



Glendower Preparatory School

First Aid and Administration of Medicines Policy

(This policy relates to all parts of the school including the Early Years Foundation Stage)

2023-2024

Reviewed: April 2024

Next Review: April 2025

Glendower Preparatory School acknowledges the assistance provided by guidance documents prepared by the following public bodies:

- *The Department for Education (DfE) – First aid in Schools*
- *The Independent Schools Inspectorate (ISI)*
- *Health and Safety at Work Act 1974*
- *The Management of Health and Safety at Work Regulations 1992*
- *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)*
- *CLEAPPS School Science Service*

FIRST AID POLICY AND PROCEDURE

Reviewed by: Mrs K Ehilebo , Deputy Head Pastoral
Staff responsible: Mrs N Kingsmill Moore, Headmistress
 Mrs K Ehilebo , Deputy Head Pastoral
 Ms Amelia Shore, Assistant Head (Educational Operations)
 Mrs E Enness-Laporte, First aid Co-ordinator

Person responsible for review: Mrs K Ehilebo

This policy also relates to Early Years Foundation Stage.

Policies linked to: Health and Safety Policy
 Safeguarding Policy
 Educational Visits Policy

This document also appears in:

- School Website
- Staff Handbook
- Parent Handbook

Philosophy and aims of the policy

To ensure that every pupil, member of staff and visitor to Glendower Preparatory School will be well looked after in the event of any illness, accident or injury no matter how minor or major, by providing effective, safe first aid cover in line with national guidelines.

To ensure that in the event of an accident all members of the school community are aware of the support available and the procedures to activate this.

The school aims to develop an ethos in which pupils feel secure, their viewpoints are valued, and they are encouraged to talk and are listened to.

First aid will be delivered by members of staff with a valid certificate of competence with one of the following qualifications recognised by the Health and Safety Executive:

- Paediatric First aid
- Emergency Aid in Schools
- First aid at Work
- Emergency Life Support

The certificate of competence is only valid for three years. Staff will re-train before the expiry date, and provision for this is made each September during inset days at the start of the new academic year. New staff will also receive first aid training as part of induction procedures each September. There will always be at least one qualified First aider on site when children are present. In the EYFS setting, there will be at least one qualified first aider in paediatric first aid on site and during a school trip whenever EYFS children are present.

For list of qualified First aiders see appendix I

The locations of first aid kits are identified by the universal green and white signs and notices in all areas. First aid kits can be found in school in the treatment room adjacent to the school office/reception area, the kitchen, the 'new' staff room, the art room, the music room and the science lab. Additionally, there are first aid bags that remain with each form class as they move around the building and are taken off site with each class.

In the event of an accident the casualty will be treated by the on-site qualified first aider at the site of the accident OR in the treatment room, when possible.

In the event of the following emergencies, an ambulance should be called immediately through the school office:

- where an EpiPen has been used
- a severe asthma attack that is not relieved by using an inhaler
- any loss of consciousness that is not a faint e.g., as a result of an accident, head injury, illness or diabetic coma and fitting in a non-epileptic person

- any possible broken bones **except** fingers, toes and arms that are closed breaks
- any casualty that is in a life-threatening situation or perceived to require urgent medical treatment

Glendower will ensure that:

- all accidents and treatment given will be recorded on the school's information management system (iSAMS)
- accidents and incidents that fall under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) will be reported to the Health & Safety Executive
- parents will be informed of non-trivial accidents
- first aid kits will be present at all on-site sports fixtures
- first aid provision will be available for all off-site activities
- adequate first aid provision will be available for out of hours activities
- pupils with a specific known medical need, including asthma, epilepsy, anaphylaxis or diabetes, will be treated following the guidelines set out in their individual health care plan
- procedures for dealing with spillage of bodily fluids will always be followed to protect individuals and the school community from contamination (**See appendix 2**)
- termly review of accidents at Health & Safety Meetings will take place in order to ensure the school's first aid provision is appropriate

Mental Health

The Senior Mental Health Lead is Mrs K Ehilebo Deputy Head Pastoral & DSL. The Senior Mental Health Lead works closely with the DDSLs, to facilitate the identification and support for pupils who may be experiencing a mental health issue. Mental Health is addressed with pupils through the PSHEE curriculum (including RSE) and pastoral systems as outlined in the Safeguarding Policy.

The Procedure

1. Contacting a first aider

- all office staff are suitably qualified in first aid (or will be as soon after their appointment to the role as possible) and can be contacted daily from 8.00am – 5.00pm on extension numbers 243/254/244
- lists of first aiders are found in the school office, the treatment room and the staff rooms

The Deputy Head (Pastoral), with the assistance of the First Aid Co-Ordinator, will

- keep a log of first aiders' names with their date of qualification
- arrange for the re-training and re-qualification of identified staff

2. First aid kits

- locations: treatment room adjacent to the school office/reception area, the kitchen, the 'new' staff room, science lab, music room, art room, ICT lab and each form class. Additionally, there are 2 further first aid bags that can be taken off site. These are kept in the office. The PE department keep additional backpack and bumbag-style first aid kits. A further first aid kit is taken into the playground
- contents of first aid kits follow HSE recommendations
- following an accident, the area should be cleared of all first aid debris into small bags provided in first aid kits
- first aid kits and bags are checked and re-stocked half-termly and this is the responsibility of the First-Aid Co-ordinator, as is the removal of items past their expiry dates. A log of dates on which first aid bags are checked is recorded by the First Aid Co-ordinator.
- during the course of the half-term, first aiders should re-stock first aid bags when required and inform the First Aid Co-ordinator of items which need re-stocking
- the quantity of clinical waste created by the administration of first aid (blood-stained dressings, gauzes, plasters etc) is very small and will therefore be disposed of in a sealed plastic bag, through the normal waste disposal arrangements from the premises

3. Calling an Ambulance

In an emergency where the situation is life-threatening, there should be no delay in calling for an ambulance (Telephone 999). In all other situations the first aider providing the first aid will be responsible for assessing if an ambulance is required and if needed, will direct a colleague to call the office on 243, 244 or 254 and ask for an ambulance to be summoned (Telephone 999) giving:

- details of casualty's condition
- exact location of casualty

- possible entry for ambulance
- an adult should be sent to the entrance of choice to guide the paramedics to the casualty

Pupils requiring transfer to hospital by ambulance will be accompanied by an appropriate member of school staff and parents will be informed immediately.

4. Treatment Room

Located on the ground floor adjacent to reception, this room is solely dedicated for medical treatment and is manned by office staff qualified in first aid. The room has a wash basin, a bed, a fridge, first aid supplies and has two toilets.

5. Record Keeping

All accidents and non-minor treatment given to pupils will be recorded on the pupil profile area of the iSAMS system.

Details of accidents and treatment given to staff and adult visitors are recorded on the forms in the Accident Book and are checked by the Bursar on a half-termly basis. The Accident Book is kept in the school office.

Recorded details will include:

- date, time and place of accident
- name and class of injured or ill person
- details of the injury illness and what first aid was given
- what happened to the person immediately afterwards (e.g., went home, resumed normal duties, returned to class, went to hospital)

Accidents, dangerous occurrences and reportable diseases that come under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) will be reported to the Health & Safety Executive following their guidance under regulation 4. Details to be recorded on Form 2508. This form is an online document found at www.hse.gov.uk/riddor/ and is to be completed online. The completed document should be downloaded and filed in the HSE Report File in a locked cabinet in the Bursar's office.

All head and eye injuries that do **not** require further medical assistance should be reported to the form teacher for follow up observation.

In the event of an injury requiring 'intimate' examination of a pupil, two adult females must be present.

6. Informing Parents

- Upon their child's admission to the school, parents are informed in the Parent Handbook of the school's procedure for responding to their daughter should she

become ill during the school day as well as procedures for her return to school should she contract an infectious illness. The school follows the latest guidance issued by the Health Protection Agency (HPA).

- parents will be informed of non-trivial accidents. Advice on symptoms to be observed and when to seek medical advice, particularly head injuries, will be given.
- in the case of a severely injured pupil, where an ambulance is required to transfer the casualty to hospital, the parents will be contacted immediately by the Headmistress or another member of the Senior Leadership Team, or in their absence the delegated teacher in charge, giving information of the injury and name of the hospital destination.

7. Competitive Sports Fixtures

- a first aid bag will be taken to all fixtures by the PE department
- the member of staff responsible for the fixture will have a mobile phone to contact school if needed. All sports staff have a first aid qualification and will carry out first aid on-site
- pupils with a medical need and representing the school will be identified and emergency instructions and equipment given to the teacher responsible for the pupil

8. Off-Site Activities

These include all off-site day trips and residential trips.

Glendower will ensure that:

- a travelling first aid kit relevant to the type and length of the activity will be supplied
- the school will always have a qualified first aider in attendance
- all Early Years settings will have a paediatric first aider in attendance
- pupils with a medical need will be identified and emergency instructions and equipment given to the teacher responsible for the pupil

9. Out of Hours Provision

Out of hours activities that are the responsibility of Glendower Preparatory School e.g., Homework Club, will have their own designated first aider. Further advice on pupils with independent health care plans or emergency medication will be given to the adult responsible. Contact numbers for all participants is located on iSAMS.

Any organisations out of normal school hours who use the school's facilities will be expected to provide their own first aid provisions. **(See appendix 3)**

10. Pupils with a Medical Condition/Need

The school aims to provide support, assistance and a sympathetic attitude towards those pupils with special medical needs such as **asthma, diabetes, anaphylaxis, epilepsy**. To this purpose, home and school need to liaise closely to ensure that all procedures are acceptable and provide a sound basis for ensuring that children with medical needs receive proper care. It is important for the school to have as much information as possible about the medical condition of any pupil with long term medical needs. If a pupil is inadequately supported this can have a significant impact on academic attainment and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical requirements as soon as a pupil develops a condition. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary.

Parents are required to provide details of the child's condition together with:

- symptoms to look out for
- special requirements
- medication and any side-effects
- what to do and who to contact in an emergency
- the role the school can play

Appendix 4 has been designed to accommodate all this information and will be given to parents to complete and return to the school.

It is the requirement that all parents keep the school informed of up-to-date or ongoing medical concerns.

- pupils with a medical condition or need (e.g. **anaphylaxis, epilepsy, diabetes**) will require a Health Care Plan, to be provided by the pupil's GP and/or specialist nurse
- pupils with **asthma** will require an asthma treatment plan to be completed by the parents
- parents of all pupils who require an EpiPen should provide a care plan outlining details of when the EpiPen should be administered. The care plan should be signed by the child's GP and/or clinical nurse specialist.
- staff completing risk assessments for an off-site activity can contact the Deputy Head (Pastoral) or the Registrar to answer any questions regarding individual pupils with health care plans
- teachers responsible for pupils with a health care plan will be expected to familiarise themselves with the emergency care to be given to named pupils if required
- Parents should notify the school if their child has an infectious disease. In cases of diarrhoea and vomiting, children should be kept away from school for 48 hours from the last episode. In cases of other infections, the Assistant Head of Operations will consult with the child's parents with reference to the Guidance on Infection Control in Schools and other Childcare Settings, Public Health England, April 2017.

11. MEDICINES

Following consultation with the school's insurers and on the recommendations of the NAHT, the school cannot accept responsibility for routinely administering any medication to pupils. However, it is recognised and accepted that many pupils will need to take medication at school at some time in their school lives, possibly to finish a course of antibiotics or merely to apply a lotion. To allow pupils to do this will minimise the need to be absent, and as such, an acceptable compromise has been devised to cater for these situations.

All medicines brought to school (prescription and non-prescription) are to be kept in a secure cupboard in the school treatment room. Neither children nor staff can keep medicines on their person or in the classroom.

To overcome the problems posed by children who have not completed their course of antibiotics etc. but are well enough to attend school, parents may measure out the required dose at home and follow procedure outlined below:

Medicines must be brought to school in the original container as dispensed by the Pharmacist/Dispensing physician and brought to the school office who will store it either in the fridge or in a secure cupboard in the treatment room.

The container must be clearly labelled with: -

- The child's name and form
- The date
- The name of the medicine
- Dose of the medicine enclosed
- Time at which the medicine is to be administered

A parent or nanny - but not the child - must hand the medicine into the school office and fill in the request form (**see appendix 5**).

The child will be handed her medicine when she goes to the office at the appropriate time and will be supervised while she administers the medicine herself. Teaching staff will not administer medicine and are not responsible for ensuring that it is taken at the correct time. However, parents are very welcome to come into school to administer the medicines themselves. Parents are advised that pupils who are unwell should not be sent to school. Girls should not be sent back to school until a full 48 hours has passed since an incident of diarrhoea or vomiting.

Staff taking medication must keep this secure and not accessible to pupils. Staff are required to complete a staff emergency information form and inform the Headmistress if they have any medical condition which may require emergency treatment such as **asthma, anaphylaxis, epilepsy, diabetes** so that appropriate action can be taken.

12. PROCEDURES FOR TREATMENT IN SCHOOL

Any child who is unwell is sent to the school office where they are attended to by members of the office staff who are trained to Emergency First Aid at Work (RQF) level. All members of office staff are trained in the use of EpiPens.

If the temperature of the child exceeds 37.8°C or 100°F the office staff will contact the parent or nanny, inform them of this and ask that the child be taken home as soon as possible.

If the temperature is normal but the child is complaining of headache, stomach-ache or sickness, a glass of water will be offered but the child will return to class, with the suggestion that if she continues to feel unwell, she should come to the office again after some time for her temperature to be taken.

If the child has sustained grazes and bruises they would be washed with water (in the case of a wound) and a plaster/bandage applied if necessary. An icepack will be applied if there is any swelling.

After a fall if the child is in any pain and/or is unable to move a limb, the office staff will telephone the parent or nanny who will decide on the course of action. All parents should give emergency contact numbers, which can be used if it is not possible to contact them on their usual numbers. The child should be made comfortable until the parent/nanny is contacted or arrives. It may be necessary to telephone nominated adults in cases where the parents or nannies cannot be contacted.

If a child becomes ill or is injured and we judge that it would be advisable to call an ambulance, we will do so and inform the parent/nanny. Should they be unable to accompany the child to hospital a member of staff will do so. The school will continue to try to contact the parent/nanny.

Head Bumps

If there is a minor bump to the head, icepacks should be used, and the student(s) monitored carefully. As above, this is recorded in the record book and given to the office to be entered onto iSAMS and an email is sent home with a 'Head Bump' letter.

If the bump to the head is thought to be more serious, the steps above must be followed, along with a phone call to the parents to inform them of the incident.

13. Hygiene/Infection Control

- all staff will take precautions to avoid infection and must follow basic hygiene procedures.
- all first aid kits contain single-use disposable gloves that must be worn when dealing with blood and other bodily fluids.
- all staff dealing with accidents should have near-by access to hand washing facilities.
- all dressings, gloves and first aid debris are disposed of in a sealed plastic bag, through the normal waste disposal arrangements from the premises

14. Review of Accidents

- all Accident Forms must be sent to the Bursar, for assessment of accidents and safe storage

- the Bursar will collate the information from these, and the information will be presented at the regular Health & Safety Meetings convened by the School Governors informing them of:
 - the number of accidents involving pupils, adult employees and visitors
 - the area where the accidents occur
 - the time that accidents occur
 - how accidents occur

This review of accidents informs the Health & Safety Committee of any areas that are causing concern, accident trends and possible areas for improvement in the control of Health & Safety risks.

Instructions for specific first aid procedures should be given to the whole school community at the beginning of the academic year, via staff meetings.

Annex 1 to First Aid Procedures – Instructions to Staff

Emergency Medication

It is essential that all staff make themselves aware of any girls who require emergency medication. All medical and catering documents are available for viewing on our GPS All Staff page.

Medication should always move with the girls, assisted by the support staff around the school as the situation can escalate quite quickly, and timing of administering medication is crucial.

First Aid bags should be placed at the designated area in the classroom.

EYFS and Pre Prep: Emergency medications should be kept in a coloured string bag. Each year has a different coloured bag in order that they are easily identified. These bags should then be placed in a clearly marked container in the classroom, out of reach of children, which is easily accessible. It must be immediately apparent where the medication can be found in every classroom. Teachers who teach in several classrooms must make themselves aware of the location of the emergency medication in each classroom.

Prep: Emergency medications should be kept in personalised bags. These bags should then be placed in the First Aid bag designated area in the classroom. It must be immediately apparent where the medication can be found in every classroom. Teachers who teach in several classrooms must make themselves aware of the location of the emergency medication in each classroom.

When leaving for lessons outside of the form room, the coloured/ personalised bag should be removed from the clearly marked container and carried with the first aid bag which will be accompanying the girls. This must be carried by a teacher/adult with the first aid bag when travelling offsite. This must be returned to the designated area upon return to the classroom. Alongside the medication, you will find each girl's treatment plan setting out step-by-step instructions of how to administer their medication.

A laminated copy of the Emergency Pupil Medication should be put in the desk drawer of each classroom. This way, all staff members have a 'go to' place to refer to, regardless of the room. An A5 version of the Pupil Medication poster will also be kept in each first aid bag, including in the areas they will be using frequently (e.g., playground, art room, science lab, etc).

In the dining hall, medical information should be easily accessible on the noticeboard but should then be covered with a plain paper in order to maintain GDPR.

Use of medication/Treatment

Any use of medication/contents must be logged in the record located in the first aid bags and the top copy given to Office Administrator to log on to the system. The office will then inform the parents of any information that needs to be passed on about their daughter and cc the Form Teacher into this communication.

If the stock in the first aid bag is running low, please replenish using stock from medical room. The First Aider Coordinator (Mrs E Enness-Laporte, First aid Co-ordinator) will

arrange for the bag to be restocked on a termly basis. Please avoid using ice-packs unless absolutely necessary.

Head Bumps

If there is a minor bump to the head, ice packs should be used, and the student(s) monitored carefully. As above, this is recorded in the record book and given to the office to be entered onto the system and an email sent home with a 'Head Bump' letter. If the bump to the head is thought to be more serious, the steps above must be followed, along with a phone call to the parents to inform them of the incident.

Appendix I: Staff Qualified in First aid



Glendower Preparatory School
STAFF QUALIFIED in FIRST AID
(Autumn Term 2023)

Alagoz Emine	07.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)
Atkinson Clare	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Bahar Nicola	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Barnham Nicola	07.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)
Beecroft Debbie	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Belizario Monica	05.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Bracher Cands	05.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Brillante Dylan	05.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Broughton Cenamor Yubitsa	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Cadenhead Clare	04.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Calkin Annabel	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Callaghan David	07.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)
Dean Paul	07.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)
Dennis Sarah	07.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)
Ehilebo Kemi	05.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Enness-Laporte Elysee	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Galloway Maria	05.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Gazet du Chattelier Brooke-Jayd	01.09.2023 Out of date	QA Level 3 – Emergency First Aid at Work (RQF)
Greenlees Daisy	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Greensted Flo	05.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)
Gupta Aneta	11.09.2024	First Aid for Life - Full Paediatric First Aid Course
Halbert Bella	27.09.2024 22.01.2024 17.11.2024	Anaphylaxis Awareness QA Level 3 – Emergency First Aid at Work (RQF)

		First Aid for Life – Full Paediatric First Aid Course
*Inglis-Jones Ella	05.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Isaia Valerie	01.09.2023 11.09.2024	QA Level 3 – Emergency First Aid at Work (RQF) First Aid for Life - Full Paediatric First Aid Course
Jenkin Morgan	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Jones Poppy	05.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Kalisher Millie	04.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Krafft Sarah	11.09.2024	First Aid for Life - Full Paediatric First Aid Course
Leslie Antonia	04.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Martin Sarah	07.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)
Maxwell Emma	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Metro Sophie	07.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)
Jessica Keighly	05.09.2023 Out of date 04.09.2026	Tigerlily First Aid Training - Full Paediatric First Aid QA Level 3 – Emergency First Aid at Work (RQF)
*Park Sooha	04.09.2022 Out of date	QA Level 3 – Emergency First Aid at Work (RQF)
Parpia Nuren	05.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Pawle Victoria	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
*Payne Alicia	04.09.2022 Out of date	QA Level 3 – Emergency First Aid at Work (RQF)
Pennick Laura	04.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Pierpoint Jennifer	07.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)
Louie Roberts	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
*Rodgers Laura	01.09.2023 Out of date	QA Level 3 – Emergency First Aid at Work (RQF)
Ross Helena	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Russell Kieran	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Russell Lucy	09.05.2026	Safe and Sound – Paediatric First Aid (12 Hours)
Samols Jo	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Short Nikala	05.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Slater Anna	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Sookrah Natasha	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)

Soye Victoria	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
Strange Candice	07.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)
Taylor Alexandra	05.09.2025	QA Level 3 – Emergency First Aid at Work (RQF)
Tindley Sophie	04.09.2026	QA Level 3 – Emergency First Aid at Work (RQF)
van Rooyen Quinton	07.09.2024	QA Level 3 – Emergency First Aid at Work (RQF)

Appendix 2: Protection from Blood Borne Viruses and Other Bodily Fluids

In any situation requiring first aid or the clearance of bodily fluids it is to be assumed that all blood products and bodily fluids are potentially infectious thus the following procedures should always be applied.

- always cover any open wounds on your own hands with a waterproof adhesive dressing
- disposable gloves (un-powdered latex or vinyl) to be worn when dealing with bleeding /cleaning up bodily fluids

Actions to be taken after direct contact with blood /bodily fluids.

- if direct contact with another person’s blood or other bodily fluids occurs, the area should be washed as soon as possible with soap and water
- if contact is made with the lips, mouth, tongue, eyes or broken skin, these should be washed out thoroughly with clean, cold tap water. Where running water is unavailable saline should be provided to wash out the eyes
- hands should be washed using soap, water and dried using paper towels.
- if a cut or puncture wound is sustained, (e.g. by hypodermic needle from an adrenalin device, bite etc.) the wound should be squeezed to encourage bleeding, washed with soap and water and covered with a waterproof dressing
- any incident in which another’s blood may have entered a person’s bloodstream through a cut or abrasion or by splashing in the mouth or eyes should be reported firstly to the Deputy Head (Pastoral), and to their doctor

Cleaning and washing.

- All spillages of blood, faeces and vomit should be cleared up as quickly as possible, wearing suitable personal protective equipment. When spillages do occur, clean using a product suitable for the affected surface which combines both detergent and disinfectant (and use in accordance with the manufacturer's instructions).
- Mops should **never** be used for cleaning up blood and bodily fluid spillages, use disposable paper towels or cloths. Bodily Fluid Spillage Kits and/or compounds are available in the treatment room and from the Site Manager
- Separate cloths and mops should be used for general cleaning of kitchens, toilets and other general areas. Disposable cloths should, where possible, be used; where non-disposable brushes are used, they should be thoroughly disinfected
- Protective gloves, and where appropriate protective clothing, should be worn when handling soiled laundry. Soiled pupil's clothing should be bagged to go home, never rinsed by hand at school

Waste Disposal

- Protective gloves, and where appropriate protective clothing e.g., disposable plastic aprons, should be worn when disposing of contaminated waste.
- Small quantities of contaminated waste up to one bag in any collection interval; can be safely disposed of via the usual "black bag" refuse collection arrangements. Waste to be double bagged in plastic and sealed by knotting.
- Non-contaminated waste should be discarded into a bin liner and disposed of in the usual manner.

Personal Protective Equipment (PPE)

- Disposable vinyl or powder free gloves and disposable aprons should be worn for any activity where there is risk of contamination with blood or bodily fluids. Hands should be washed immediately after removal of gloves.
- PPE is found in Bodily Fluids Kits kept in the treatment room or from the Site Manager. They are single use, to be discarded after the task is completed

Appendix 3: School Clubs Agreement for Visiting Organisations

- any adult who is on their own with a group of children after 5pm must hold a Basic First aid qualification
- if more than one adult is present then one of them must hold a Basic First aid qualification
- if, during school hours, a serious accident occurs where basic first aid is not enough then the school office should be contacted for help on extension 243/244/254. Otherwise, contact the emergency services
- reporting of any accident that requires first aid should be notified to the school office, who will then inform parents if appropriate.
- if an outside line is needed to call an ambulance, then dial 9 first then the number required. Main school office number is 0207 7370 1927
- all adults should acquaint themselves with the location of the first aid bag in the activity room assigned to them.
- copies of all letters that are sent to parents should also be given to the school so that staff are able to give informed answers to queries that arise e.g., dates, times, etc
- Coaches should collect and complete the register of those pupils attending the clubs, which should be given to the office at the end of each session.
- Registers should always be kept and brought out in case of evacuation when the fire alarm sounds. The muster point is on the west side of Queen's Gate (turn left outside the main reception entrance and go as far as the red post box)
- all adults should acquaint themselves with the fire procedures and exit points
- if you wish to change the nature of your booking i.e., change of rooms, venue and times etc, please inform the office immediately as this may affect the charges made to you
- if a child leaves the room or outside area to go to the toilet then a signal on her return should be established
- girls should always be in the care of an adult
- The school (school member of staff) takes control of dismissals via the Whitehouse entrance. Please hold all pupils quietly and in an orderly fashion whilst dismissals are taking place. Those pupils not collected after 10 minutes will be held in Wraparound Care.
- if any issues arise which come under the safeguarding umbrella, please be aware that Mrs Kemi Ehilebo is the Designated Safeguarding Lead to be contacted immediately, and Mrs Minisha Bist, Mrs Aneta Gupta or Mrs Sarah Dennis should be contacted if she is unavailable

Agreed & Signed _____

Dated _____

Appendix 4

MEDICAL QUESTIONNAIRE FOR PARENTS OF PUPILS **From the Parent Handbook (pages 41 – 42)**

MEDICAL INFORMATION PART 1

Any known allergies or intolerances e.g. to food, medication, pets or insect stings.

Any specific dietary/religious requirements e.g. vegetarian, no beef.

Any chronic or recurring medical conditions needing regular or occasional medication or treatment.

History of any serious illnesses or injuries requiring admission to hospital.

Any other conditions or additional needs that might affect your child in her school life.

Any psychological factors that affect your child of which we should be aware.

Does your child have regular dental checks?

Does she wear a dental appliance?

Does your child have regular eye tests?

Does your child require glasses?

Do you have private medical insurance?

Is your child registered with a GP? Yes No

If yes, please give details of your child's GP below:

Name of practice:

Name of doctor:

Address of practice:

Telephone number:

If any assessments have been carried out on your child, please attach a copy of the report when you email your completed form.

MEDICAL INFORMATION PART 2

Record of Immunisations

TYPE	DATE OF PRIMARY COURSE	BOOSTER DATES
BCG tuberculosis (TB)		
Chickenpox (varicella)		
Cholera		
Diphtheria		
Hepatitis A		
Hepatitis B		
Heaf Test for TB		
HIB (Meningitis)		
Influenza		
Meningitis C		
MMR (Measles, Mups, Rubella)		
Polio		
Tetanus		
Typhoid		
Whooping Cough (Pertussis)		
Yellow Fever		
Any other (please give details below)		

Appendix 5

REQUEST TO SCHOOL REGARDING MEDICATION **From the Parent Handbook (pages 43 – 44)**

MEDICAL INFORMATION PART 3

REQUEST TO SCHOOL REGARDING MEDICATION

The School will not supervise your child taking medicine unless you give consent on this form. If required, your child will administer her own medicine, but will be supervised. Staff will not administer medicine and are not responsible for ensuring that it is taken at the correct time. It is the responsibility of the parent to note the date when the medication expires, and to ensure the replacement is given to the school.

I/We understand that I/we must deliver the medicine personally to the school office and accept that this is a service that the school is not obliged to undertake.

I/We consent

I/We do not consent

In order for us to verify your consent for the above question, we must receive this completed form from a personal email address. Please can you indicate the email address you will use to send the form to the School below and input your name/s in full. Please include your name/s in your email.

Email address:

Full name/s:

MEDICATION

If you have specific medication you would like your daughter to take during the School day, please complete the details below. To update this information in the future, please contact office@qlendowerprep.org.

Condition or illness:

Name/Type of medication as described on the container:

Date dispensed:

Dosage and method:

Timing:

Special precautions:

Side effects:

Procedures to take in an emergency:

MEDICAL INFORMATION PART 4

CONSENT TO EMERGENCY TREATMENT

I/We authorise the Headmistress, or an authorised deputy acting on her behalf to consent on the advice of an appropriately qualified medical specialist to my/our child receiving emergency medical treatment, including general anaesthetic and surgical procedure if the school is unable to contact me/us in time.

I/We consent

I/We do not consent

CONSENT TO GENERAL TREATMENT AND TO FIRST AID

I/We give consent for my/our child receiving all the general health care and first aid services provided at the School under the supervision of the qualified School First Aiders.

I/We consent

I/We do not consent

Appendix 6: Storage of first aid kits and medication

Reception – Year 4

For younger students, medications should be kept in a coloured string bag. Each year has a different coloured bag in order that they are easily identified. These bags should then be **placed in a clearly marked area** in the classroom, out of reach of children, which is easily accessible. It must be immediately apparent where the medication can be found in every classroom. Teachers who teach in several classrooms must make themselves aware of the location of the emergency medication in each classroom.

When leaving for lessons outside of the form room, the coloured bag should be carried alongside the first aid bag which will be accompanying the girls. This will need to be returned to the clearly marked area upon return to the classroom.

Within the coloured bag in each class, you will find each girl's treatment plan setting out step-by-step instructions of how to administer their medication.

Year 5 – Year 6

In Y5/Y6, girls may be considered responsible enough to carry their own medication on their person in a bum bag or similar. Girls should always wear their bum bag and take it with them to all lessons, including those offsite. Whilst girls are responsible for carrying their own medication, staff must always remain vigilant to ensure that the girls always have their medication on their person, particularly when going offsite. Staff should also be present when any medication is used.

Each girl's treatment plan, setting out step-by-step instructions of how to administer their medication, should be kept in the class first aid bag and with the medication in the bum bag.

Emergency Medication

All staff must read the Emergency Medicine Treatment Plans and familiarise themselves with the girls who may need emergency treatment. A laminated copy of the Pupil Medication should be put in the **desk drawer of each classroom**. This way, all staff members have a 'go to' place to refer to, regardless of the room.

In the dining hall, medical information should be easily accessible to kitchen staff on the noticeboard but should then be covered over in order to maintain GDPR.

An A5 version of the Pupil Medication poster will also be kept in each first aid bag, including in the areas they will be using frequently (e.g., playground, art room, science lab, etc).

There are spare inhalers with spacers and a spare EpiPen, and these are kept in the treatment room. These are locked away and the key is kept by office staff. Inhalers are used with disposable spacers.

Use of medication

First aid bags should travel round with each class at all times – including offsite. **Any** use of medication/contents must be logged in the duplicate books located in the first aid bags and given to the office to log on to iSAMS. The office will then inform the parents of any information that needs to be passed on about their daughter and cc the Form Teacher into this communication. Head bumps will need an additional form to be filled in and sent home to the parents (see below).

If the stock in the first aid bag is running low, please restock from the medical room and inform the First Aid Co-ordinator when stock is running low.



Dear Parent/Guardian

Glendower Preparatory School

Daughter's Name	
Class	

Your daughter has sustained a bump to the head at school today at approximately _____am/pm and has been monitored since the accident and we have not identified anything that caused concern up to the time of them going home.

Details:

Signed: _____

Name: _____

Date: _____

Following thorough examination, we are satisfied that the injury does not appear to be serious and it is expected that the recovery will be rapid and complete.

- **Do** expect the child to feel generally miserable and “off colour”. Do not force them to eat, but make sure she has enough to drink.
- **Do** not be alarmed if your child appears to be more tired than usual. Allow them to sleep if they want to. Just pop in to see them every couple of hours. Do not be confused between normal sleep and unconsciousness – someone who is unconscious cannot be woken up – you need to be satisfied they are reacting normally to you.
- **Do** expect the child to have a slight headache.
- **Do** keep the child quiet and resting as much as possible. Keep them away from school if symptoms persist, discourage active games, watching TV and reading until the symptoms subside.

These symptoms should improve steadily, and the child should be back to normal within a few days. Even after a minor injury, complications may occur, but they are rare.

If the symptoms worsen, or if you notice the following signs:

- Difficulty in waking from sleep
- Appears confused or not understanding what is said to them
- Vomiting
- Complaining of severe headache, or trouble with their eyesight
- Become irritable
- Has any kind of attack which you think is a fit

Then you are advised to:

CONTACT YOUR DOCTOR, CALL 999 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT WITHOUT DELAY.

