Health and First Aid Policy

for the whole School including EYFS

Policy reviewed by	HHE
Date Reviewed on	17/11/2025
SLT Review Period	Annually
Next SLT Review Date Due	November 2026

Introduction

Edge Grove School seeks to educate its pupils in an environment which is safe, secure and orderly. As such the physical and emotional well-being of the pupils is a central priority. To ensure that each pupil is able to access the curriculum and the extracurricular opportunities available, the School has a medical team to address, or refer, on minor and more serious medical matters as assessed. The majority of staff are also First Aid trained, including class teachers in the Junior Department (EYFS) who hold a Full Paediatric First Aid Certificate.

Terminology

- **AAI:** Adrenaline Autoinjector
- **A&E:** Accident and Emergency
- **EYFS:** Early Years Foundation Stage
- **Junior Department:** Nursery to Year 2
- **GRAS:** Graduated Return to Activity and Sport Programme (See Appendix 4)

Related Policies

This policy should be read in conjunction with:

- Administration of Medication on School Trips Policy
- Allergy and Anaphylaxis Policy
- Asthma Policy
- Head Injury Policy
- Medical Conditions Policy

Staff Qualifications: School Nurses

At Edge Grove School, the School Nurses are registered Nurses (Nursing and Midwifery Council - NMC renewed every three years). The Lead Nurse is also a member of the school's Safeguarding Team.

- Lead Nurse: Mrs Helena Hebbs BA (Hons) MSc RGN, Deputy Designated Safeguarding Lead
    - Working Hours: Monday-Wednesday, Friday 8am-4pm
- School Nurse: Mrs Mary Dootson BSc (Hons) RGN
    - Working Hours: Thursday 8am-5pm
- School Nurse: Mrs Gill O'Sullivan RGN
    - Working Hours: Wednesday 1pm-5pm

Staff Qualifications: Teaching and Non-Teaching Staff

The Bursar's Assistant maintains an up-to-date list of First Aiders, including those who hold Paediatric First Aid certificates. They are responsible for arranging for staff to attend external First Aid training during Autumn Term inset, as required.

EYFS requirements: In line with statutory guidance, there is at least one member of staff who holds a Full Paediatric First Aid qualification present in the Junior Department, and at meal times. Staff sit with pupils when they eat. On EYFS educational visits, there will be at least two members of staff present who hold a Full Paediatric First Aid qualification. In

accordance with Department for Education Guidelines, all newly qualified EYFS staff must undertake training in Paediatric First Aid.

Records and Information

On entry to the School, all Parents/Guardians complete a Pupil Health Record and Allergen/Intolerance Notification form. This seeks information regarding the pupil's medical history, any current medical issues, immunisation history, and dietary needs. Consent is also sought for intimate care (Junior Department/EYFS), application of sun cream (Junior Department/EYFS), sharing of relevant medical information with relevant staff and emergency/routine first aid administration.

This information is retained on SchoolBase, and hard copies of Pupil Health Records are stored in a locked cabinet in the Health Centre. Information provided on the forms is also used to create Food and Medical Concern Lists, which are shared with relevant staff on a "need to know" basis. All information is held and used in accordance with the Data Protection Act. A termly reminder is sent to all parents, to ensure that pupil medical information is up to date.

Pupils with Medical Conditions

Pupils with Medical Conditions will be identified prior to the start of the year. The School Nurse will meet with parents to ensure that pupils are well supported, and reasonable adjustments made, in line with the Medical Conditions Policy. The School Nurse will liaise with the Deputy Head Pastoral (Designated Safeguarding Lead), Assistant Head Learning Support, the Assistant Head Junior (for EYFS pupils), and the pupil's form teacher to ensure that relevant support is in place prior to the start of the school year. Should a Medical Condition manifest during the school year, the same process will apply, and adjustments will be put in place as soon as is reasonably possible. If any Safeguarding concerns are identified, input from the school's Safeguarding Team may also be necessary.

Practical Arrangements at Point of Need

The School Nurses are responsible for record-keeping of First Aid and for providing a fully stocked First Aid kit at designated areas (see Appendix 5). School Nurses check the boxes each term and restock them when necessary. This is recorded on the termly check sheet kept as a Google Document on Google Drive, and a sticker displaying the date of the check is placed on each First Aid kit once it has been checked.

On the main school site, the Health Centre is available for medical treatment, located in the Waterfield building. Bathroom facilities, handwashing facilities, locked cupboards, a locked fridge and a room with chairs and a bed are also located in the same area.

For EYFS pupils, the Junior Department has a designated First Aid Room, which has handwashing facilities, a locked fridge, a locked cupboard and a chair.

All pupils have access to the School Nurse throughout the school day. Year 3-8 pupils may drop in to see the School Nurse before the start of the school day and during break times. At all other times pupils must first gain a staff member's permission before going to the Health Centre. If a pupil needs to leave lessons due to illness or injury, the practice is for them to be

accompanied to the Health Centre following a telephone call from a member of staff. The School Nurse will phone ahead, when the pupil is on their way back to class.

In an emergency or in their absence from the Health Centre the School Nurse can be contacted on ext. 234 or 07841 136780.

If pupils drop in during break time, and the School Nurse is not present, pupils should go to the School Office, who will call the School Nurse. However, the School Nurse will make every effort to be present in the Health Centre during break times.

In the Junior Department (EYFS) a member of the Teaching Staff will contact the Nurse if required. This may be any time throughout the school day. The School Nurse will treat Junior Department pupils in the Junior Department where possible, to ensure that they are in a familiar environment. If this is not possible, all Junior Department pupils must be accompanied to the Health Centre by a Junior Department member of staff.

Emergencies/Referral to external Health Professional

In any medical emergency (both for EYFS and Year 3 upwards), the School Nurse will go to the scene of the incident and assess the situation. Any member of staff can call an ambulance, without the School Nurse being present, in a life threatening emergency.

If an ambulance is called, the School Nurse or other member of staff will accompany the pupil in the ambulance. The School Nurse will contact the parents and inform them of which hospital their child has been taken to, if they are unable to get to the school ahead of the ambulance.

If a non-urgent assessment is required in A&E, the School Nurse will contact the parents and ask them to take their child to hospital.

If a child requires emergency dental treatment, the School Nurse will contact the parents to ask them to take their child to their own dentist.

Recording Accidents

The School Nurse records minor accidents and injuries for all pupils on SchoolBase. In addition, the School Nurse records any accidents (pupils and staff) where hospitalisation or external medical treatment is required. These Accident Book entries are automatically sent to the Bursar (Health and Safety Officer) who decides if it is necessary to submit a RIDDOR report to the Health and Safety Executive, as stipulated in HSE regulatory requirements.

If a visiting child from another school requires treatment, for example during a sporting fixture, the School Nurse will record this on a visiting pupil treatment form on Google Drive. If it is a major injury which requires hospitalisation or external medical treatment, the School Nurse will complete an accident form as per the above procedure.

Emergency Medication

- **Automated External Defibrillators**

Edge Grove has four defibrillators (AEDs). These are located as follows:

- ➔ In the Main House, between the Headmaster's Office and Assistant Head Operational Logistics' Office
- ➔ In the Junior Department, in the assembly hall next to the main entrance
- ➔ In the entrance to the Apthorp building
- ➔ In the Pavilion on the main field

School Nurses perform weekly checks on this equipment and record these on checklists located in the Health Centre and Junior Department. The AEDs on the main school site are accessible to all. The Pavillion is locked when the main field is not in use. Keys are held by the Sports Department and School Nurses. The AEDs are registered on The Circuit.

- **Adrenaline Autoinjectors (AAI)**

There is one junior adrenaline autoinjectors and one generic adrenaline autoinjectors stored in an emergency adrenaline box in the Health Centre. There are additional emergency adrenaline kits stored in the Dining Room and Junior Department. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay (DoH, 2017). The AAIs are also available for use when a person first experiences an anaphylactic reaction.

Ideally the School Nurse will be available to administer the AAI in the event of an anaphylactic reaction. However, in the absence of the School Nurse, or when offsite, any member of staff can follow the instructions on the device to administer. All members of staff are given refresher training on allergies and anaphylaxis, and administering AAIs, during September inset. The School Nurse will check AAIs monthly to ensure that they are in working order and in date. A sticker will be applied to the box when this has been completed.

All pupils diagnosed with a life threatening allergy will have an Allergy Action Plan in place. Individual Healthcare Plans are also being phased in, in line with update guidance on allergies. All pupils with a life threatening allergy will also have IHPs in place by September 2026.

Also see Allergy and Anaphylaxis Policy.

- **Inhalers**

Generic inhalers are kept in the Health Centre in an emergency asthma box. Another emergency asthma box is also kept in the Junior Department, and a spare inhaler is kept in the Pavillion down on the Main Field. These kits are available for any pupil prescribed an inhaler. All members of staff will receive refresher training on asthma, and administering inhalers during September inset, from January 2026. The School Nurse will check emergency spare inhalers monthly to ensure that they are in working order and in date. A sticker will be applied to the box when this has been completed.

Also see Asthma Policy.

Minor scrapes and grazes

If a child falls or has an injury, they may come to the Health Centre for Treatment. The School Nurse will record the child's name, injury and treatment given on SchoolBase. Most minor cuts, scrapes and grazes can be treated by a trained first aider.

If a child in the Junior Department (EYFS) has a minor injury, which can be safely treated by a first aider, this should be recorded on the Junior Department Accident Record Form. The form should be completed by the person attending the incident and signed by parents at the end of the day, and a copy kept in the folder at the Junior Department Reception desk. If a child is more seriously injured the School Nurse will attend the Junior Department, or, if the Health Centre is closer, the child may attend with a member of staff. The School Nurse will record the incident on SchoolBase and contact parents by telephone.

Head bumps

If a child bumps their head, they should come to the Health Centre accompanied by another child, or a member of staff if in the Junior Department (EYFS). If concussion is suspected the pupil should remain where they are and the School Nurse will attend. The School Nurse will apply an ice pack and observe the pupil for a minimum of 10 minutes. The School Nurse may delegate this to a paediatric first aid trained member of staff in the Junior Department if the injury is not serious. However if visible swelling, broken skin, bruising or symptoms of a concussion are present, or if the pupil has fallen from height or collided with something/someone at speed, this injury should be managed by the School Nurse.

The School Nurse will contact parents, by telephone, of a child who has a head injury in school. This will be followed up by a Head Injury Letter by email detailing red flags and follow up care.

Concussion

The symptoms of concussion are

- Headache
- Dizziness
- Nausea
- Loss of balance
- Confusion
- Feeling stunned or dazed
- Visual disturbance
- Difficulties with memory of events surrounding original injury

Should a pupil complain of these symptoms, the School Nurse will contact their parents and advise treatment in Urgent Care or A&E.

The School Nurse will initiate the Return to Play Protocol for a phased return to sport, in conjunction with Sports Staff, if concussion has been diagnosed in a pupil.

See also Head Injury Policy.

Vomiting/Soiling Procedure

If a child should vomit in the classroom, dining room or another public area, the member of staff should do the following:

- See that the child is looked after first. Disposable gloves are in the First Aid Cupboard and spill kits
- In the Junior Department (EYFS), any member of staff may call parents, and ask them to collect, informing them of the 48 hour rule, if you suspect that the child is unwell. The child should remain in the Junior Department, separated from other pupils
- In Years 3-8 please inform the School Nurse who will contact parents. The child should be sent to the Health Centre for monitoring and to await collection
- Locate a body spills fluid kit (either in the First Aid Room for the Junior Department, or in the Health Centre). Granules should be sprinkled on the vomit and left for two minutes. Please note that the Catering Staff are not allowed to assist in cleaning up vomit/bodily fluids
- Throw everything away in a yellow waste bag (including cups, cutlery, plates tray etc)
- Contact the onsite cleaning team by walkie talkie or via the School Office so that they can attend to complete the clean up
- Advise all pupils/staff nearby to wash hands well with soap and water
- The School Nurse is responsible for restocking the spills kits

Yellow clinical waste bins are available in the Junior Department (EYFS) First Aid Room and in the Health Centre.

Clinical Waste Bin emptying is overseen by the Maintenance Team.

Soiling

In the case of a child soiling themselves, Junior Department (EYFS) children should remain in the Junior Department and two members of staff should clean and care for them following the EYFS Intimate Care Policy, provided that consent for this care has been given by parents. Consent is provided when the pupil enrols at the school, and the School Nurse will inform the relevant staff if consent is withheld. Soiled clothes should be bagged up and returned to parents. The Class Teacher should contact parents and arrange for them to go home if necessary.

Year 3-8 children may be referred to the School Nurse if they have soiled themselves. Children of this age would normally be expected to clean themselves. However, if for any reason the pupil is unable to do so (more likely in Years 3/4), consent must be sought from parents for assistance to be provided. The SEND Intimate Care Policy should be followed if applicable. The School Nurse should be chaperoned by a second member of staff if intimate care is required.

In the event that parents cannot be contacted to gain consent, in both the Junior Department (EYFS) and Years 3-8, the School Nurse will act as necessary, with a chaperone, to ensure the comfort and hygiene of the child. The School Nurse will document any action taken on SchoolBase, and inform parents as soon as possible.

Please note that diarrhoea is defined as 3 or more liquid, or semi-liquid stools (type 6 or 7 - see Appendix 6) within a 24 hour period in adults or older children, or any change in bowl pattern for young children (UK Health Security Agency, 2025).

Informing parents

Reporting the accident/injury will happen as follows:

Junior Department (EYFS)		
Bumped Head	**Minor Scrape or Graze**	**Administration of Calpol**
School Nurse, who will phone parents and send head injury advice	First Aider/Class Teacher. *If injury is significant (e.g. deep laceration, risk of infection) or the injury is face, eyes, teeth or genital area, a referral should be made to the School Nurse.*	School Nurse, but a trained member of staff may give in the absence of the Nurse
Head bump sticker.		
Classroom staff to complete Junior Department Accident Record Form - to be signed by member of staff and parent at pick up	Classroom staff to complete Junior Department Accident Record Form - to be signed by member of staff and parent at pick up. School Nurse will contact home if the injury is significant.	Parents should be called for consent to give. Parents should be informed of medication, dose and time given by email immediately after.

Years 3-8		
Bumped Head	**Minor Scrape or Graze**	**Administration of Calpol**
School Nurse.	First Aider/Class Teacher. *If injury is significant (e.g. deep laceration, risk of infection) or the injury is face, eyes, teeth or genital area, a referral should be made to the School Nurse.*	School Nurse, but a trained member of staff may give in the Absence of the School Nurse.
Head injury email/letter. Phone call if concussion is suspected, or injury is significant.	School Nurse will contact home if the injury is significant.	Parents should be called for consent to give. Parents should be informed of medication, dose and time given by email immediately after.

Parental Contact

Parents of pupils at all stages are asked to contact the Nursing Staff to update medical matters via email or telephone. Records are updated accordingly. Otherwise, all illnesses/injuries will be assessed and communication made with home as per the “Informing Parents” section above.

Parental Responsibility

Parents of all pupils have primary responsibility for their child’s welfare and health and as such must understand and accept their part in responding to the medical issues detailed below.
A pupil is not to be sent to school if he/she has:

- been diagnosed with an infectious disease
- suffered from vomiting and/or diarrhoea in the previous 48 hours
- is unable to attend all lessons (ability to participate in sport and other physical activities will be reviewed on a case by case basis)

Parents are required to collect pupils from School as soon as possible when the diagnosis indicates that they are not fit to remain in School.

Permission to leave school as a result of illness can only be made after a pupil has been assessed by the School Nurse or, in the absence of the School Nurse, a First Aider (Paediatric First Aider in the Junior Department (EYFS)). Parents will then be contacted. A pupil may not make independent arrangements. In the absence of the School Nurse permission can be granted by nominated First Aiders (approved by a member of the Senior Leadership Team) or any member of the Senior Leadership Team.

Negotiating a phased return

In the event that a pupil is absent due to illness or injury for a prolonged period, a phased return to School life may be suggested. The length and frequency of attendance will be agreed between the pupil (if appropriate), parents/guardians, the School Nurse, and the pupil’s class teacher, a member of the SLT (usually the Senior Deputy Head Pastoral or the Assistant Head Junior for EYFS) on a case-by-case basis. This will be reviewed weekly by the School Nurse, in collaboration with the pupil, parents/guardians and class teacher until the pupil returns to school full time.

Off Physical Activity

For Years 3-8 sports staff will assume fitness for participation if a pupil is in school, unless parents have contacted the School Nurse by 0930 of the day in question to say otherwise. An assessment will be made by the School Nurse if necessary. Pupils who are off physical activity will also not be able to participate in physical activities at break time. Pupils off physical activity are expected to remain in school for sports lessons, and fixtures, unless, in exceptional circumstances they have written permission from the School Nurse and a member of the Senior Leadership Team to leave school. If a pupil is collected without this permission, this will be noted as an Unauthorised Absence.

In the Junior Department (EYFS) if a pupil cannot participate in physical activities, parents should inform their child’s Form Teacher in writing. The Form Teacher will inform the School Nurse, who will assess the child if required. EYFS pupils will be expected to remain in School for sports lessons, unless in exceptional circumstances they have written permission from the Assistant Head Junior to leave School. The School Nurse will contribute to this

decision if requested. If a pupil is collected without this permission, this will be noted as an Unauthorised Absence.

Prescribed and Over the Counter Medication/Homely Remedies

Junior Department (EYFS)

- Medication must be handed in at the Junior Department Reception first thing
- A Medication Consent Form must be completed to accompany the medication.
- The PA to the Assistant Head Junior will inform the School Nurse that medication has been handed in
- Medication will be stored in a locked cupboard in the First Aid Room
- If medication requires refrigeration, it will be stored in a locked fridge in the First Aid Room

Years 3-8

- Medication must be handed to the School Nurse or the School Office first thing
- A Medication Consent Form must be completed to accompany the medication
- Medication will be stored in the Health Centre, in a locked cupboard
- If medication requires refrigeration, it will be stored in a locked fridge in the Health Centre

All prescribed medication from home must be:

- In its original packaging
- Written in English (prescribed and dispensed within the UK)
- With the name of the child it was prescribed to
- The name and required dose of the medication

Sending Medication Home

If medication needs to go home at the end of the day the child may either come to the Health Centre to collect it, or the School Nurse will return it to them, depending on the age/maturity of the child (Year 3 upwards). If the child is attending an after school club, the medication will be left at the School Office to be collected by the child or parent. In the Junior Department (EYFS), the Class Teacher/Learning Assistant/Extra-Curricular Staff should collect the medication from the cupboard or Fridge, and return the medication to the parent directly at the end of the day.

Refusing Medication

If a pupil refuses to take the medication the School Nurse/First Aider will not force them to do so but will record this on the medication administration record. The School Nurse will then inform parents by telephone as soon as is reasonably possible.

Controlled Drugs

Controlled drugs e.g. Methylphenidate, must be handed in to the School Nurse by parents on arrival at School. If the nursing staff are unavailable, medication should be handed to the School Office or Junior Department Office for EYFS, where it will be secured until the nurse is available to collect. Controlled drugs are stored in a lockable non-portable metal drug cupboard in the Health Centre. A paper record is kept for audit and safety purposes. Medication administered is also recorded on SchoolBase. When no longer required, Controlled Drugs are returned to parents/guardians for safe disposal.

School Trips

All staff leading or attending trips off site must read and follow the Administration of Medication on School Trips Policy. Staff administering medication on School Trips must have completed their Administration of Medication online training, which must be in date. In addition, for EYFS pupils, medication must be administered by a member of staff with Full Paediatric First Aid Training.

The School Nurse must be informed of upcoming School Trips for all year groups, at least a week in advance, in order to provide relevant medical information to staff. The School Nurse also signs the Risk Assessment ahead of School Trips, and will provide staff with a fully stocked First Aid Kit.

Disposal of Medicines

All pupil medicines, with the exception of spare emergency medication, are required to be collected by parents at the end of the academic year in July. Any medicines not collected by the last day of the Summer Term will be returned to parents at the earliest opportunity.

Expired Health Centre and Junior Department (EYFS) medication will be safely disposed of by the School Nurse, who will take it to the local Pharmacy at the end of the academic year.

Immunisations

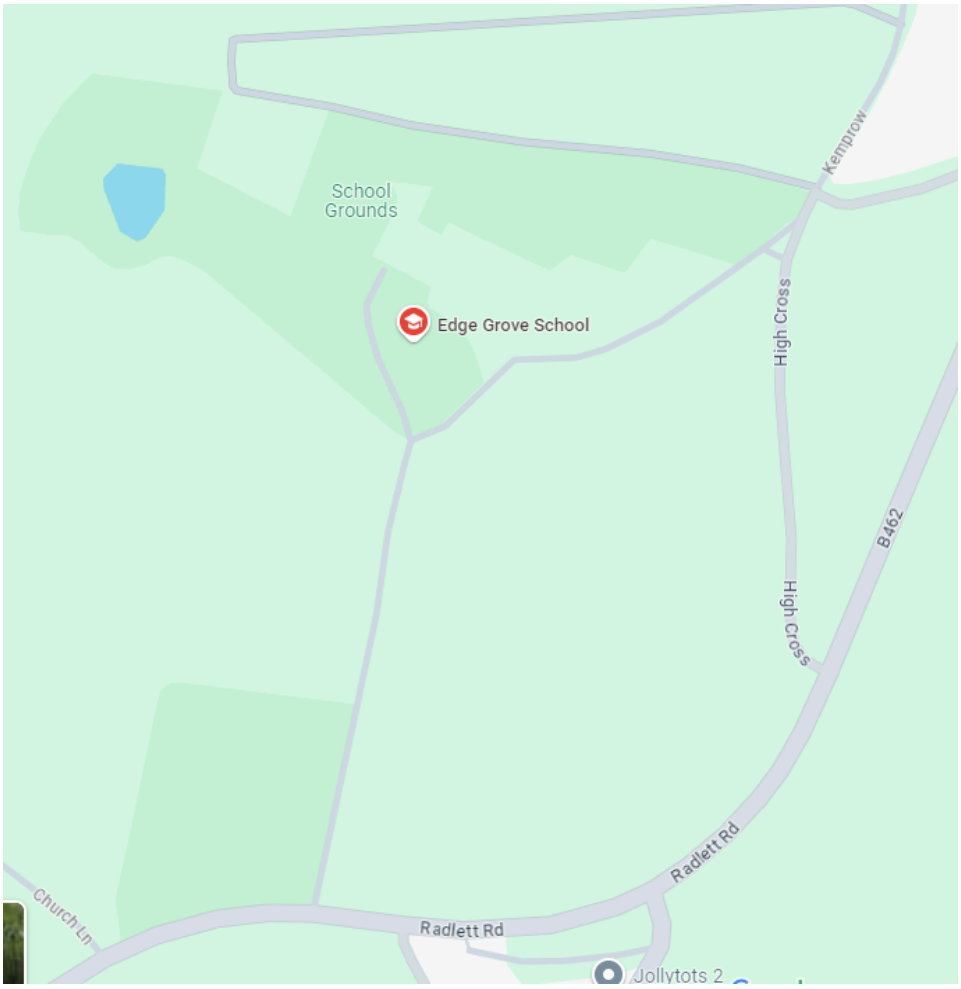
The Flu Vaccination is offered to all pupils Reception-Year 8.
The HPV (Human Papillomavirus) vaccination is offered to all pupils in Year 8.

NHS Immunisation Nurses from Vaccination UK (Flu) and Hertfordshire Community NHS Trust (HPV) visit Edge Grove several times a year to offer these immunisations. As such, consent for immunisation is given by parents via these external Health providers. Details of how to do this are sent by the School Nurse to parents ahead of the vaccinations taking place.

Appendix 1. Medical Emergency Response Plan

ADDRESS:

MAIN SCHOOL
Edge Grove
Aldenham Village
Hertfordshire
WD25 8NL



TELEPHONE NUMBERS:

SEVERE INJURIES	CONTACT	Tel. No.
• Heart attack; • Stroke; • Anaphylaxis; • Serious head injury; • An immobilising sporting injury; • Heavy bleeding.	**EMERGENCY SERVICES**	**999**
	SCHOOL NURSE	07841136780 **OR** Ext. 234
	SCHOOL OFFICE	01923 855724

If you are alone, seek help by:

- Shouting for help;
- Calling the School Nurse;
- Sending two pupils to the School Office to request help;
- Phoning another member of staff for help

WHAT 3 WORDS

What 3 words is a website which features a world map divided into 3 metre squares. Each square has a unique combination of three words, and these three words can be used to share exact locations. The "What 3 Words" for each location in the school are detailed below, however please check with the call handler whether it would be helpful for them to have this information or not, and **do not rely exclusively on this method to convey the location of an emergency**.

https://what3words.com/boom.prep.ranges

WHAT HAPPENS WHEN YOU CALL 999

The call handler will ask you some questions.

WHAT IS THE LOCATION OF THE EMERGENCY?

JUNIOR DEPARTMENT/PADDOCK

If the emergency is taking place in the Junior Department, please give the main school address at the top of the page. Please note that the main school postcode will take the ambulance to the Radlett Road entrance, at the bottom of the main drive. Advise the call handler that the Ambulance should continue along Radlett Road, to High Cross and enter the school via the High Cross entrance. On entry, advise the call handler to take the first

right, into the Junior Department Car Park. A member of staff should be allocated to meet the ambulance crew in the car park.

What3Words: gold.shades.nets (Junior Department Car Park)
https://what3words.com/gold.shades.nets

MAIN SCHOOL

Main House/Main Field/Colts Lawn/Forest School

If the emergency is taking place in or around any of the above locations please give the main school address at the top of the page. The ambulance will arrive at the Radlett Road entrance, at the bottom of the main drive. The School Reception Staff should be informed, and a member of staff should meet the ambulance at the Main House to direct them to the appropriate location

What3Words: link.rides.puts (Main House Car Park)
https://what3words.com/link.rides.puts

Waterfield Block/Sports Hall/Jubilee block/Stable Block

If the emergency is taking place in any of the above locations, please give the main school address at the top of the page. Please note that the main school postcode will take the ambulance to the Radlett Road entrance, at the bottom of the main drive. Advise the call handler that the Ambulance should continue along Radlett Road, to High Cross and enter the school via the High Cross entrance. On entry, advise the call handler to take the second right into the Sports Centre Car Park. A member of staff should be allocated to meet the ambulance and provide further direction.

What3Words: image.mugs.month (Sports Centre Car Park)
https://what3words.com/image.mugs.month

WHAT HAS HAPPENED?

Tell the call handler the reason for the call, and the main symptoms that the patient is experiencing. If the patient is unconscious, or not breathing, lead with this information.

WHAT IS YOUR CONTACT NUMBER?

Give the call handler a number that they can call you back on if necessary. If you have a school mobile, make sure you either know the number off by heart, or have easy access to it if required. It is not possible for external callers to call directly through to a classroom landline**. If you are calling from a landline, you should give the call handler the main school phone number, 01923 855724, and alert the School Office that you have done so.**

SCHOOL NURSE	**Any member of staff may call an ambulance if the situation is life threatening**. If the situation is non-life threatening but urgent care is required, the School Nurse should be contacted in the first instance, and will manage the medical care of the affected individual. They will: ● Take the decision to call the emergency services if necessary ● Deliver any medical care as required ● Allocate tasks to the assisting member(s) of staff - e.g. calling the ambulance if the Nurse must deliver Basic Life Support ● Be responsible for informing the patient's NoK of the incident (this may be allocated to a member of the SLT depending on the circumstances)
ASSISTING MEMBER OF STAFF	Ideally, the School Nurse, or person managing the medical emergency, should be assisted by another one or two members of staff. These members of staff may be asked to: ● Assist with Basic Life Support ● Call an ambulance ● Get emergency medication (adrenaline pen, inhaler) ● Collect defibrillator ● Make a note of the time of any medication given (e.g. adrenaline autoinjector) ● Inform the School Office of the incident ● Clear the space of any pupils/staff/parents not involved in the incident
SCHOOL OFFICE	The School Office Team should be advised if an ambulance will be arriving on site imminently. They should: ● Arrange for a member of staff to meet the ambulance crew and give further direction. ● Supply the contact details of the patient's Next of Kin to the School Nurse/SLT
SENIOR LEADERSHIP TEAM	If an ambulance has been called a member of the SLT should be informed at the earliest opportunity, and provide support to the School Nurse/member of staff involved as soon as possible. The School Nurse may request that a member of the SLT inform the patient's Next of Kin of the incident in exceptional circumstances, e.g. if the School Nurse is delivering Basic Life Support
HEALTH AND SAFETY OFFICER	The School Nurse will provide a report of the incident to the Health and Safety Officer at the earliest opportunity.

DEFIBRILLATORS

There are 3 defibrillators on the main school site, one automatic, and two semi-automatic:

MAIN HOUSE: Outside the Academic Office
What3Words: grew.bring.coats
https://what3words.com/grew.bring.coats

APTHORP: In the entrance of the Apthorp Building
What3Words: outfit.bags.smooth
https://what3words.com/outfit.bags.smooth

JUNIOR DEPARTMENT: Outside the Junior Department First Aid Room
What3Words: dame.tens.hugs
https://what3words.com/dame.tens.hugs

MAIN FIELD: In the pavilion
What3Words: logic.weedy.learn
https://what3words.com/logic.weedy.learn

Appendix 2. Guidance on illness and school attendance

Coughs and colds	Fine to attend school with a minor cough or common cold, but remain off school if temperature is present.
High temperature	Remain off until temperature goes away
Chickenpox	Stay off school until spots have crusted over - usually around 5 days after spots have first appeared.
Cold sores	There's no need to stay off school. Avoid touching the cold sore and wash hands regularly.
Conjunctivitis	There's no need to stay off school. Avoid touching eyes and wash hands regularly.
COVID-19	No need to stay off school if symptoms are mild (runny nose, sore throat, slight cough, but feels well). Stay off if high fever present or feeling too unwell to participate in school.
Ear infection	Stay off if high temperature or severe earache present
Hand, foot and mouth disease	No need to stay off if feeling well. Wash hands regularly.
Head lice and nits	No need to stay off school. See pharmacist for advice.
Impetigo	Treatment from GP required with antibiotics. Stay off school until sores have crusted over, or for 48 hours after starting antibiotic treatment.
Measles	GP appointment required. Children should remain off school for at least 4 days from when the rash first appeared.
Ringworm	See pharmacist, unless on scalp, in which case see GP. Can attend school after starting treatment.
Scarlet Fever	Treatment required from GP with antibiotics. Stay off school for 24 hours after starting antibiotics.
Slapped cheek syndrome	No need to remain off school, as no longer infectious once rash appears. Please inform the School Nurse.
Sore throat	No need to remain off school, unless a high temperature is present.
Threadworms	No need to remain off school. Speak to pharmacist for treatment.
Vomiting and diarrhoea	Remain off school until 48 hours after the last episode of vomiting/diarrhoea.

Source: NHS UK - Is my child too ill for school? (2024)

Appendix 3. Anaphylaxis algorithm

anaphylaxis UK

A brighter future for people with serious allergies

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A Airway

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swelling in throat, tongue or upper airway

B Breathing

- Difficult or noisy breathing
- Wheezing

C Consciousness/Circulation

- Feeling lightheaded or faint
- Clammy skin
- Confusion, sudden sleepiness
- Unresponsive/ unconscious (due to a drop in blood pressure)

These severe symptoms may occur alongside milder stomach or skin symptoms.

Anaphylaxis may occur without any skin symptoms.

WHAT TO DO

1. Lay the person flat and raise their legs - do NOT allow them to stand or walk anywhere.
   A. If unconscious, place them in the recovery position
   B. If breathing is difficult, allow them to sit up
2. Administer an adrenaline auto-injector without delay (refer to device label for instructions)
3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-ax-is)
4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

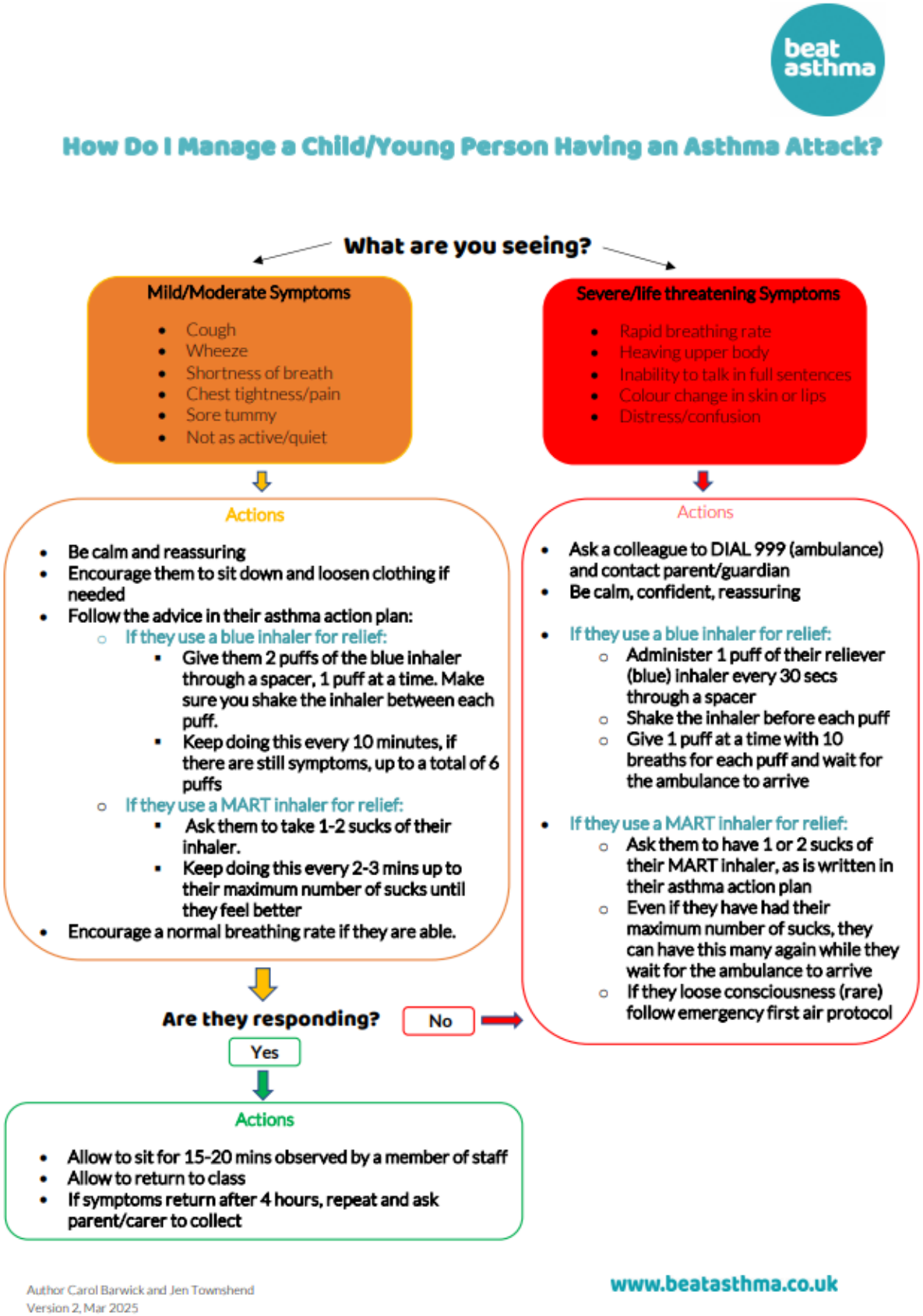
Medical observation in hospital is recommended after anaphylaxis

01252 542029 info@anaphylaxis.org.uk anaphylaxis.org.uk

Charity Number: 1085527

Source: Anaphylaxis UK (2025)

Appendix 4. Asthma Algorithm



Source: Beat Asthma (2025)

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 1	**Relative rest period (24-48 hours)**	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	**Return to normal daily activities outside of school or work.**	• Increase mental activities through easy reading, limited television, games, and limited phone and computer use. • Gradually introduce school and work activities at home. • Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	• After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms.	
Stage 3	**Increasing tolerance for thinking activities**	• Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	• Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training.	

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 4	**Return to study and work**	• May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Non-contact training (e.g. during week 2)	• Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training.	
Stage 5	**Return to full academic or work-related activity**	• Return to full activity and catch up on any missed work.	Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days. Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
	Unrestricted training activities (not before week 3)	• When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.	
Stage 6	**Return to competition**	This stage should not be reached before day 21* (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom free during pre-competition training. * The day of the concussion is Day 0 (see example below).	Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer. Disabled people will need specific tailored advice which is outside the remit of this guidance.

Example:

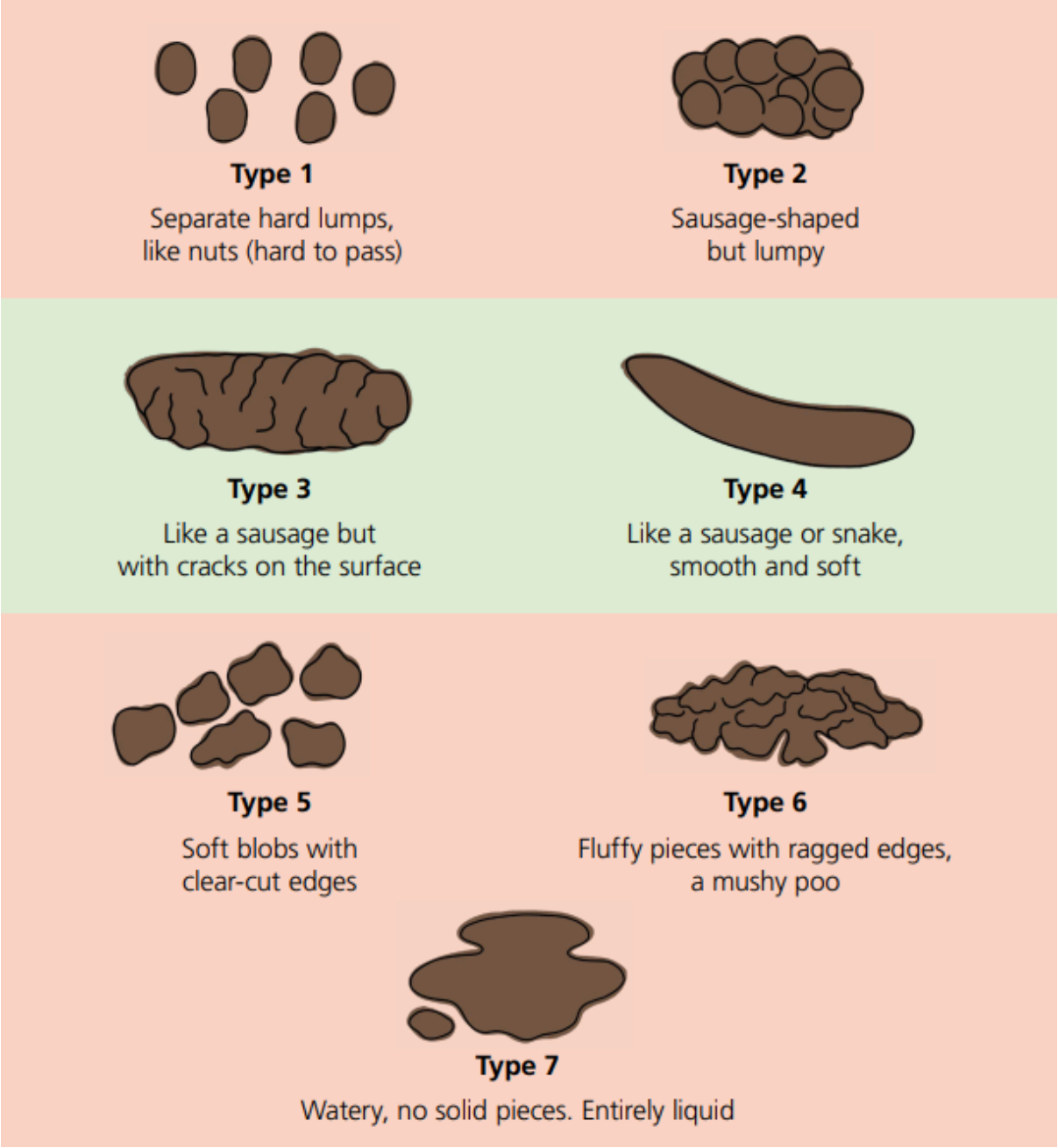
- Concussion on Saturday 1st October (Day 0)
- All concussion-related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday 19th October (Day 18)
- Continue to be guided by the recommendations above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25)

If symptoms continue beyond 28 days – remain out of sport and medical advice should be sought from a GP (which may in turn require specialist referral and review)

Appendix 6. First Aid Kit Locations

1. Pavilion
2. Colts Shed
3. Junior Department - backpack for use at break times in staff room
4. Tennis Court Shed (1935)
5. Swimming Pool
6. Mini buses - AEV, GZY, AEW, HBA
7. School Car
8. School Office
9. Sports Hall
10. Paddock Shed (7855 - numbers must align at the top)
11. Science Labs 1 and 2
12. Food Technology
13. Main Kitchen
14. Maintenance
15. Health Centre
16. Archery Shed
17. Forest School- MDo x1 and SGr x1
18. Technology
19. Apthorp Building
20. Jubilee Office
21. Grub Hub

Appendix 7: Bristol Stool Chart



Source: NHS England (2023)