

Brighton Girls School GDST

First Aid Policy

Applies to the whole school, including

Early Years Foundation Stage



Last Reviewed: September 2023 (School Nurse)

Next review: September 2024

Policy statement

This policy is designed to promote the health, safety and welfare of pupils, staff and visitors at Brighton Girls through the provision of first-aid equipment and trained personnel in accordance with the requirements of the Health and Safety (First Aid) Regulations and relevant DfE guidance.

This policy is to be found on the policy page of the school website, as well as on the notice board in the Senior School, Prep and Pre-Prep staff rooms. This should be read in conjunction with the Girls' Day School Trust First Aid Policy and with the Administration of Medicines Protocol, see Appendix 3.

Aims

The school aims to provide a level of first aid cover and expertise that ensures a swift and competent response to any accident or illness suffered by a pupil, member of staff (while they are in school or engaged in a school activity out of school) or by visitors (parents, contractors, and others).

'First-aid' means:

- cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and
- treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse;

H&S (First Aid) Regulations 1981

The school site.

The Senior School is situated on Montpelier Road. The Prep School and Sports Block are situated on Temple Gardens directly opposite Senior school. Both sites have their own Medical room, in the senior school this is in Grace Eyre House. The school also uses the Astro facility located in Radinden Manor Road.

The Royal Alexandra Children's Hospital (RACH) is approx. 2.3 miles away.

Specific hazards

Specific hazards include high-risk activities such as PE; outdoor education; science and technology experiments and events; catering and works departments; out-of-school trips; special events and road safety. Risk assessments are made routinely for all potentially hazardous activities or special events, including trips out of school, building work or major public occasions.

Specific needs

There are a small number of pupils in the school with specific health needs such as asthma, severe allergies, diabetes etc. A list of such pupils is compiled by the school nurse at the beginning of each academic year and updated termly and the link to where the list is found is emailed to staff each term. These Pupils' medical needs are also displayed in Both sites' staff rooms.

Members of staff who wish similar information to be known about them, are invited to advise the school nurse and/or any other individuals in person.

School provision

The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. Brighton Girls School recognizes its responsibility to provide first aid and will ensure that staff, pupils and any visitors while on site, have access to adequate facilities and materials at all times during the working day. In accordance with good practice, ISI and DSCF requirements, Brighton Girls will ensure that:

- A first aid risk assessment is carried out to ascertain the needs of the school and the level of provision required. It will consider factors such as:
 - o The number of staff / pupils on the site,
 - o The location of sites and higher risk parts of the school site
 - o The full range of activities undertaken by staff and pupils on the school premises during the normal school day, and as appropriate off-site and outside normal school hours, e.g. before/after the school day, at weekends and during the school holidays.
 - As a minimum, at least one adult with a current 'First Aid at Work' qualification (3-day training) must be present on each identifiably separate school site when pupils are present, and at least one person with a current paediatric first aid certificate if Early Years Foundation Stage pupils are present. A paediatric first aider must also accompany all school trips/outings undertaken by Early Years Foundation Stage pupils.
 - It may be sufficient for an 'Emergency First Aider in the Workplace' (1-day training) to be present at other times, e.g., early mornings, evenings, weekends, and holidays, when employees are on the site, however this must be determined by risk assessment.
 - The necessary first aid equipment and facilities are provided at appropriate locations throughout the school, as well as an adequate number of appropriately qualified First aiders*.
 - Adequate training and guidance is provided for first aiders, including refresher training at appropriate intervals and, where appropriate, specialist first aid training, for example:
 - Paediatric First Aid for Early Years Provision
 - First Aid for Lifeguards
 - Sports First Aid Training for PE staff
 - Schools First Aid/First Aid for staff accompanying pupils on lower risk educational visits
 - Activity First Aid/Outdoor First Aid / Rescue & Emergency training for staff accompanying pupils on higher risk educational visits or visits to remote places.
 - Lists of trained staff are available for both Senior and Prep schools (see Appendix 1). A paper copy is located next to first aid kits and is also on the notice board in all staff rooms and Reception.
 - All staff are made aware of the first aid arrangements annually by email and for new staff it is part of the induction process.
 - Parents are made aware of the school's first aid arrangements and the procedures for informing them if their daughter has had an accident, sustained an injury, or received first aid treatment at school or on an off-site school activity in the new pupil handbook and also via the first aid policy which is on the school website. NB wherever possible the parents of EYFS pupils must be informed on the same day as the accident/treatment.
- *The expression 'First Aiders' in this policy includes all staff with current first aid qualifications, such as First Aid at Work, Emergency First Aid in the Workplace, First Aid for Teachers, Schools First Aid, Sports First Aid, Paediatric First Aid, and Outdoor First Aid/Rescue and Emergency Courses.*
- A record is kept of any first aid treatment administered by the school nurse or first aiders on the school CPOMS system.

A first aider's main duties:

- First aiders must complete a training course approved by the Health and Safety Executive (HSE).
- First aiders must be aware of and check, where necessary, the list of pupils with specific medical issues and those requiring emergency medication.
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. Where possible, it is good practice to manage first aid in the medical room; this has the equipment that is needed, and is a clean, safe, private area. Apart from first aid containers, all equipment should be stored in the medical room. With the exception of emergency medication which is kept at Reception.
- However, it may be necessary to carry out first aid where the pupil is located.
- When necessary, ensure that an ambulance or other professional medical help is called and that the medics are given all relevant information about the incident or accident. All staff must make themselves aware of how to contact ambulance services (see page).
- The first aider will gather the facts of the incident or accident from the pupil at the time of assessment. If more facts are required, the first aider will ask a colleague to find out any further relevant background. This could be speaking to a teacher in charge of a lesson or a staff member or pupil who was at the scene of the incident or accident.
- Call the school nurse and a member of SLT where appropriate.
- If a pupil needs to go to Accident and Emergency, staff should not drive pupils in their own car. An ambulance should be called to transport the pupil, or advice taken from SLT or the school nurse.
- All first aiders should be aware of and implement the guidance on infection control at school and minimum exclusion periods. This can be found on the GDST Hub under Pupil Health.

Recording school accidents:

All incidents whether an accident, illness or giving medication must be recorded and if these are for a pupil, then it should be recorded on their CPOMS record. A record is kept of all injuries to staff and pupils occurring both on and off the school premises as a result of school activities.

Dangerous occurrences and significant near misses are recorded. Detailed guidance on how and where to do this is given in the 'Accident Recording and Reporting Section' under Health and Safety on the GDST Hub.

Records will be kept in accordance with the Trust's policy on the retention of documents which can be found on the GDST Hub. In practice this means that records relating to pupils should be kept until pupils attain the age of 25 years of age, and records for all other categories of people should be kept for a minimum of 6 years. All serious injuries are reported to the Head and in addition, for Year 6 and below, to the Head of the Prep and Pre-Prep School.

Senior School: The school nurse or First Aider records all accidents and injuries on a pupil's CPOMS record, alerting the school nurse. More serious injuries are also recorded by the School Nurse on the SPHERA reporting system.

All trip First aid kits have paper copies of SPHERA and other forms/books to record medication given and any first aid given. This should be logged on the return to school.

Prep School: All first aid or medicine given should be recorded on CPOMS. The first aider should ensure that they contact the parents by phone if it is a more serious injury or a head injury. The first aider can delegate this job to the school office if they are called to another incident or are unable to find time to make the phone call, but the information is best coming from the first aider. If the injury is more minor, then the school office or School Nurse contacts parents by email to inform them of any minor injuries and treatment given to their daughter during the school day.

P.E. and sport: First aid books are used as above for events outside school hours as a means of recording injury and treatment given so the member of staff can enter it on CPOMS later, but no paper copy is to be given to the student. Parents should be verbally informed of any injury occurring at a match after school hours.

Reportable accidents: The school nurse will report relevant accidents on the school SPHERA system and to the HSE and report all RIDDOR accidents, when necessary (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive. Detailed guidance on how and when to do this is given in the 'Accident Recording and Reporting Section' under Health and Safety on the GDST Hub.

GDST requires ALL staff accidents to be reported and certain types of incidents, the school nurse does this. All injuries to staff and pupils requiring treatment beyond that provided by the school nurse/first aider are reported to the Health and Safety Team at the Trust office. This happens automatically as the school records such accidents on the SPHERA safeguard accident reporting system.

Reference to RIDDOR

- The Head must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.
- HSE (Health and Safety Executive) must be notified of fatal and major injuries and dangerous occurrences without delay.
- The Head is responsible for ensuring this happens but may delegate the duty to the health and safety officer or the school nurse.

The criteria for reporting to the HSE can be found in Appendix 2.

Any serious accident or serious injury to, or death of, any child within EYFS will be notified to Ofsted/Children's Services and Social Care agencies as soon as possible and certainly within 14 days. The criteria for reporting to the Health and Safety Executive should be followed at all times. The school nurse will normally report these but in her absence the SLT member of staff responsible for first aid will ensure these are reported.

First-aid and accident reporting arrangements are reviewed by the school health and safety committee every term and first aid provision will be reviewed in the light of any resulting concerns about particular activities or departments. Any major incident is reviewed immediately by the H&S co-ordinators, the DFO, Deputy Head responsible for first aid; and the GDST Health and Safety Advisor.

School practice

All school staff are always expected to use their best endeavours, particularly in emergencies, to secure the safety and welfare of pupils.

The school nurse is in the Medical at the senior school on all days except for Tuesdays where she is based in the Medical room at Prep. It is part of her responsibility to:

- Administer first aid.
- Provide first aid advice over the telephone to the prep and pre-prep school as required.
- Be available to all pupils, parents, and staff in the school.
- Organise an injured person's transfer to hospital in the case of an emergency (or the senior first aider at the Prep and Pre-Prep School). If non-emergency transportation to hospital is required, an authorised taxi service must be used and the school nurse or qualified first aider remains with the pupil until their parent/guardian is available.
- Organise contact of parents of any injured pupil.
- Keep a register of staff who have had first aid training and ensure that an up-to-date list of all first aiders is posted next to all first aid kits and available in the staff room on all sites.
- Keep first aid certificates (or copies) of trained staff.
- Organise refresher training of first aiders as required (usually every three years).
- Appoint the appropriate number of suitably trained people as to be first aiders.
- Organise new first aiders as required.
- Keep a list of locations of all first aid kits and publicise this list, along with the list of first aiders on Google Drive.
- Organise the provision and replenishment of first aid kits in school locations and for trips.
- Organise immunisation programmes.
- Conduct health checks with pupils in Reception, Years 7 and any other new pupils.

- Record all accidents to staff and pupils and report those accidents promptly to SPHERA
- and the HSE website.
- To be alerted to first aid administered.
- To inform staff and parents of the school's first aid arrangements and ensure this is part of the induction for new staff.

All first aiders are covered by the Trust's insurance against claims for negligence provided that they are suitably trained and are carrying out their duties for the School/Trust.

The school nurse can always be contacted on extension 157 or on mobile 07702 335666 in the case of an emergency.

The school nurse Angela Crowe is on site between 8.00am & 15:45pm, Monday to Friday, and is available for drop-ins during break (10:10am- 10:30am) and lunch (12:30- 13:30pm) with the exceptions of attending incidents around the school.

First Aid Equipment and Materials

There is a well equipped medical room based in Grace Eyre at senior school. The medical room at the prep site is located near the reception class. Both medical rooms have a fridge.

Emergency medication: spare medication for pupils with allergies and asthma and other diagnosed conditions is kept with a care plan in an unlocked cupboard in Reception so is easily accessible for all.

Prescribed medication for Senior pupils should be kept with the Nurse in the medical room along with a signed copy of the "Consent to administer prescribed medication whilst at school" form – Appendix 6. In the event that the nurse is not on site these will be relocated to the reception to administer. Prep schools prescribed medication should be handed into reception with the consent form.

Defibrillators

All staff are reminded at the start of the academic year about the use of defibrillators. The location of Brighton Girls School defibrillators is as follows:

- Senior School reception.
- Prep School reception.
- Sports Block foyer

First aid equipment

Location of first aid boxes: Several first aid boxes (marked with a white cross on a green background) are sited in key locations, around the school including practical classrooms. Prep teachers each have their own first aid kits in each classroom. The school nurse is responsible for stocking and checking the first aid kits on a termly basis and making records of when the boxes have been checked. Additional supplies should be requested from the school nurse if supplies are used between checks.

Locations of the first aid kits can be found in the senior and prep staffrooms and at the reception of both sites. The school nurse will supply first aid kits for out of-school activities on request. Any member of staff who uses first aid supplies must ensure that the school nurse is informed so that they can be replenished.

Sports staff

The PE department have their own first aid bags 2 small and 2 large, which accompanies them to all off-site fixtures.

Science, Design Technology and Art Departments, and Cleaning, Caretaking and Maintenance Departments

All departments carry out risk assessments. In cases where hazardous chemicals/materials/equipment are used, this is covered in a risk assessment. A named member of staff is responsible for updating the risk assessment and ensuring specific first aid procedures (e.g., eye washing) are in place and up to date. Science Labs have mains fed eye washing facilities and practical rooms where this is not available have bottled eye wash.

Trips

The nurse supplies first aid kits for trips on request. These contain first aid supplies, and a paper record book to document first aid care and medication given. Parents should be sent an email or paper slip upon return with details of first aid or medication given. Medication supplied is paracetamol and an antihistamine and this is to be administered according to the Administration of medicine protocol. The nurse will train staff as needed to administer medication and emergency medication as needed.

Procedures in the event of an emergency

Examples of emergencies which require immediate first-aid assistance include:

- Severe allergic reactions
- Asthma attacks
- Epileptic fits
- Difficulty in breathing
- Fainting
- Hypoglycemia in diabetics
- Bleeding
- Breaks or sprains
- Concussion

Staff and pupils should proceed as follows:

If you witness an incident and the injured person is able to walk, take them to the medical room. If the school nurse is not there either send a message to reception to ask them to contact a first aider, or if you are a qualified first aider, please administer first aid as appropriate. Do not leave the person unattended.

If you witness an incident and the injured person does not seem able to move, do not try to help them move; stay with them and send a message to reception to ask them to contact the school nurse or a first aider. If a first aider is not available, or the situation requires urgent medical assistance, do not hesitate to call an ambulance. Any pupil who has had an accident requiring urgent medical treatment will be taken to Accident and Emergency department of the RACH, (or the nearest accident and emergency hospital if on a trip), accompanied by a member of staff.

Further information on the action to be taken in the event of anaphylaxis, asthma attacks, seizures and hypoglycaemia/hyperglycaemia can be found in the 'Chronic illness' and 'Allergy Protocols' available under the 'Pupil Health and Well-being' Section of Health and Safety on the GDST Hub. In the first instance the protocol details on the individuals action care plan will be followed.

Parents will be informed by phone as soon as possible if a pupil suffers an accident or injury or visits the medical room and is deemed too unwell to stay in school and therefore needs to be collected to go home.

Instructions for calling ambulance services.

In an emergency, an ambulance should be called immediately, and the school nurse should be informed. First-aid qualified staff on the site should be contacted to help.

If an ambulance needs to be called, it is likely that the following information will be needed:

- Name of school – Brighton Girls School – state which site.
- Location of the casualty
- Name of the member of staff present
- Brief description of pupil's symptoms/injuries. Ensure they know that this is a child and It is an emergency.
- Which school access the ambulance should use.

A member of staff should stay with the casualty and as far as possible the area should be cleared of other pupils. Another member of staff should wait to meet the ambulance.

Parents need to be contacted.

If the pupil is taken to hospital a member of staff or the nurse should remain with her until a parent or carer arrives.

Guidance on when to call an ambulance.

- Members of staff who are qualified in first aid will respond to injury or illness in accordance with their training.
- If a member of staff who is not first-aid qualified requires assistance or advice in dealing with a person who is injured or ill, the first point of contact is the school nurse on 07702 335666 if unavailable contact reception to locate a first aider.
- If a member of staff oversees a group of pupils when such a situation arises, s/he should normally stay with the patient. S/he should send one pupil to the nearest phone to call the school nurse, and another to the nearest member of staff (normally the next classroom) for assistance.
- There are several staff qualified in first aid who will deal with an emergency whenever possible if the school nurse is not available.

As stated above the school nurse or if not available, the first aider on the scene will make the judgement.

If in doubt, call an ambulance.

Early Years Foundation Stage

- There is always at least one qualified first aider with a current paediatric first aid certificate present when pupils in Early Years are on the premises.
- There is always at least one qualified first aider with a current paediatric first aid certificate who accompanies pupils in Early Years on a visit.
- Parents are informed of accidents, injuries and any first aid treatment given. In the case of a serious accident or injury, parents will be informed immediately when possible.
- Contact will continue to be sought until it is made. In the case of minor injuries, parents will be contacted as soon as possible and certainly by the end of the school day.
- A report must be made to Ofsted, Trust Office, and ISI within 14 days if a child under the age of 5 suffers a major injury (defined as those requiring the child to go to hospital) whilst on the school premises. The report should be made by submitting an online report to Ofsted's Children's Services Department. This is in addition to the HSE (RIDDOR) reporting requirements.
- The local child protection agency must be notified of any serious accident or injury to, or the death of, any child in the setting and act on any advice given.
- The school will inform Ofsted of any food poisoning incident involving Early Years students.

All procedures in this document apply to Breakfast Club and After School Care see Appendix 1 for list of qualified EYFS first aiders.

Procedures for Non-Emergency Situations

Brighton Girls School informs parents and pupils via the year handbooks and website (see Health Information) of the procedures we follow if a pupil is not well enough to attend school, or if she becomes ill during the day and needs to be taken home. Parents can seek help or advice from the school nurse for non-emergency situations, e.g., health conditions, or to discuss any concerns at any time during the school day. Pupils are encouraged to come at break or lunchtime for such discussions.

If non-emergency transportation to hospital is required, use the authorised taxi service and ensure that the school nurse or qualified first aider remains with the pupil until their parent/guardian is available.

Practical arrangements when a pupil becomes unwell or is injured during the school day.

Senior School: The member of staff will make an assessment and where necessary send the pupil to the school nurse. A pupil seeking treatment during a lesson should be sent to the school nurse and she

should be accompanied by another pupil. If a child needs to go home due to illness or injury, permission should be given by the school nurse or designated Reception staff as trained first Aiders.

Pupils up to and including Year 11 must not leave school unaccompanied without parental consent, and only when they are deemed fit to travel. Pupils in the 6th form may leave the site to go home on their own with the consent of a parent.

Prep school: If a child complains that she feels unwell, the member of staff involved will make an initial assessment depending on the child's symptoms. If the teacher considers it necessary, they may do any of the following things:

- Ask a first aider to come to see the child and make an assessment, Reception staff are first aid trained and can make a phone call home if they deem appropriate.
- Ask the school nurse for further advice.
- Continue to monitor the child.

Head injuries

Head injuries are dealt with according to the school's head injury protocol (see Appendix 4).

Senior School: The pupil will see the nurse who will contact parents, as necessary. The pupil should be given a head injury advice form to take home.

Prep school: The nurse should be informed if any pupil has a serious head injury.

Parents should also be informed by the first aider who dealt with the incident or by the school nurse. If the pupil is well enough to stay in school, then she will be given a head injury wristband and a head injury advice form will be sent home with her via email or paper copy. This informs parents of further symptoms to be aware of. The class teacher will also inform the carer who collects the child. For children within the Early Years Foundation Stage, this form must be given to the adult who collects the child.

Sport and head injuries

Senior school: A pupil should be sent to the nurse accompanied by a friend. For any off-site head injuries, the pupil should be given ice and should watch the rest of the lesson, then the member of sports staff should accompany the pupil to the nurse on returning to school. If after school, then the member of staff must inform the parents of the incident.

Prep school: A pupil sustaining any head injury in a lesson will sit out during the lesson and be given an ice pack if the first aider deems it is necessary. On returning to her class, the PE staff will inform the class teacher and the school nurse. The class teacher will deal with the incident as documented above.

Head injury guideline should be followed by the First aider assessing and a Head Injury form should be completed and given to the nurse. Appendix 5

Administration of medication

Medication will be administered according to the Administration of Medicines protocol (see Appendix 3). Over the counter medication can be administered as below.

Senior school: The school nurse or in her absence a designated first aider can administer paracetamol or ibuprofen to pupils who have previous written consent from their parents which is recorded on SIMS.

Prep school: The designated first aider can administer medication to a pupil. Liquid paracetamol or liquid antihistamine can be administered by the designated first aider following written consent from a parent as well as verbal consent on the day from a parent. This consent should be recorded on CPOMs.

To ensure that all medicines are administered safely, all staff who are authorised to administer medicines will receive training on the procedures; essential precautions; possible side-effects of the medicine and the importance of making appropriate records and checks.

No child under 16 should be given any medicine without their parent's written consent. No prescribed medicines should be administered to an Early Years Foundation Stage pupil unless they have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and the parents have given

specific written permission for each individual medicine and the reason why it is needed. Appendix 3. The parents must be informed, wherever possible on the same day, if any medicines are administered, this is usually by email.

Emergency Medication

Senior School: Pupils who require auto-adrenaline injector pens (AAI's) or asthma inhalers are encouraged to be responsible for their own medication and carry it with them around school. 2 AAI's should be carried at all times along with their care or action plan, pupils will not be permitted to go on trips without these.

Spare named emergency medication can be held for pupils if the parents wish and will be kept in an unlocked cupboard in reception.

Prep schools: Inhalers: In the Prep School, all pupils with an inhaler should have their own inhaler in their bag, those with Asthma requiring an action plan should have their inhaler in their classroom in a plastic box. The pupils should take their inhalers with them when leaving the school site. We encourage parents to provide a spare inhaler for trips and emergencies, which will be kept in the reception, in a clear box. Staff are responsible for reminding the pupil to take their inhalers when they leave the site and for taking the spare inhaler on trips.

Adrenaline auto-injectors: Pupils in the Prep will keep their AAI's in a bum bag and are encouraged to take them around the school with them, including the lunch hall, in EYFS 1 should remain with the teacher or trip leader.

Emergency generic asthma inhalers are located as follows:

Senior School: In Reception, the medical room, and the PE department.

Prep school: In reception.

Staff can administer these inhalers in an emergency to pupils whose names are held on a list kept in the appropriate box, this will have been consented to in the health record. Parents will be informed following any use of the emergency inhaler.

Emergency generic auto-adrenaline injector pens (AAIs) are located as follows:

Senior school: In Reception.

Prep school: In Reception.

Staff can administer these adrenaline auto-injectors in an emergency to pupils whose names are held on a list kept in the appropriate box, or under the instruction of 999. Parents will be informed following any use of the emergency adrenaline auto-injector.

Hygiene and Infection Control

Follow the school infection control policy.

Arrangements for management of spillage of body fluids: In this event please inform a caretaker or cleaner who has special cleaning agents. See Biohazard Spill Policy for further details.

Infection Control:

In the event of the increase of an infectious disease, the school nurse will liaise with cleaning staff to ensure that the possibility of cross infection is minimised. This may mean extra cleaning of door handles, taps etc. The nurse stocks antibacterial wipes and sprays for this purpose. All staff must take precautions to avoid infection and must follow basic hygiene procedures. They must have access to single use disposable gloves situated in all first aid boxes and medical rooms and must wash their hands after any incident. The maintenance staff are trained to deal with spillage of blood and other bodily fluids and may be called to deal with such material if the nurse or a cleaner is not available. All materials used in these incidents are disposed of in the yellow clinical waste bins. For further information please see 'Medical Conditions Section' under Health and Safety on the GDST Hub for infection control. Please see GDST pupil health and wellbeing on guidance to exclusion periods for common illnesses and the public health England document on health protection in schools and other childcare facilities.

Parents

Parents are asked to complete a Pupil Health Record on admission to Brighton Girls School, this record provides the school nurse relevant information to provide support on existing Health conditions as well as the consent to administer medication, use of emergency inhalers, dietary requirements, and vaccination records. Parents are responsible for updating information via SIMs and are encouraged to review consent each year.

Reviewed annually in September.

Last review: Sept 2023

Angela Crowe School Nurse

Appendix'

- List of First Aiders
- Reporting to HSE
- Administration of medicines Protocol
- Head Injury Protocol
- Head injury Guidelines
- Head Injury Form
- Consent to administer Prescribed Medication

LIST OF ABBREVIATIONS & MEANINGS

AED Automated External Defibrillator

DCSF Department for Children, Families and Schools

EYF Early Years Foundation

GDST Girls Day School Trust

H&S Health & Safety

HSE Health & safety Executive

ISI Independent Schools Inspectorate

PE Physical Education

Ofsted -The Office for Standards in Education, Children's Services and Skills

SPHERA - Software used to report H&S, Environmental Incidents / Hazards and near miss events.

May / Should Advisory

Shall / Must Mandatory

First Aid provision at Brighton Girls

Senior School

Name of First Aider	Senior School	Department	Type of training received	Expiry date of certificate	Comments - availability
Angela Crowe	Ext: 17157	School Nurse	First Aid @ work	September 2025	Term time only
Leigh Turner	Ext: 17150	Reception	First Aid @ work	August 2026	Term Time only
Sarah Gravett	Ext: 17150	Reception	First Aid @ work	August 2026	Term Time only
Iza Silience	Ext:	Lettings	First Aid @ work	August 2026	Full Time
Karrie Duddy	Ext: 17152	Admissions/ sims	First Aid @ Work	April 2025	Full Time
Natasha Collins		Site	First Aid @ Work		
Bailey Freeland-Jones	Ext 17215	PE staff	Sports First Aid	Expires Jan 2025	Term Time only
Kate Szkolar	Ext: 17156	PE staff	Sports First Aid	Jan 2025	Term Time only
Nicola Plank	Ext. 17276	PE dept.	First Aid @ work	Sept 2024	Term Time only
Louis Russell		Drama dept	Em First Aid @ work	Jan 2025	Term Time only
Gemma Andrews		Cleaner	OCT 23	Oct 2026	Term Time only
Fiona Brown		Cleaner	Em First Aid @ work	Oct 2023	Term Time only
Michelle Cormack	Ext. 17186	Language Dept.	Em First Aid @ work	Jan2025	Term Time Only
Hannah Lowe			Outdoor First Aid	May 2025	Term Time only

Bronte Sykes		English dept	Em First Aid @ work	Jan 2025	Term Time only
Paula Martin	Ext: 17213	Maths Dept.	Em First Aid @ work	Nov 2023	Term Time only
Anne Parsons	Ext: 17173	Science Dept	Em First Aid @ work	Jan 2025	Term Time only
Guy Winter	Ext: 17195	Science Dept	Em First Aid @ work	Jan 2025	Term Time only
Lou Hayton	Ext: 17195	Lab Technician	Em First Aid @ Work	April 2024	Term Time only
Matt Gregory	ExtL:17173	Science Dept	Em First Aid @ work	Jan 2025	Term Time only
Rebecca Pearson		Geography	Outdoors First Aid	May 2026	Term Time only
Daniel Walton	Ext:17176	Music Dept	Em First Aid @ work	Jan 2025	Term Time only
Tiffany Crisp	Ext:17208	Art	SEPT 23	Sept 2026	Term Time only
Lorrayne Lainchbury	Ext: 17188	Sixth Form	Em First Aid @ work	Jul 2025	Term Time only
Brian Trew		Mini Bus Driver	Em First Aid @ work	April 2024	Term Time only
Louise Guthrie	Ext:17208	Art	SEPT 23	Sept 2026	Term Time only
Sophia Clarke	Ext 17195	Science Dept	First Aid @ Work	May 2025	Term Time only
Florence Symes		English dept	Em First Aid @ work	Jan 2025	Term Time only
Nicki Day-Garman	Ext. 17210	Food and Nut. dept.	Em First Aid @ work	April 2024	Term Time only

Miriam Roberts	Ext:17176	Music dept	Em First Aid @ work	Jan 2025	Term Time only
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Prep School

Name	Course Attended	Date	Valid to
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Teaching Staff				
Laura Comerford	Emergency Aid @ work	First	04-Jan 2022	04-Jan 2025
Adam Baynes	Emergency Aid @ work	First	04-Jan-2022	04-Jan-2025
Alysia Woodcock	Emergency Aid @ work	First	04-Jan 2022	04-Jan 2025

Jenny Blacker	Emergency Aid @ work	First	04-Jan-2022	04-Jan-2025
Alison Cardownie	Emergency Aid @ work	First	04-Jan-2022	04-Jan-2025
Leanne Telford	Emergency Aid @ work	First	04-Jan 2022	04-Jan 2025
Heather Bates	Emergency Aid @ work	First	04-Jan 2022	04-Jan 2025
Tim Stacey	Emergency Aid @ work	First	04-Jan-2022	04-Jan-2025
Poppy Pointon	Emergency Aid @ work	First	04-Jan 2022	04-Jan 2025
Lizzie Lyons	Emergency Aid @ work	First	04-Jan-2022	04-Jan-2025
Kay Rose	Emergency Aid @ work	First	04-Jan-2022	04-Jan-2025
Olivia Beckwith	Emergency Aid @ work	First	May 2021	30-Apr-2024
Elaine Wills	Emergency Aid @ work	First	04-Jan 2022	04-Jan 2025
Heather Bates	Emergency Aid @ work	First	04-Jan 2022	04-Jan 2025
Teaching Assistants				
Helen Hausdoerfer	BRC - Emergency First Aid		May 2021	30-04-2024
Sara Page	St J A - Paediatric First Aid		27-April-2018	26-04-2024

Administrative Staff			
Claire Alrousan	First Aid @ Work		TBC
Kitchen staff			
Donna Asplin	Emergency First Aid @Work		April 2024
Caretaker			
Hugh Griffin	Emergency First Aid @ work		April 2024

Location of First Aid Boxes at Brighton Girls Senior School

Building	Room	Number
Admin Block	Main office	1 white metal box
Labs	1,2,3,4,5	1 Green box in each
DT Lab	1&2	1 Green Box
Sports Hall	office	2 small bags/ 2 large Bags
Grace Eyre Building	Medical Room	1
	DT room	1 Green Box

Temple Gardens	Art Rooms	1 Green box
Temple Gardens	Food and Nutrition	1 Green box
Temple Gardens	Maths staff room	1 Green box

Medical Room
Reception
Each Classroom

Location of First Aid Boxes at Brighton Girls Prep School

Emergency Inhaler and AAI's – Held in Reception on BOTH sites.

Appendix 2

Reporting to the HSE

Some accidents that happen in schools, including off-site visits, or during activities organized by schools, have to be reported to the Health and Safety Executive (HSE). The requirement to report these accidents is set out in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 RIDDOR). Guidance on which incidents to report is listed in Flowchart-Pupils and Flowchart-Employees.

(i) What has to be reported?

Accidents causing injury to staff, or to members of the public including pupils, if the injury is caused by faulty equipment or lack of supervision, it must be reported.

In addition, work-related ill health affecting staff, such as dermatitis, work-related upper limb disorders or certain infections including TB and hepatitis if contracted at work must be reported. However, ill health affecting members of the public such as pupils is not reportable to the HSE but it may require reporting to the HPA (Health Protection Agency).

Some dangerous occurrences need to be reported. In the main, these are serious incidents in which somebody might have been badly hurt but was not. The list of dangerous occurrences which require reporting includes fire or explosion, release of a dangerous substance, failure of a pressure system, failure of a structure or failure of lifting equipment.

For further guidance on what constitutes a injury, dangerous occurrence or disease, see Flow chart or <http://www.hse.gov.uk/riddor/index.htm>

(ii) Accidents to staff

Accidents to staff includes all categories of employees, including temporary and part time employees.

Also report accidents to self-employed persons working on the premises.

Report: An accident resulting in death if work related has to be reported to HSE as soon as possible to the Incident Contact Centre.

An accident resulting in a specified injury must be reported within 10 days.

An accident resulting in the employee taking over seven days to recover has to be reported within 15 days.

When calculating the seven days in the latter category, note that unfitness for work starts the day after the accident. If the accident lasts more than seven days this triggers the report – whether the person was due to work on those days is not relevant. Also, if someone comes into work but does “light duties” – in other words is unfit for their normal work, for more than seven days, this will be reportable.

If a member of staff or pupil is off due to a contagious infection this is reported to the HPA.

Injury due to an act of non-consensual physical violence to a member of staff is reportable if it comes into one of the categories above. Violence to a pupil is not reportable.

Road traffic accidents to staff will not usually be reportable.

(iii) Accidents to the public, including pupils

If a member of the public who is not at work, such as a pupil, a parent or a visitor, has an accident at school or during a school activity or at Trust Office, it must be reported if both of the following occur:

The person involved is killed or taken to hospital AND

The accident arises out of or in connection with the work of the school/Trust Office.

Ill health resulting in a trip to hospital is not reportable.

Deciding whether an accident arises out of or in connection with work is not always straightforward. In general, if the accident is attributable to a fault in the premises, or in the work equipment, it will be reportable. Again, if it is attributable to a failure of supervision or organisation, it will be reportable. Otherwise, it does not need to be reported.

For instance:

- A pupil falls down stairs, is injured, and is taken to hospital. Not reportable. However, if the stairs were wet from washing, or the nosing was raised creating a trip hazard, it will be reportable.
- A child crashes into another in the playground, knocks herself out, and is taken to hospital. Not reportable.
- Junior children are left unattended whilst a teacher takes a phone call, they engage in risky play and one is injured and is required to go to hospital. This is reportable because of a failure of supervision.
- Pupils on a field trip are caught in adverse weather and one is injured in unplanned activity.

Reportable because of a failure of organisation.

- A pupil falls and injures her ankle during a netball match after school. This is not reportable – unless there was a defect of the playing surface or of the supervision of the game.

Note that the occurrence of a major injury does not alone make an accident to a pupil reportable – that requirement applies only to staff. Deciding whether to report can require some judgement.

(iv) Making a report

A fatal specified injury to a member of staff, or a reportable accident to a member of the public, must be reported within 15 days, this means either by phone to the Incident Contact Centre or via the website at www.hse.gov.uk/riddor. When a report is made on the website or by telephone, a copy of the report will be sent to the school by the HSE. A note should be taken of the incident number and recorded on the GDST ‘SPHERA Safeguard’ Accident Reporting software.

Accidents causing seven days or more unfitness for work to a member of staff do not have to be reported immediately, but must be reported within 15 days either by one of the methods of reporting described above.

The school nurse or senior first aider will make the reports, providing information about them to the next Health and Safety Committee. The school nurse or senior first aider must also inform the Head of any fatal or major injury accident to a member of staff, or of a reportable accident to a member of the public.

(v) Accidents to contractors

Reporting accidents to contractors at the school is the responsibility of their employer. Schools should record the details on the SPHERA Safeguarding GDST Accident Reporting software which has recently replaced the accident book, but have no responsibilities under RIDDOR. However, if any injury could be attributed to a failure on the part of the school, a civil claim may follow, therefore the incident should be investigated and records should be kept.

(vi) Accidents off site

Accidents which occur during organised school activities such as educational visits, matches against other schools or games lessons will be reportable by the team leader who is leading the activity if they meet the criteria above, no matter where they occur. This includes accidents happening outside the UK –although RIDDOR is not applicable outside the UK.

Such incidents should be reported on the SPHERA Safeguarding Accident Reporting software. Accidents on the way to or from school, to pupils or to staff, are not reportable.

Accidents during activities which are not part of the school's operations are not normally reportable, even if they occur on the school premises. PTA or parent led clubs would need to make their own report.

For instance:

- A member of staff breaks a leg whilst playing in a staff football game at the weekend. Not reportable.
- A child is injured during a trampoline club event held at the school but organised by an independent club. Not reportable by the school but would be reportable by the club.
- A pupil on a ski-ing trip is injured during the evening entertainment. Probably not reportable –unless there was failure of supervision/organisation. If she were injured whilst ski-ing, because she failed to follow an instruction – not reportable. However, if she were injured as an outcome of poor instruction, or bad planning, or defective equipment provided, then it would be reportable by the organiser of the trip.

Accident reporting

All accidents to staff, pupils, contractors and visitors which result in an injury, however minor, must be reported on the SPHERA Safeguarding Accident Reporting software which has been implemented by the Trust. Staff who have had the relevant training and have responsibility for inputting the data must ensure that they inform parents of the incident. This is important for children in early years.

Online report – The online report records every interaction between the school nurse and a pupil, member of staff or other person seeking attention. If the school nurse is unavailable, a first aider should list names and treatment on a separate sheet of paper, which can be collated into the online report by the school nurse. Teaching staff with queries should speak directly with the school nurse. The school nurse may choose to withhold certain interactions from the report, recording them for her own reference in a suitable, secure way.

RIDDOR F2508 – A RIDDOR report will be needed if an accident to staff results in a specified injury or seven days or more incapacity for work, or if an accident to a pupil or member of the public results in a trip directly to hospital from school and arises out of the school's activities.

Accident investigation

The causes/reasons for any accident reportable to the HSE, Trust Office or where it is thought a claim is likely, should be investigated by the Head of Department/Health & Safety Co-ordinator or person supervising the activities during which the accident took place, in the case of non-classroom activities.

The investigation should include photographs taken of the accident scene and a detailed record of events.

The investigation may include statements taken from relevant witnesses. The investigation report should be given to the Head, a copy kept on file by the Health and Safety Co-ordinator, and a copy sent to Trust Office together with a note of any corrective action to be taken.

The report should include details of the risk assessments in place for the activities being undertaken at the time of the accident.

Detailed guidance on investigating accidents and incidents is available in the HSE's document HSG245

"Investigating Accidents and Incidents" (ISBN 0717 628 272) - available to download on H&S Sharepoint.

Brighton Girls School

For the whole school including Early years foundation stage

Administration of Medicines Protocol

Administration of Medicines

No child under 16 should be given medicines without their parent's written consent.

- Consent for prescribed medicines is normally provided on the 'Consent to administration prescribed medications' form. A new form should be completed for each type of medicine and for each new course of medicine.
- Consent for non-prescription and over the counter medicines is normally provided on the Pupil Health Record Form (completed before the pupil joins the school) or on the electronic annual update form sent to all parents once a year. If the medication is not listed on the 'Pupil Health Record Form' then consent should be given on the 'Consent to administer over the counter medications form'. There is no need for consents for non-prescription and over-the-counter medicines to be updated annually.
- Medical authorisation and parental consent should be obtained for the use of emergency adrenaline auto-injector devices on pupils who are at risk of anaphylaxis. These consents should be updated annually to take account of the changes in the child's condition. A template for parental consent is included in the 'Pupil Health Assessment Form' (completed before the pupil joins the school) and in the Anaphylaxis Individual Healthcare plan (available on the 'Pupil Health' pages on the HUB).
- Medical authorisation and parental consent should be obtained for the use of emergency salbutamol inhalers by children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. These consents should be updated annually to take account of the changes in the child's condition. A template for parental consent is included in the 'Pupil Health Record' (completed before the pupil joins the school).

Administering Medicines

Medicines should only be given by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent and have received appropriate training about administering medicines. Before administering the medicine, they should check:

- The child's name
- The child's medical consent forms
- Name of medication, that it is in its original container and its expiry date
- Prescribed dose and method of administration
- Time / frequency of administration
- Written instructions provided by the prescriber on the label or container
- Any side effects

Every time a member of staff administers medicine to a child, they should complete and sign a record.

If in doubt about any procedure the member of staff should not administer the medicines but check with the parents or school nurse before taking any further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or the school nurse.

Drug Administration Errors

If an error in administering medication is made, the pupil's parents should be notified immediately, and action must be taken to prevent any potential harm to the child. The Head should be informed, and relevant documentation completed, e.g. Accident/Incident reported on the school's online system (Sphera).

Non-Prescription and over-the-counter Medicines

Non-prescription medicines can be bought 'over-the-counter' in shops and pharmacies. They include paracetamol, ibuprofen, and antihistamine.

- Non-prescription medicines should only be given by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent and have received appropriate training about administering medicines. In line with the OHS first aid policy only staff who have received training from the school nurse may administer medication.

- Nominated staff, i.e. the school nurse /named first aider, should never give a non-prescribed medicine to a child unless there is a specific written consent from the parents. This will be on the Pupil Health Record Form and is documented under parental consent on SIMS.

- Non-prescription medicines should not normally be administered to children under the age of 8 (criteria, in the national standards for under 8s day care providers).

- When a non-prescribed medicine is administered to a child under 16 yrs old a record should be made, and the parents informed. In the prep school this is done with a phone call to a parent asking for consent to administer the medication and in the senior school, a form detailing medication given is handed to the pupil. A record should be made of all verbal conversations.

- Where non-prescribed medicine is administered to an Early Years (EYFS) child, the school must ensure that the parents/carer are informed as soon as practicable and preferably on the same day.

- A child under 16 should never be given aspirin unless prescribed for medical purposes.

- Generally, pupils should not carry medicines, or have them in their possession, (other than emergency medicines such as adrenaline auto-injectors and inhalers) whilst they are at school. However, schools can decide to allow 6th form students to bring a small amount of their own over the-counter medicines into school for personal use which they keep securely on their person or in their lockers. The school must provide guidance to pupils on safe storage and use of the medicines they bring into school, and the maximum quantities that are allowed.

Prescribed Medicines

Prescribed medicines, e.g. antibiotics, insulin and codeine phosphate, should only be brought into school when it is essential for a dose to be taken during the school day; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Prescribed medicines should only be given by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent and have received appropriate training about administering medicines.

Staff should complete and sign a record each time they give medicine to a pupil. Where the pupil is in Early Years (EYFS), the school must ensure as soon as practicable, preferably on the same day, that the parents/carers are informed that the medication has been administered to the pupil as directed on the 'Consent for administration of over-the-counter medicines or consent for administration of prescribed medicines' form.

Controlled Drugs

The supply, possession and administration of some medicines, e.g. morphine, are controlled by the Misuse of Drugs Act 1971 and its associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 allows 'any person' to administer the drugs listed in the regulations. Staff administering medicine should do so in accordance with the prescriber's instructions.

Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for safety and audit purposes. A controlled drug should be returned to the pupil's parents/carers when it is no longer required to arrange for safe disposal.

Self-Management of Emergency Medicines

Pupils should be encouraged to carry and be responsible for their own emergency medicines, e.g. adrenaline auto-injectors and inhalers, when staff, in conjunction with parents (bearing in mind the safety of other children and medical advice), judge that they are sufficiently capable and competent to do so. Other non-emergency medicines should generally be kept in a secure place, not accessible to pupils.

Refusing Medicines

If a child refuses to take medicine, or spits it out, staff should not force them to do so, but should note this in their records. Parents should be informed on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

RESPONSIBILITIES

Parental / Carer Responsibilities

Parents / carers should inform the school about any conditions or illness that their child suffers from that requires them to take medication whilst at school (including on school trips / educational visits) and provide written consent for the school to administer the medication on the 'Pupil Health Record Form' (completed before the pupil joins the school), or on the 'Consent to Administer 'Over-the-Counter Medication' form, or on the 'Consent to Administration Prescribed Medication' form.

Parents should provide updated "Careplans or Action Plans" for medical conditions including Asthma, Anaphylaxis and Diabetes.

Parents / carers should inform the school of any changes in their child's medical needs, condition or illness that results in any changes to the medication, prescription, or the support they require.

Staff should check any details provided on the consent forms are consistent with the instructions on the container.

Parents should give any medication required by children under the age of 16 to an appropriate member of school staff. Parents must ensure that the medication is presented in the original packaging with the prescription information on it. This should include details of the medicine to be taken, the child's name and date of birth and the dosage required.

Teachers and Other Staff Administering Medicine

During The School Day

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a pupil should have appropriate guidance, including an awareness of any possible side effects of the medicine and what to do if

they occur. Normally the school nurse, or in her absence a named first aider, should undertake this responsibility during the school day.

A school nurse should act in accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct (NMC 2002a) and Guidelines for the administration of medicines (NMC 2112b). In administering any medication, or assisting or overseeing any self-administration of medication, the nurse must exercise their professional judgement and apply their knowledge and skill in the given situation.

Sporting Activities

Some children may need to take precautionary measures before or during exercise and may need immediate access to their medicines such as asthma inhalers. See the GDST Chronic / Long Term Illness Protocol on the GDST Hub <https://hub.gdst.net/Health-and-Safety/Health-and-Safety---Pupil-Health-and-Wellbeing/Pupil-Health---Protocols,-Medicines,-First-Aid,-Accidents-&-Records/1912>.

School Trips / Educational Visits

Arrangements for pupils to take any necessary medication, either routinely or in emergency situations, will need to be taken into consideration when planning the trip / visit. Staff supervising school trips / educational visits should always be aware of any individual pupil's medical needs and relevant emergency procedures. A copy of individual health care plans should be taken on visits in the event of the information being needed in an emergency.

Emergency medication on trips

Senior School pupils are responsible for bringing emergency medicines with them on visits. However, staff must check that pupils have this medication with them before departing on the visit especially if the pupil has an allergy, is asthmatic or is diabetic. The trip leader must carry a second adrenaline auto-injector (AAI) and/or asthma inhaler for pupils who require them. Staff reserve the right to refuse to take a pupil on a trip who does not have spare emergency medication.

Prep School Medication required for the Prep school and Pre-Prep School trips and visits will be held by the trip leader and given when appropriate. Pupils who are at risk from anaphylaxis should carry their own adrenaline auto-injector pens or have a member of staff carry their own adrenaline auto-injector pens (AAI) with them at all times and the trip leader must hold a second AAI for use in an emergency. Similarly, pupils with asthma inhalers should carry their inhaler with them or have a teacher carry it for them and the trip leader hold a second inhaler for use in an emergency.

Competency of staff to administer emergency medicines should be taken into account when preparing risk assessments for educational visits and the appropriate training should be provided by the school nurse where necessary, e.g. how to administer an adrenaline auto-injector.

Staff Duty of Care

Anyone caring for children including teachers or other school staff have a common law duty of care to act like any reasonably prudent parent. In some circumstances the duty of care could extend to administering medicine and /or acting in an emergency. This duty also extends to staff leading activities off site such as PE fixtures, school trips or educational visits.

Certain medicines can be given or supplied without the direction of a doctor for the purpose of saving life. For example, the parental administration of adrenaline (1mg in 1ml), chlorpheniramine and hydrocortisone are among those substances listed under Article 7 of the POM order for administration by anyone in an emergency for the purpose of saving life (Prescription Only Medicines Human use Order 1997).

Staff assisting in an emergency in good faith and acting reasonably and responsibly, whilst carrying out their duties, will be covered by the GDST's insurance against claims of negligence.

Record Keeping

Schools must have accurate documentation in place and ensure that all staff complete and sign a record each time they administer medicine (prescribed or over-the-counter) to a pupil and this should be recorded on CPOMS, including on school trips and educational visits. Schools may make a record in the pupil's individual school planners to record this information and improve communication between home and school.

The record should include:

- Name of child
- Group, class or form name
- Date and time medicine administered
- Dose given
- Any reactions/side effects

- Name & signature of staff administering the medicine

You may also wish to record the following information, although much of this information should have been recorded on the 'Consent to Administer Prescribed Medicines' form:

- Date medicine provided by the parent
- Quantity received and quantity returned to parent
- Expiry date of medicine
- Prescribed dose,
- Recommended frequency of administration
- Method of administration, eg orally, topically, administered by the pupil themselves

Storing Medicines

Schools should only store, supervise and administer medicine that has been prescribed for an individual child.

Medicines should be stored strictly in accordance with product instructions (paying note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container and an individual 'Consent for administration of prescribed medicines' form should be completed for each medicine and provided to the school.

Children should know where their medicines are stored and know who holds the key to the storage facility.

All emergency medicines, such as asthma inhalers and adrenaline auto-injectors should be readily available and should not be locked away, although they should be kept in a lockable room with restricted access. It is recommended that schools make special access arrangements for the emergency medicines that it keeps.

Some pupils may carry their own emergency medicines, see the 'Self-Management' section above.

Schools should keep controlled drugs in a locked, non-portable container and only named staff should have access to it. Prescribed and non-prescription medicines should be kept in a locked cupboard or fridge. Some medicines must be stored in a refrigerator because they may break down or 'go off'. The patient information leaflet supplied with the medicine will state whether the medicine needs to be stored in a refrigerator. Local pharmacists can also give advice.

There should be restricted access to a refrigerator holding medicines. It is recommended that schools invest in a lockable refrigerator. Medicines can be kept in a refrigerator containing food (in a clearly labelled airtight container) unless there is a constant need to refrigerate medicines that a pupil takes regularly, e.g. insulin, or if vaccines are stored; in these cases separate, sole use, refrigerators must be provided.

The temperature of the medicine refrigerator should be between 2o and 8oC and monitored daily when it is in use and recorded. A maximum/minimum thermometer is recommended for this. In the event of the refrigerator breaking down it is important to identify the fault quickly, otherwise medicines may be wasted.

Medicines must be returned, and parents informed if this occurs. The refrigerator should be cleaned and defrosted regularly.

Staff Medicines

Staff who bring prescribed or over-the-counter medications to school, or on school trips / educational visits, for personal use, must ensure that their medicines are securely stored, especially in EYFS settings. If staff are going on a trip or visit, they should also inform the trip leader about the medication, and it should be included in a risk assessment if necessary i.e. emergency medication.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. If parents do not collect medicines, they should be taken to a local pharmacy for disposal. Some hospitals also have disposal containers for old medicines.

Further Information

Further information can be found in:

Last Reviewed: Sept 2023

Angela Crowe School Nurse

Appendix 4

Brighton Girls School

Head Injuries Protocol



1. Introduction

1.1 The National Institute for Clinical Excellence (NICE) defines a head injury as any trauma to the head other than superficial injuries on the surface of the face. Minor head injuries and knocks to the head are common, particularly in children and many of these happen at school.

1.2 The aim of this protocol is to provide a safe environment for all staff and students and to ensure all staff have a clear understanding of how to manage someone who has sustained a head injury.

Remember: IF IN DOUBT, SIT IT OUT

2.0 Head Injury Assessment & management

2.1 The majority of head injuries are minor and can be assessed and treated by a qualified first aider.

2.2 In the event of a head injury sustained by either student or staff, the school nurse or qualified first aider should be notified immediately so that an assessment can be made. The Head Injury Assessment Form can be used to aid this assessment (Appendix 1)

2.3 If you have any concerns about a head injury you should liaise with the school nurse immediately. If the school nurse is unavailable, or it is an evening or weekend sports fixture further medical advice should be sought by consulting NHS 111, or by calling 999 as per guidance below;

2.4 Serious Head Injury

In rare cases there may be a serious head injury and staff should look out for the following signs:

- Unconsciousness or reduced consciousness (e.g. can't keep eyes open)
- Any clear fluid from either or both ears or nose
- Bleeding from either or both ears

- Bruising behind either or both ears
- Any signs of skull damage or a penetrating injury
- The person has had previous brain surgery
- A forceful blow to head at speed (e.g. fall down the stairs, fall from a height of 1m or more)
- The person has had a previous problems with uncontrollable bleeding or a blood clotting disorder, or is taking a drug that may cause bleeding problems (e.g. anticoagulant)
- The person is intoxicated by drugs and/or alcohol
- There are any safeguarding concerns (e.g. non-accidental injury)

If any of the above apply an ambulance should be called and the person taken to A&E immediately

2.5 Staff should also look out for the following

- Problems with understanding, speaking, reading or writing
- New deafness in one or both ears
- Loss of feeling in part of their body
- Problems with balance or general weakness
- General weakness
- Change in eyesight
- Any convulsions/seizures
- Any problems with memory of events before or after injury
- A headache that will not go away
- Any vomiting
- Irritability or altered behaviour

If any of the above apply the person should also seek medical attention at hospital.

In either case parents should be informed at the earliest opportunity.

2.6 Details of the head injury should be recorded on CPOMS (& Sphera if appropriate), including any head injury symptoms.

2.7 If further medical assessment is not required at the time, parents should be informed and the NHS head injury advice guidance (see appendix 2) should be sent home with the student or emailed to the parent.

2.8 - If the student remains in school the following communications should take place:

Junior School - a 'head bump' wristband or similar should be given to the student with the date and time of the head injury noted on it, and the class teacher informed. Parents should be informed following usual school procedure and the NHS guidance sent home for parental reference.

Senior School – a 'head bump' wristband or similar should be given to the student with the date and time of the head injury noted on it, to show teachers in the remaining lessons of the day. Parents should be informed following usual school procedure and the NHS guidance sent home for parental reference.

3.0 Return to School and Sport Following a Diagnosed Concussion

3.1 Return to school and sport following any diagnosed concussion will be informed by medical advice and using the Concussion Guidelines from [*The Sport and Recreation Alliance*](#)

3.2 The medical letter and /or return to school care plan should be recorded on CPOMS and all necessary staff alerted.

3.3 It is the responsibility of the parents to inform the school if their child has had a head injury outside of school. If a concussion has been suspected or diagnosed a letter should be obtained from the injured person's GP to confirm it is safe for them to return to sport. If a GP's letter is not possible, confirmation must be given by the parents in writing that they have sought medical advice and have had confirmation that it is safe for their child to return to sport.

References:

Headway – <https://www.headway.org.uk/news-and-campaigns/campaigns/concussion-aware/concussion-in-sport/>

NICE - [Head injury: assessment early management](#)

Sport and Recreation Alliance - [Concussion Guidelines for the Education Sector](#) - <https://www.sportandrecreation.org.uk>

Appendix 5



Head Injury Assessment Form
Senior school, Junior school and Early Years Foundation Stage
To be completed by School Nurse or First Aider attending the incident

Name of Injured Person		
Date & time of injury		
Description of incident (What, where, how, witnesses, equipment)		
Injury and findings		
CONSCIOUS LEVEL (Please circle one)	Alert – eyes open Verbal – eyes open to verbal stimuli Pain – eyes open to painful stimuli Unresponsive – eyes remain closed to all <u>stimuli</u>	
Observations Please record if the person has any of these symptoms.	Nausea? Headache? Blurred vision?	
If the injury is serious then please check eye-pupil dilation. School Nurse or staff trained to do this	Are the pupils equal and reacting to light?	
Name of School Nurse or First aider assessor		

This form should be completed and handed to the school nurse who will complete a report on ~~Sphera~~.
 This form should also be scanned onto CPOMS.

Click [here](#) to access the NHS advice that should be emailed to staff and parents

ADMINISTRATION OF MEDICATION WHILE AT SCHOOL OR ON SCHOOL TRIP

Child's name:

Date of Birth: Class / Form:.....

Medical Condition:

Type of medication to be given by the nurse/first aider:

.....

Dosage and time:

All medication must be prescribed for the named child; it must be in the original packaging and labelled with the child's name, dose and time that the medication has to be given.

If this is not adhered to the staff will not be able to administer the medication.

Please contact the school nurse Angela Crowe on: 01273 280157 or email:
brinurse@uk.gdst.net if you require any further information.

Parent Signature: