR)

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit check respirator



EYE PROTECTION (GOGGLES/FACE SHIELD)

- Place over face and eyes and adjust to fit



GLOVES

- Extend to cover wrist

- USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF INFECTION**
- Keep hands away from face
 - Limit surfaces touched in the patient environment
 - Change gloves if they become torn or heavily contaminated
 - Regularly perform hand hygiene
 - Always clean hands after removing gloves

REMOVING personal protective equipment (PPE)

PPE should be removed in an order that minimises the potential for cross-contamination.

The order for removing PPE is GLOVES, APRON, EYE PROTECTION and SURGICAL MASK.



GLOVES

- Grasp the outside of the glove with the opposite gloved hand, peel off
- Hold the removed glove in the gloved hand
- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove
- Discard in a lined waste bin



APRON (OR GOWN)

- Untie/unfasten or break ties
- Pull apron away from neck and shoulders, touching inside only
- Fold or roll into a bundle
- Discard in a lined waste bin



EYE PROTECTION (GOGGLES/FACE SHIELD)

- Handle only by the headband or the sides
- Discard in a lined waste bin



SURGICAL MASK (OR RESPIRATOR)

- Untie/unfasten the ties – first the bottom, then the top
- Pull away from the face without touching front of mask/respirator
- Discard in a lined waste bin

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

All PPE should be removed before leaving the area and disposed of as healthcare waste.

FOR MORE INFORMATION CONTACT:

These images are for illustrative purposes only. Always follow the manufacturer's instructions.