



Culford

Emergency & Medical
Handbook and Policies

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1.0 Emergency Procedures

A situation counts as an emergency when pupils and/or colleagues are or have been in danger. Throughout this section, the Head refers, in their absence, to the Deputy Head, or the person appointed by the Head to stand-in when they are away.

All comments to the press are to be handled by the Head. No one else is to comment.

If the emergency occurs on site, the Head must be informed as soon as possible and the appropriate emergency services called. Ideally, as someone telephones the services, another person will go to find or telephone the Head. If in doubt, call the emergency service first. Also, use common sense about informing the Health Centre.

A meeting will be called by the Head as soon as possible to disseminate information. The Head will contact Housemasters/mistresses. The Deputy Head will contact Academic Heads of Department who will contact department members. The Head of the Prep School and the Pre-Prep School must refer all press to the Head School. The Bursar will advise the Head on which non-teaching staff should be called to a separate meeting. The Head will address this meeting so that the same information is given to all. No one may talk to the press.

In the events of a serious accident, the Head will personally contact all parents whose children may have been injured and consult the police and others as necessary.

The Head will delegate the responsibility of communicating as soon as possible with the parents of those not injured or deceased.

All Housemasters/mistresses must keep the Deputy Head informed of parental changes of address and phone numbers. His office will ensure that information on iSAMS is updated immediately. Culford must always be able to email the whole school within two hours of needing to do so.

The Head will arrange to address the school as soon as possible. If the emergency occurs during the working day pupils will be called together in each school via their classes, the teachers having been informed by the Deputy Head and such colleagues as are available, visiting each classroom as quickly as possible. If the emergency occurs overnight, registration will be used to contact pupils. If an emergency occurs in the evening the Head may or may not have a meeting with boarders.

If a teacher becomes incapacitated and unable to work, a colleague will take over their lessons. Once the initial crisis is over the Head will decide on how best to support the school as a whole. The School's pastoral and wellbeing staff including external councillors may play an important role.

1.1 Trips away from School

Contingencies plans for emergencies must be part of the planning process. Trip leaders must have a school contact in place to support them in the event of an emergency. The School contact is usually a member of the Senior Leadership Team. The trip leaders must ensure they have asked the relevant member of the SMT before the trip to ensure they are able to act at the School contact and this is documented within the trip planning documents.

All overseas trips should, where possible, have a member of staff or a pupil who is able to speak the language of that country and can act as an interpreter in an emergency.

In the event of an emergency, plans should ensure that all colleagues and pupils are safe from further danger and that all necessary steps have been taken to provide rescue, medical care and

hospitalisation of anyone who is injured or missing. If abroad, procedures given under medical insurance must be followed. In case of a fatality or crime the police must be notified.

The emergency contact at Culford must be notified immediately. Staff should give details of their location, what exactly has happened to whom and what has been done so far. The emergency contact will contact the Head and other relevant staff. Arrangements for parents and others to be informed will commence.

Trip leaders and colleagues should follow the school emergency procedures by not engaging with the media in the event of an emergency. The school contact will notify the Head should media communication be necessary. The School trips policy provides further information on emergency planning during a trip.

1.2 Accidents, Incidents or Near Misses

Any accident, incident or near miss that occurs within school should be reported on Smartlog, the schools online reporting software, for all pupils, staff, volunteers, commercial customers and visitors. Staff should report accidents/injuries/near misses about themselves or accidents/incidents/ near misses that they witness on the online reporting software or via the smart log app.

The accident reports will be reviewed and any follow up actions perused with the relevant colleagues. In the event of serious accidents or incidents, the Head, Bursar ,the Compliance Office, the Head of Prep and the Head of Pre Prep will be informed. The Health Centre Team will share boarder and pupil information with Housemasters/ mistresses and Tutors.

Accidents are regularly reviewed by the Health and Safety Committee and School Governors.

Colleagues who are first aid trained should attend to an injury in the first instance. In the event of further medical attention being required, the Health Centre should be contacted or if the patient is able to walk, or can be helped to the Health Centre, this should be allowed. The Health Centre is normally responsible for communication with parents and is only open during term time.

Adults should be referred to A & E or to seek further medical care where applicable.

1.3 Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

The school has a legal obligation to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to Health and Safety Executive HSE. This is via the Compliance Office who will carry out an investigation of the accident, incident or near miss and determine if RIDDOR reporting is required. Your submission of the accident report on Smartlog will trigger this process. The Medical Centre Team will report any reportable diseases to public health as required.

1.4 Calling an ambulance

In an emergency call for an ambulance before calling the Health Centre for assistance. Arrange for someone to direct the ambulance to the location of the casualty.

1.5 Missing Pupils

Staff must report missing pupils to the receptionist who will check that the pupil is not in obvious locations and will explore mobile phone contacts and contact parents of day pupils. If the pupil is still not found the Housemaster/mistress will ask friends where he or she might be. It will be stressed that it is a serious matter and an amnesty on disciplinary action declared if necessary.

If the pupil is still not found, the Deputy Head will instigate a search of the school grounds and inform the Head and the Bursar. The Housemaster/mistress will inform parents of the missing pupil. The Deputy Head will use Common Room, non-teaching staff and responsible pupils;

determine zones to be searched and time limits; ensure that searchers have mobile phones or radios for ease of contact; instruct that no one should place themselves in further danger. If the pupil is still missing the Deputy Head will inform the parents and contact the Police.

As with all Safeguarding, the advice is to act quickly and communicate effectively and assume nothing. If the pupil is unexpectedly absent from your lesson it must be followed up, do not take other pupils word as fact.

1.6 School Closure Policy

The following arrangements are designed specifically for closure owing to snow, which is the most likely cause. They equally apply in outline to all other closures, however, and will be sensibly varied given the exact circumstances faced.

If a severe weather warning has been issued by the Met Office for heavy snow overnight or the next day, the Deputy Head will call a planning meeting. It will be decided whether or not it is sensible to run school transport. A colleague will be appointed to man Senior School Reception from 08.00.

If it is decided to withdraw transport, the person responsible for school transport will contact bus companies and drivers. The Head of IT Services will send a text message, directing parents to the website for details. He will also ensure that relevant messages for the answering machines of all schools are created. The Deputy Head will contact Radio Suffolk. All staff should come into school, if at all possible. If not, they must follow the usual absence procedures. Teachers must contact the school timetabler to confirm attendance if in school.

Senior School Pupils will be registered in houses. In Prep and Pre Prep registration will be in their tutors groups. Tutors should find out when and how their day tutees will travel home. If they are already in school. An alternative timetable will be put together by Senior Management. Hsm's will draw up an activities programme for the afternoon to be communicated to pupils. Tea will be taken in period 8. Pupils may wear non-uniform.

If the school is to be affected by poor weather for a second or subsequent days, the school timetabler will draw up the best possible timetable, designed to start from period 2. If it is safe to run school transport, the buses may run later than normal and also leave earlier.

In the event of unexpected heavy snow during the school day, the Deputy Head may recommend that day pupils be sent home. The Transport Manager will arrange to bring bus departure times forward. Pupils not travelling on school transport should report to tutors in Houses so that tutors can ensure that the pupils can get home. All boarders should return to their Houses to be registered. A revised activities schedule will be drawn up for remaining boarders and day pupils whose departure cannot be moved forwards. The Housemaster/ mistresses will make arrangements for day pupils who require emergency boarding accommodation and there will be no charge to parents.

In the unlikely event of the normal running of the School being severely affected for more than 24 hours, an announcement will direct parents towards regularly updated information posted on the School Website. All teachers and pupils will be expected to check the School Website and their email accounts at least twice a day in order to maintain a flow of information. Deputy Heads will arrange for the school to run its online educational provision through Google Classrooms and revert to an online timetable.

2.0 Fire Evacuation Procedures

2.1 Fire Procedure for Senior School Buildings

Fire evacuation procedures are in place around all working buildings on school grounds and next to call points. All staff should read these notices carefully. When the fire alarm sounds continuously, staff should supervise the efficient and orderly evacuation of pupils. Pupils should be instructed which route to take and where to assemble. In leaving, all doors and windows should be closed.

Senior school buildings operate a sweep system and dedicated member of staff in each building are responsible for sweeping allocated areas of the building and confirming confirm that the building is clear and everyone is accounted for at the designated assembly point. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999 and clear information given for the location of the building stating the location on the school site, giving the name of the building.

Class teachers should line their class up in an orderly fashion and check for absentees. If pupils and staff are missing the building should be re-checked, if it is safe to do so. The senior colleague present will take this decision. No-one should otherwise return to a building until told to do so. If it is not safe to return other building the person or persons unaccounted for must be communicated to the Chief Fire Officer when the Fire Service arrives.

2.2 Fire Procedures for the Senior Boarding Houses and Ashby Dining Hall

On detection of a fire or hearing the fire alarm sound, occupants of Senior Boarding Houses should evacuate the buildings. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

Once the Houses have been safely evacuated a member of staff from each House and the Catering Team should report to the alarm panel inside Ashby doorway to decide further action.

Ashby Dining Hall should be evacuated following a sweep system using any staff available including Harrison's catering team.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999 and clear information given for the location of the building stating that it is the Senior Boarding House or Ashby Dining. A member of staff should contact Cadogan House and make them aware of the situation as Cadogan House may need to be evacuated in the event of a suspected or confirmed fire.

All staff and pupils should remain at their assembly point. Under no circumstances should pupils congregate in the quad. Details of any pupils or staff unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services Arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

Boarders may be moved to main school in the short term and alternative accommodation in the event that the buildings are uninhabitable.

It is the Housemaster's/mistress' responsibility to ensure that this is practiced regularly with all staff working in the houses. It is the Catering Managers responsibility to ensure there is a clear plan of evacuation from Ashby Dining that is regularly practiced with the Catering Team.

2.3 Lunchtime Fire Evacuation Procedures – All Boarding Houses and Ashby Dining

Ashby Dining Hall should be evacuated following a sweep system using any staff available including Harrison's catering team. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

On detection of a fire or hearing the fire alarm sound, occupants of Senior Boarding Houses and Ashby Dining Hall should evacuate the buildings. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999

Prep pupils will be led to Prep School's evacuation point outside Cadogan House by Prep Staff on duty.

A designated Matron from senior boarding will go directly to the fire panel and identify the area of activation, prioritising the sweep of the building where the activation has occurred.

All staff and pupils should remain at their assembly point. Under no circumstances should pupils congregate in the quad. Details of any pupils or staff unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.4 Fire Evacuation Procedures for Cadogan House.

On detection of a fire or hearing the fire alarm sound, occupants of Cadogan House should evacuate the buildings and meet at the designated fire assemble point. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. In leaving, all doors and windows should be closed. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999 and clear information given for the location of the building stating that it is the Cadogan House. A member of staff should contact Senior boarding staff and make them aware of the situation. Senior Boarding and Ashby should be evacuated.

All staff, pupils and boarders must remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

Boarders may be moved to an alternative assembly point in Prep School and moved to alternative accommodation in the event that the building is uninhabitable.

It is the Housemaster's/mistress' responsibility to ensure that this is practiced regularly with all staff working in the houses. It is the Catering Managers responsibility to ensure there is a clear plan of evacuation from Ashby Dining that is regularly practiced with the Catering Team.

2.5 Fire Procedure for Prep School

On hearing the fire alarm, staff should supervise the efficient and orderly evacuation of pupils. Pupils should be instructed which route to take and where to assemble. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. In leaving, all doors and windows should be closed.

Designated fire marshals should check their section of the building to ensure all visitors, pupils and staff have evacuated. If the fire marshal is absent, someone who works in that area should perform the duty. Any residents of the Clock Tower Flat must also be accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

Science staff should ensure that the gas shut of vale is activated in each science lab.

The building is monitored and therefore on activation of the fire alarm, the Fire Service is automatically called out.

Pupils should be registered in form groups by the teacher who will raise their hand to confirm everyone is accounted for. Secretarial staff will produce a file containing a class registers, the performance sport register and music lesson timetables for the Form Teacher. A senior colleague will register any class whose Form Teacher is unavailable.

All staff and pupils should remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.6 Fire Evacuation Procedure for Culford Hall

On hearing the fire alarm, colleagues, pupils and visitors should go to the grass on the North Front and stand in departmental and class lines. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

Designated fire marshals should check their section of the building to ensure all visitors, pupils and staff have evacuated. If the fire marshal is absent, someone who works in that area should perform the duty.

Line managers and teachers should account for pupils and colleagues and report to the designated person managing the evacuation. If the line manager is absent a senior colleague will

stand in. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

The Receptionist should take the visitors' register and pass to the fire evacuation lead. The caretakers or members of the maintenance team will liaise with the designated person managing the evacuation to confirm the building is clear.

All staff and pupils should remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival.

The building is monitored and therefore in the event of a fire alarm activation, the Fire Service will automatically be called.

2.7 Fire Evacuation Procedures for Pre Prep

On detection of a fire or hearing the fire alarm sound, occupants of Pre Prep should evacuate the building. Staff will lead the pupils out of the building using the shortest fire route and line up in classes at the designated fire assembly point. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999

At the Fire Assembly Point, Staff will confirm that their pupils are accounted for by raising their hand. Reception will confirm that all staff, visitors and contractors are accounted for.

All staff and pupils should remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services Arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.8 Fire Evacuation Procedure for Culford Nursery and Eastfields

On detection of a fire or hearing the fire alarm sound, occupants of Culford Nursery should evacuate the building. Staff will lead the babies and children out of the building using the shortest fire route and line up at the designated fire assembly point. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

Babies will be carried or placed into pushchairs to get them to the fire assembly point. Children will be led to the assembly point using a walking rope.

Occupants of Eastfields should sweep each room and confirm with the member of staff managing the evacuation, that everyone is accounted for.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999.

All staff and pupils should remain at their assembly points. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.9 Fire Evacuation Procedure for Health Centre

On detection of a fire or hearing the fire alarm sound, occupants of the Health Centre and adjoining residential property should evacuate the building using the shortest fire route.

Staff will support boarders and pupils with evacuating, taking into consideration any individual with PEEP's or who may vulnerable due to being ill or incapacitated. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. The nurse will take from the building in priority order the following items;

1. Oxygen cylinder
2. Two way radios
3. Emergency rucksack
4. Pupil individual emergency medicines (Epipens and Diabetic boxes).

Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999 and clear information given for the location of the building stating that it is the Health Centre.

All staff and pupils should remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.10 Fire Evacuation Procedures for the Sports Centre

On detection of a fire or hearing the fire alarm sound, occupants of the Sports Centre should evacuate the building. Any staff occupying the building will lead the pupils, customers, visitors and contractors out of the building using the shortest fire route and meet at the designated fire assembly point. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999

At the Fire Assembly Point any staff available will support the management at the assembly point and any offer assistance the Sport Centre Duty Manager as needed. Staff will confirm that their pupils are accounted for by raising their hand. Duty Managers will confirm that all staff, visitors and contractors are accounted for.

All staff and pupils should remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where

any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.11 Fire Evacuation Procedures for Estate Yard

On detection of a fire or activation of a fire alarm, occupants of the Estate Yard should evacuate the buildings and the yard via the main, gates or side gate. Any staff in the yard will lead contractors out of the building using the nearest gate and meet at the designated fire assembly point. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999

At the Fire Assembly Point any staff will confirm the location of all those on duty that day to ensure everyone is accounted for.

Details of any staff or contractors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.12 Fire Evacuation Procedures for School Events and Commercial

During school events where parents, visitors, and contractors are in attendance, staff will follow an emergency plan to support a safe and effective fire evacuation plan shared by the event organiser as part of the emergency planning. Plans must include provision for the safe evacuation of those who are pregnant, elderly or have a disability or mobility issue. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the assembly the designated fire lead will try to ascertain whether all persons can be accounted for, including any visitors and/or contractors. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services Arrival.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999 and clear information given for the location of the building stating the name and location of the building.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.13 Fire Assembly Points

Culford Hall	Grass on the North Front
Skinner & Bristol Myers	Grass to west of the North Front
William Miller	Grass to West of North Front
Library	Grass to the northeast of the building
Hastings Building	Grass to the East of Culford Hall/recording studio
grass	
Pringle & Patterson Centre	Grass in front of Hastings Building
Sports Centre & Tennis Dome	Grass area in front of main entrance
Prep School	Grass to the north of Cadogan House
Pre Prep	Field to the left of the front doors
Culford Nursery & Eastfields	Sanfield to the rear of the building
Estate Yard	Grass next to the red brick post hut
Health Centre	Grass opposite the Health Centre
Cornwallis	Grass to the west of road next to the building
Edwards	Grass to the south of the House
Fitzgerald	Grass to the west of the road
Jocelyn	In front of the Health Centre
Cadogan	Grass to the north of Cadogan
Ashby Dinning	Grass to the north of Cadogan

2.14 Calling the Fire Service

If there is any doubt, the Fire Service must be called to any fires or fire alarms which occur. However, there will be occasions when the alarm is obviously false and that judgement can be exercised by the staff present. Where a teacher is not present, pupils are instructed to call the Fire Service if able to do so. Dial (9)999 requesting support of the Fire Services. Inform the Fire Service of the name of the building in which the emergency has occurred. Give your name and position yourself at an appropriate point to receive and direct the Fire Services upon arrival.

Given the spread of buildings at Culford, any staff present in any building must assume that they are responsible for working with other colleagues in that building to support a safe and timely evacuation when the when a fire occurs or an alarm is raised. Where more than one member of staff is present, the senior person will do so in the absence of designated fire marshalls. It is the duty of the staff present to ensure the Fire Service is called, if it is deemed necessary, either personally or by delegating the task.

One the Fire Service arrives they will require as much detail as possible about the fire, the building and any unaccounted for persons.

3.0 Lockdown Procedures

In the event of a Lockdown, staff should do all they can to keep pupils from harm. Staff should move to the nearest building or if safer to do so disperse whilst outside. Staff should log on to the nearest computer and await instructions via email. They should also switch on mobile phones and portable devices.

For full details of the school lockdown procedures please see Culford's lockdown policy.

4.0 First Aid

4.1 First Aid Kits

First Aid Kits are situated throughout the school. Staff are responsible for knowing the location of those kits nearest to where you work. All school mini-buses contain a first aid kit. An accident report must be recorded in Smartlog where first aid is given.

Trauma kits

Kits with specific products to manage major bleeds are located in areas at high risk of injuries that may result in a catastrophic bleed due to the equipment used in certain activities.

- DT
- Maintenance Yard
- Grounds

Anti-choking kits

Anti choking kits are situated in;

- Ashby dining hall,
- Paddy and Scotts café,
- Nursery x 2
- Pre Prep x2
- Health Centre

Training for their use is accessible to staff by scanning the QR code on the kit.
<https://www.youtube.com/watch?v=sYJhYw6iQlw>

4.2 Automated external defibrillators (AED's)

Automated external defibrillators (AED's) are located across the school site.

- | | |
|---------------------|--|
| • Sports Centre | Public access |
| • Health Centre | Portable |
| • Main School | Portable |
| • Sports department | Portable - available with the first aid kit on pitch side during sport |

There is a public access AED located on the main road of the Village near to Pre Prep at the Culford Club.

4.3 Emergency Medicine Packs

There are 10 emergency medicine packs around the school site. These contain

- x 2 auto –injector adrenaline pens (EpiPens)
- x 1 emergency salbutamol inhaler with spacer.

The packs are bright red and will be hanging on a peg in the following areas:

- | | |
|--------------------|-----------------------|
| • Fieldgate | Reception office |
| • Prep school | Reception office |
| • Senior school | Main School Reception |
| • Cornwallis House | Matrons office |
| • Edwards House | Matrons office |
| • Jocelyn House | Matrons office |
| • Fitzgerald House | Matrons office |

- Cadogan House Matrons office
- Sports Centre Office
- Ashby Dinning Hall

Each area has one member of staff responsible for checking the emergency medicine pack weekly.

It is very important this medication is only used in an emergency for someone previously diagnosed with severe allergy/asthma or if you are instructed to give the medicine by an ambulance operator. The pack must not be taken off site or elsewhere onsite unless required at that point in an emergency.

4.4 Staff First Aid Training

The school has carried out a first aid needs assessment to ensure that adequate first aid cover is provided for all areas for the school and associated activities. It is the School's policy that all staff with pupil facing roles will complete an Emergency First Aid course and update the course every 3 years.

Pre Prep and Nursery staff are required to have at least one currently paediatric first aider on the premises and available at all times when children are present to be compliant with Early Years Foundation Stage (EYFS) Framework. The school policy is that all EYFS staff are trained in paediatric first aid to cover this requirement. They are required to renew this qualification every three years. Annual updates on asthma, epilepsy, diabetes and anaphylaxis are delivered via an online course for all pupils facing staff; support staff can also access these courses. The Health Centre Team will, if requested, personally deliver training sessions on these conditions for individuals or groups of staff.

Staff working in higher risk areas such maintenance, grounds and DT departments will also complete catastrophic bleed first aid training.

The school employs a first aid trainer to deliver these courses and a current list of qualified first aider is held at the Health Centre.

4.5 School Trips

The trip leader is responsible for ensuring that all staff on school trips are aware of any medical considerations of staff and pupils attending the trip. The trip leader is responsible for providing the Medical Centre with a trip list in advance.

A bespoke first aid kit from the Health Centre will be prepared and adequately stocked for the needs of the pupils attending the trip. An accompanying teacher should be responsible for first aid and ideally have a first aid qualification. All staff with pupil facing roles complete annual over the counter medicine training and controlled drug training they should be familiar with and follow the part of the school medicine policy relevant to school trips.

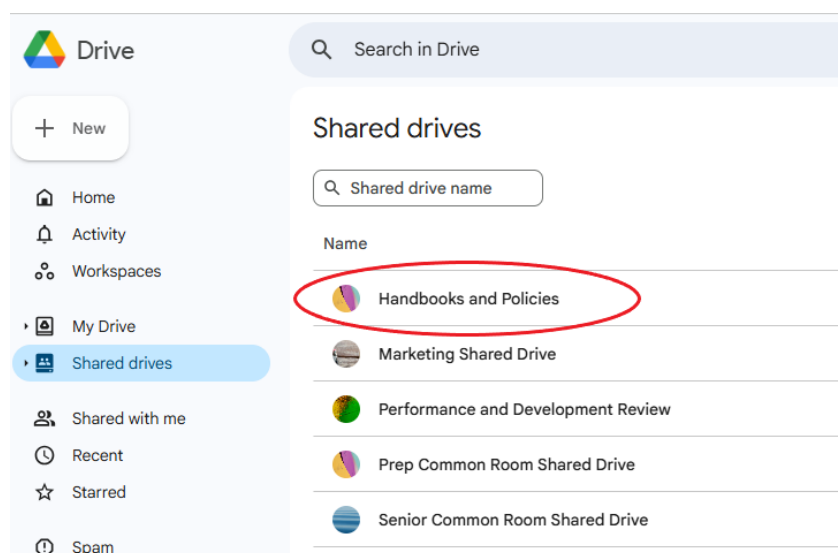
All accompanying teachers should be aware of emergency procedures, including how to contact emergency services, and have a list of pupils, contact numbers and medical information. Accident reports must be completed as soon as possible via Smartlog which report to the Health Centre and Compliance Office.

5.0 Medical Policies

Individual medical policies can be accessed through Google Drive - Shared Drive – Handbooks and Policies.

- Anaphylaxis
- Asthma
- Diabetes
- Enuresis
- Epilepsy
- First Aid Provision
- Guidelines for Boarding Staff Referring to Health Centre
- Head Injuries
- Health Promotion and Screening
- Homely remedy Protocol
- Infection Control
- Medicine Protocols and Policies
- Mental Health
- Sun Protection
- Supporting Pupils With Medical Conditions

Google Drive – Shared Drives – Handbooks and Policies



5.1 Specific condition policies

Detailed policies for Anaphylaxis, diabetes, epilepsy, asthma, head injury, mental health, self-harm, eating disorders, sun protection and enuresis can be found in Policy Central.

5.2 Infection Control

For detailed information please refer to the infection control policy in Appendix 2.

It must be assumed that all body fluids are an infection risk and universal precautions should be used when dealing with them. To reduce the risk of infection spreading it is important that body fluids are cleaned up as a matter of urgency. It is the responsibility of the first available adult to do this. Bio-hazard kits should be used to safely clean up body fluid spillages; the kits contain personal protective equipment. These kits are situated in every building across the school site.

Yellow clinical waste bags are kept in all first aid kits and bio-hazard kits. These are to be used to safely dispose of all products contaminated with body fluids including gloves, aprons soiled dressings etc. The bags must not be put in the usual bins but brought to the Health Centre where it will be stored before collection by clinical waste contractors employed by the school.

5.3 Pupil Support

Any pupil or boarder with any problem can approach any member of Common Room or House Staff to discuss the issue knowing that the information will be treated sympathetically. In particular all pupils should feel free to talk to the Assistant Head (pastoral), the Chaplain, the Nurse, or by appointment the School Doctor or the School Counsellor. Appointments are made for counselling and the School Doctor via the Health Centre.

Pupils and Boarders are also welcome to call ChildLine on 08001111 or visit the website www.childline.org.uk; contact the Children's Commissioner via their website www.childrenscommissioner.gov.uk

Pupils and Boarders are also welcome to call the Independent Listener Gavin Reynolds 07970375681 greynolds@culford.co.uk There are also peer counselling sessions and pupils can email BOB (a confidential in-house peer counselling email service) on bob@culford.co.uk.

The above contacts are displayed throughout the Boarding Houses and School buildings.

5.4 Health Care Arrangements

The role of the Health Centre is to support pupils to achieve and maintain their optimal emotional and physical well-being. In order to comply with the professional code of conduct upheld by the Nursing and Midwifery Council, the nursing staff uphold a pupil's right to confidentiality and will not pass on information given by pupils to members of the Common Room or parents without the pupil's consent. However, confidentiality can be breached at the nurse's discretion if the nurse considers it to be a safeguarding matter or the pupil is assessed and not found not to be Gillick competent. All new pupils are sent a medical questionnaire, which must be returned to the Admissions Office, signed by a parent or guardian, before they join the school. During their first term, boarding pupils undergo a medical examination.

The Health Centre staff can offer advice and support on all health matters, physical and emotional. If requested by pupils, staff can also access outside support agencies. The school has a counselling service for boarders. Pupils can be referred via the Health Centre or can self-refer. If a pupil discloses self-harm, colleagues should not refer him/her directly to the School Counsellor as a GP assessment may be required for a possible referral to the Child and Adolescent Mental Health Services. A nurse is always on duty to deal with emergencies during term time.

All boarders are registered as NHS patients with the School Medical Officer. This local GP (General Practitioner) is from Victoria Surgery in Bury St Edmunds.

Victoria Surgery provides twice weekly GP surgeries for boarders at our Health Centre.

Day Pupils

In case of illness during the school day the pupil will be cared for in the Health Centre until collected by their parents. There is an expectation that pupils are collected within one hour of parents being called by the nursing staff. Day pupils unable to play sports should bring a cover note written by parents or guardian to school and hand this to their sports teacher.

Medication

Over the counter medicine such as paracetamol and ibuprofen are available from House matrons and the Health Centre and it is not necessary for day pupils to bring such medicine into school.

Prescribed medicine that must be taken during the school day should be managed in the following manner:

- Pre-Prep: parents should take medication to the school office and sign the consent form giving teachers permission to administer it as directed.
- Prep School: parents should take medication to the Health Centre and sign the consent form giving the nurses permission to administer it.
- Senior School: with the exception of controlled drugs pupils are usually permitted to administer their own prescribed medication. It must be brought to school in the original packaging with the prescription label intact.

5.5 Guidelines for referral of pupils to the Health Centre

Self-referral by pupils is restricted to before school (from 08.00 to 08.20 and 08.30 on Saturdays), break-time, lunch time or after school. During and between lessons no pupil should refer him/herself to the Health Centre. If illness or an emergency occurs during lesson time the matron, housemaster/mistress or teacher will contact the Health Centre ahead of sending the sick or injured pupil to the Health Centre. The pupil should be accompanied by a responsible companion, ideally a member of staff. Pupils that have sustained a head injury must not be left unattended by staff and should be escorted to the Health Centre by a member of staff. Pupils who feel very unwell should also be escorted by a member of staff to the Health Centre. In an emergency the pupil should not be moved unless in danger. The nurses will attend them on site.

When a pupil visits the Health Centre they will be given a slip stating the time they arrived and left; the pupil should show this to the teacher of the class to which they return. Day pupils should also give this slip to their parents on returning home. Boarders should give the slip to their matron. If necessary the Nursing Sister will make arrangements for parents to collect their child from school. Pupils should not make their own arrangements to go home if they are unwell. The nurse will inform the school reception if a pupil is sent home. Day pupils require notification from home if they are to be put off games and activities. The Health Centre does not issue off games chits to day pupils.

The Health Centre will be locked from 18.00hrs. After this time medical issues should be reported to the tutor, matron or housemaster/mistress who will liaise with the nurse on call.

Guidelines for referral to the Health Centre during on call hours (18.00hrs – 08.00hrs)

Cases that should be referred to the Health Centre without delay include:

- Head injuries; chest pain; seizures/fits; breathing difficulties; diarrhoea and vomiting
- Temperatures over 38.0 degrees Celsius (each House has an electronic thermometer)
- Mild headache with any of the following: neck stiffness, aversion to light, rash.
- Abdominal pain (other than period pain)
- Headache with visual disturbances, or with a history of migraines.

However, if you have any doubts at all about a pupil's condition call the Health Centre for advice. Call ahead to the nurse on duty and ensure the pupil is escorted to the Health Centre.

Cases not usually referred to the Health Centre during on call hours:

- Pupils with colds, sore throats and period pains.

- Pupils who are over tired unless the tiredness is associated with an illness e.g. post-viral fatigue.
- Temperatures between 37.0 – 37.9 degrees can be treated with the appropriate dose of paracetamol or ibuprofen.

Once two consecutive doses of medicine have been administered by House staff the pupil must be referred to the Health Centre for assessment before a third dose is given. This rule applies day and night.

5.6 Supporting Pupils with Medical Conditions

It is the intention of the school to ensure that pupils with medical conditions receive appropriate care. In order to maximise opportunity for pupils with a known medical condition we consider in consultation with all parties how the condition may have an impact on a pupil's ability to learn and participate in school life. The nursing staff then put in place arrangements and protocols to effectively support each pupil. We recognise that minimising disruption to the pupils' education, while providing excellent care, is a fine balance and is dependent on a comprehensive parental, pastoral, nursing and medical partnership. The school nurses are responsible for overseeing the health care management of pupils with medical conditions at school and will with the collaboration of the parents compile the health care plan.

5.61 Communication

By Parents: Admission to the school is dependent on each parent completing a school medical form on which the parent is expected to disclose any diagnosed medical condition, past medical history (both physical and mental health), current medication and treatment that the pupil receives. The form also details separate consent for; treatment for minor illnesses and accidents, administration of 'over the counter medicines', emergency lifesaving treatment and disclosure of medical information to appropriate staff in order to provide the best care.

Within school: Once the school nursing staff have received the completed medical form the nursing staff will make contact with the parent ahead of the pupil starting at the school if there is a need to discuss medical care. This initial communication is in order to gain more information and details of what care is required. With the consent of the parent a pupil's medical condition and relevant medical information is added to the school database by the nursing staff in order for relevant staff to access this information and therefore be able to provide suitable care, consideration and treatment to each pupil. This information should always be treated as sensitive and managed discreetly. When there is a need for more detailed communication all classroom teachers of the pupil and pastoral staff are called to a collective meeting.

5.62 Care Plans

Individual health care plans are written for pupils with a chronic medical condition who may require special consideration during the school day. These are updated annually or more frequently if the management of the condition changes. The care plan is co-written by parents and the school nursing staff. The purpose of an individual health care plan is to accurately record the nature of the condition and agree on the appropriate routine management of the condition and emergency management while in school. The health care plan will also include details of any routine medicine, emergency medicine and its safe storage and accessibility, along with emergency contact details. Care plans are always written for pupils with epilepsy, diabetes and severe allergy (Epipen carriers). Unstable asthmatic pupils may also have an individual care plan in addition to their school asthma card. Copies of the agreed health care plan are sent to the parent, tutor and housemaster or mistress and stored on isams – pupil manager.

5.63 Support for newly diagnosed pupils

Coming to terms with the diagnosis of a chronic condition requires time and sensitivity. Pupils and parents of pupils who are newly diagnosed with conditions such as, but not exclusively, epilepsy, anaphylaxis or diabetes will be offered a meeting with the school nurse to discuss their

condition and how it can best be managed in school. The pupil will also be offered the opportunity of an informal education session for a group of his/her friends at the Health Centre. Nursing staff will liaise with appropriate outside agencies, doctors and specialist nurses in order to provide best care for the pupil. The nursing staff will inform relevant staff and offer training as appropriate.

5.64 Acute or short term medical conditions

Many pupils will at some point suffer from a short term/transient illness or condition. Management will be highly individual and flexible as the illness develops or the pupil recovers. Excellent communication between the nursing staff, school doctors, pupil, parents and teachers is essential. Confidentiality and the need for all round safe and appropriate care, alongside considering Gillick competency are continually reviewed. Nursing staff will develop a support plan and review it regularly. A welfare meeting may be held with parents and relevant colleagues to discuss management of care.

5.65 Reduced mobility

Short term reduced mobility: This is a common occurrence in schools usually due to sports injury. Crutches should only be used when advised by a doctor or A&E dept. The nursing staff will carry out a Personal Emergency Evacuation Plan (PEEP) for all pupils with reduced mobility before the pupil returns to lessons. This will include the allocation of buddies to assist the pupil, and a review of the pupils' school day and how this will be managed. It is sometimes necessary to consider room changes within the boarding house and classroom venues to ensure safe passage in an emergency. The nurse will discuss and agree this with the Compliance Office and relevant HSM/tutor.

Long term reduced mobility: During the initial enquiry stage of the school admissions process parents are asked if there are any medical conditions that the school should be aware of. If a prospective pupil has long term reduced mobility this is then taken into account when arranging the visiting and subsequently in offering them a place. The school would take all reasonable steps in ensuring the pupil would be able to access all areas of the curriculum.

If a current pupil is affected by long term reduced mobility a welfare meeting would be called to discuss the short and long term needs of the pupil and how they can be met.

5.66 Services provided

For Boarders:

- Assessment and care of illness, accidents and injuries; management of sports injuries
- Support and care planning for acute and chronic conditions
- GP and immunisation services;
- Management of hospital appointments and emergency dental appointments
- Health screening: height and weight; vision and hearing; asthma checks, pill checks.
- Emergency contraceptive advice; counselling, referral
- Access to school counsellor

For Day Pupils:

- Assessment and care of illness, accidents and injuries
- Support and care planning for acute and chronic conditions
- Health screening: rising five checks for the Pre-Prep
- Emergency contraceptive advice

For the School:

- Maintenance of pupil nursing and medical records
- Maintenance and restocking of First Aid Kits, Emergency Medicine kits, Anti-choking kits and Biohazard kits
- Staff medical training

- First aid training
- Emergency Medication Management

5.67 Medical Information

Pupil and Boarder medical information is recorded on the school database iSAMS. This is managed in line with current UK Data Protection Laws. Staff should ensure that they access relevant information on pupils for whom they have responsibility. Medical Red flag information is accessible to staff accessing iSAMS and should be treated as need to know information.

5.68 Gillick Competency (in relation to healthcare matters)

Gillick competency 1985 states that:

- Any child below the age of 16 years can give consent when they reach the necessary maturity and intelligence to understand fully the intervention proposed and the consequences (advantages and disadvantages) of their decision.
- If a child is deemed to be Gillick competent after receiving all the appropriate information regarding the intervention then consent is valid.
- Intelligence and ability to understand will vary greatly for every child and in different types of medical intervention. So the decision of Gillick competency must always be considered very carefully.
- Doctors and nurses must always encourage the child to inform their parents.

5.69 Medical Treatment for Staff

If an employee becomes unwell or requires medical attention during the school day they may contact the Health Centre for advice. The GP visits the school twice a week to hold a clinic for boarding pupils. Members of staff registered with Victoria Surgery can request to see the doctor during a visit, but boarding pupils will always be given priority.

Appendix 1 Medicine Policies and Procedures

1. Introduction

It is the intention of the school to ensure that pupils with medical needs receive appropriate care and support in the school environment.

The school medicine policy aims to create a safe environment for all pupils and staff with clear and differentiated arrangements in place for the storage and administration of the following types of medicines on the school site and during school trips

- 'Over the Counter Medicines'
- Prescribed Medicines
- Controlled Drugs
- Emergency Medicines

There is greater detail in the management of these types of medicines in the school Homely Remedy/OCM protocol, Prescribed Medicine protocol, Controlled Drugs protocol, Anaphylaxis policy and Asthma policy.

Parents should provide full information about their child's medical needs including details of medicines they require.

For the safety of the whole school community all pupils are strongly discouraged from bringing their own 'over the counter medicines' to school. The school nurses can administer simple over the counter medicines to both day pupils and boarders during the school day. Matrons and boarding staff can administer 'over the counter medicines' to boarders.

School staff with pupil facing roles are given annual medicine training

The school will not administer unlicensed medicines e.g. herbal, homeopathic or Chinese medicines, or medicines that are not licensed for children in the UK.

The school will not administer any medication without written consent from parents/guardians. For simple 'over the counter medicines' this consent is given/declined by parents at the point of the pupils' admission to the school on the medical form and is subsequently held in the pupils' school nursing record.

If it is necessary for a day pupil to take a prescribed medicine during the school day the parent/guardian should complete the necessary consent form allowing the school to manage this responsibility. These forms can be obtained from the Health Centre, Prep and Pre-Prep school office. The Health Centre staff will then liaise with parents and the relevant part of the school to ensure the people can be given their prescribed medicine with minimal disruption to their school day.

All medicine either prescribed or bought 'over the counter' should be brought to the Health Centre. This includes all homeopathic, herbal or Chinese medicine.

2. Pupil self-administration of medicine – Gillick competency

If the pupil is 16yrs or over they will be asked to sign a self administration form. This form details an agreement between the pupil and the school in which the pupil accepts responsibility for the safe storage of the medicine and agrees that the medicine is not to be given to any other pupil.

If the pupil is under 16yrs a member of nursing staff will assess the pupil's ability to self-administer using the Gillick competency guidelines (Gillick competency act 1995). If the pupil is deemed 'Gillick competent' the pupil will sign the above mentioned self-administration form.

If the pupil is a boarder they will also be given a boarders prescribed medicine form to complete for the duration of the course of medicine. The relevant matron will also be given notification that the pupil is self-administering. The name/type of medicine remains confidential.

Long term medicines will be reviewed regularly and all prescribed medicine forms will be recalled at the end of every half term. Completed prescribed medicines forms will be filed in the pupils nursing notes.

The nursing staff may consider it more appropriate for the medicine to be stored and administered from the Health Centre or by the pupil's matron.

3. 'Over the counter medicines' (OCM) administered by House staff in the Boarding Houses

Paracetamol, ibuprofen, throat lozenges, antihistamines and E45 cream are stocked in the Boarding Houses and can be administered by matrons/M.O.Ds and Housemasters/mistresses.

- All medicines should be kept securely in a locked medicine cabinet.
- All medicines should be kept in the original container in which they are supplied.

The OCMs are administered under the 'Homely Remedies/OCM policy' and in accordance with the 'Guidelines for referral (out of hours) to the Health Centre' Copies of these documents are held in the Boarding Houses in the Matrons office.

A list of the OCMs/homely remedies held in the Boarding Houses are kept in the medicine cabinet in each House, along with indications for use, contra-indications, side effects and dosages.

House staff involved with administration of OCMs are given annual training, covering appropriate administration, safe storage and documentation requirements.

The OCM protocol details all the medicine held in the Health Centre, this is a signed agreement between the School Medical Officer and the nursing staff allowing for the administration of the listed medicines.

3.1 Restocking/Disposing of OCMs

Matrons will attend the Health Centre to restock OCMs. The stock replaced/disposed of is recorded with the date, quantity and dosage on isams.

Disposal of damaged or expired OCMs must also be recorded at the Health Centre. The nursing staff will then arrange for transfer and disposal of the medicines at a local pharmacy/GP surgery.

4. Reporting Adverse Drug Reactions and Drug Errors

- An atmosphere of transparency and support is essential for reflective practice to be a reality in the environment of drug administration
- Adverse drug reactions and drug errors must always be reported verbally to the Health Centre immediately.
- House staff should record the incident in the Boarding house log/handover book and complete a Smartlog report.
- Nursing staff will inform the School Medical Officer

- Nurse staff will record adverse drug reactions through the national yellow card MHRA system and record the incident as a near miss/serious incident through the internal school system of Smartlog and report the incident to the Compliance Office, Head and Deputy Head Pastoral.
- Nursing staff will monitor the pupil and liaise with the School Medical Officer as to whether further action/treatment is necessary, and consider any adverse reactions
- Nursing staff will inform the parents of the pupil and keep them updated on any care given or actions taken by the school
- The Lead Nurse and Compliance Office will decide if an internal serious incident review is necessary and manage that process.

Additional guidance is given to House staff by the nurses when they are called upon to administer prescribed medicine to a pupil e.g. antibiotics. This will cover safe administration of medicine, correct documentation, dosages, side-effects, reporting adverse reactions, drug errors and refusal of medicine. Prescribed medicines are administered in accordance with the school 'Prescribed medicine policy' (appendix B)

Long Term Prescribed Medicines

Pupils are to be supported in managing ongoing conditions with minimal disruption. Over medicalising conditions and the management of them is to be discouraged as the school aims to promote a positive health model which reduces the disruption to a pupil's education and maintains optimum quality of life, while considering the safety of the whole school community. Ordinarily nursing staff will conclude that the yellow medicine form system is not appropriate or necessary to manage the administration of the following long term prescribed medicines:

- Asthma inhalers
- Insulin
- Epi-pens
- Contraceptive pill
- Long term acne treatment
-

Ordering Repeat Prescriptions for Boarders

Nursing staff record requests for repeat prescriptions and liaise with pupils, matrons and parents to ensure boarders have an adequate supply of medication for the duration of school holidays.

1. Controlled Drugs

Culford School 'Controlled Drugs policy' is written in accordance with current guidelines from the National Prescribing Centre and the DoH. (Appendix C) It gives instructions for the management of controlled drugs during the school day for both boarders and day pupils as well as during school trips

2. Emergency Medicines in Schools

Schools are now permitted to have stock emergency adrenaline auto injector (AAI) and salbutamol inhalers for emergency use. These must only be given to those who have been prescribed that medication for emergency use, or if instructed to by emergency service personnel i.e. if an ambulance operator, specifically gives instructions to administer the medication.

Red Emergency Medicine bags containing adrenaline auto injector pens, emergency inhalers and spacers are stored in the following places on the school site:

- Receptions areas – Nursery, Pre-Prep, Prep and Senior school
- Boarding houses – Fitzgerald, Jocelyn, Cornwallis, Edwards, Cadogan
- Sports centre

- Ashby Dinning Hall

3. Asthma Inhalers

- The Health Centre holds a whole school asthma register; this records the triggers and prescribed treatment of each pupil diagnosed with asthma.
- Day pupils are expected to ensure they have their own 'treater' inhaler on their person throughout the school day.
- It is not acceptable for siblings or friends to share inhalers.
- Boarders are also expected to ensure they have their 'treater' inhaler on their person at all times.

4. Adrenaline Auto Injectors (Epi-pens/Anapens) - for the treatment of anaphylactic shock.

- Pupils who have been prescribed an AAI will have an individual care plan drawn up. As part of this care plan there will be a signed agreement between the nursing staff, the pupil and their parents that the pupil will carry their AAI and antihistamine tablets on their person during the school day. Individual arrangements are made for younger pupils (L2 and below) for their emergency medication to be passed between the adult responsible for them during the different times of their school day
- Spare AAI (Epi-pens) are held in the Health Centre. Schools are now permitted to keep stock back up AAI's for emergency use by those previously diagnosed with anaphylaxis, these are strategically placed around the school
- All teachers and staff with pupil facing roles have annual anaphylaxis training
- Practical anaphylactic shock training with dummy AAI's is given to staff on request.

5. Insulin

- All insulin dependent diabetic pupils keep insulin and first line foods on their person to treat a hypoglycaemic attack e.g. orange juice, glucose tablet, a cereal bar.
- Each pupil will also have a box of spare insulin, emergency prescribed hypo medicine, glucose monitors and other prescribed equipment as well as spare first line foods in the Health Centre.

6. School Trips

Staff supervising excursions should be aware of all the pupils' medical needs and have knowledge of the medicines they are taking.

All medicine administered must be in accordance with the school OCM policy, Prescribed Medicine policy and Controlled Drug policy.

The staff will collect a 'school trip first aid kit' from the Health Centre to take on the trip. This kit will routinely contain a basic supply of 'over the counter medicines' (OCM). It may contain other medicines depending on the medical needs of the pupils on the trip e.g. antihistamines, spare Epi-Pens, glucose tablets, spare emergency inhaler.

Consent from parents for staff to give OCM's is obtained at the point of pupil admission to the school on the school medical form

Documentation of OCM's given:

On school day trips staff should record the pupils name, drug name, dosage and reason for giving in the medicine administration record (MAR) kept in the school trip first aid kit. On residential school trips staff should record illness and medicine administered in the Illness and Medicine log found in the teacher school trip pack.

Prescribed medicine on school trips:

On a school trip prescribed medication will be managed under the following arrangements

- Each school trip should have a designated member of staff responsible for medicines, first aid and medical matters. The member of staff will liaise directly with parents of pupils with health conditions and on medication as part of the trip planning
- Prior to the trip parents should give written permission for staff to give the medication in accordance with the prescribing instructions. This consent form is included in the teacher school trip pack.
- Prescribed medication must be handed over by the parent to the staff member designated in charge of first aid and medicines.
- The prescribed medicine must be in the original container with the prescribing label on it. The container should only contain the amount of medication required for the duration of the trip
- On receipt of the medication from the parents the designated staff member will cross check the exact amount of tablets and record this on the prescribed medicine (the prescribed medicine form is included in the teacher trip pack). This designated member of staff will maintain management of the medicine, recording the administration on the prescribed medicine form
- The designated member of staff will hand over to the parent any medication remaining at the end of the trip
- Prescribed medicine forms should be handed into the Health Centre at the end of the trip

Controlled drugs on school trips:

Controlled drugs such as methylphenidate commonly prescribed to manage ADD and ADHD come under strict legal governance and must be managed differently from normal prescribed medicines or 'over the counter medicines'. There are currently no guidelines from government on how schools should manage controlled drugs on school trips. However, it seems prudent to, as far as possible, replicate the standard CD guidance given for residential settings.

For a school trip this means:

- Prior to the trip parents should give written permission to staff to give the medication in accordance with the prescribing instructions. The form for this is included in the teacher school trip pack.
- Some airlines require written evidence from the prescribing doctor for medication to be transported. The trip leader should proactively enquire about any necessary requirements and ensure they are put in place
- The prescribed medication must be handed over by the parent to the staff member designated in charge of first aid and medicines. The member of staff must keep the controlled drug safe while in transit and on arrival at the destination lock the controlled drug in a safe or lockable drawer
- The prescribed medicine must be in the original container with the prescribing label on it. The container should only contain the amount of medication required for the duration of the trip
- On receipt of the medication from parents the designated staff member will cross check the exact number of tablets with a 2nd member of staff and document it on the prescribed medicine form, the 2nd member of staff will countersign the prescribed medicine form.
- The designated staff member will remain in charge of the controlled drug for the duration of the trip
- The staff member will record the medication given on the prescribed medicine form with and the 2nd member of staff witnessing and countersigning the administration process

- The designated member of staff will hand over to the parent any medication remaining at the end of the trip
- Prescribed medicine forms should be handed into the Health Centre at the end of the trip

7. Resources/References

Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England April 2014

Medicines Management: An overview for nursing ,Royal College of Nursing 2020

Managing Medicines in Schools and Early Years Settings, Dept of Health (ref 1448-2005DCL-EN) March 2005

Professional guidance on the safe and secure handling of medicines. Royal Pharmaceutical Society updated Jan 2024

<https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines>

- The Handling of Medicines in Social Care , Royal Pharmaceutical Society, Oct 2007
- MOSA Guidelines- Administration of Medicines in Schools, January 2023
- The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates 2018
- <https://www.nmc.org.uk/standards/code/>
- Guidelines for the Administration of Medicines , Nursing and Midwifery Council ,Aug 2004
- A guide to good practice in the management of controlled drugs in primary care setting (England), National Prescribing Centre, second edition, Feb 2007
- Medical Protocols and Practice, Boarding Schools Association, boarding briefing paper number four, May 2015

E. Fergus-Hillman reviewed June 2025

Appendix A - Homely Remedy (OCM) Protocol

Aim

To ensure that pupils are given a positive health model by not over-medicalising common complaints.

To provide a safe procedure for when pupils require the administration of non- prescribed medication

Homely Remedies/OCM's held in the boarding houses

Paracetamol, Ibuprofen, Cetirizine, throat lozenges and E45 cream

Information about each of these drugs is displayed by the medicine cabinet in matrons' office

Training

All staff complete annual medicine training if as part of their school role they may be required to administer medicines to a pupil, either in the boarding house or on a school trip.

The training will cover:

- Indications for drug use
- Contra-indications
- Side effects
- Dosage
- Precautions regarding administration

Consent to administer Over the Counter Medicines in the boarding house

On first admission to the school parents of pupils are required to complete a school medical form which includes parental consent for staff to administer simple over the counter medicines. If this consent is not given the fact is included on the pupils isams medical red flag, so all staff are aware.

Storage and Administration

- All medicines must be stored in a locked cupboard
- Check the identity of the pupil by verbally confirming their name
- Check their age and ascertain the correct dose to be given by reading the instructions for use leaflet
- Check whether the child is allergic to any medicines by asking the pupil and confirming any known allergies on the pupils medical red flag
- Check whether or not the pupil has taken any medication recently and if so what
- Check if the pupil has taken that medication before and, if so, whether there were any problems
- Check the expiry date on the medication package or container
- The pupil must take the medication under the supervision of the person issuing it
- If more than two consecutive doses are required the Health Centre must be informed
- Document the medication given in isams under pupil manager. Follow the isams 'how to sheet'. Remember to cross check if the pupil has been given medication by another member of staff that day

https://drive.google.com/file/d/1xGi1i625I6hmKpcWZm7_WuIQB5HU4fxp/view?usp=sharing

- Senior boarding pupils may keep their own homely remedies if deemed to be Gillick competent by the nursing staff. The pupil will be required to sign a self-administration form and keep an accurate record of medicine administered.

OCM's in Trip first aid kits

The trip first aid kits include the medicines detailed above and also some additional medicines that may be of use while travelling. Staff should check the accompanying 'instructions for use' drug leaflets held with the relevant medicine in the trip first aid kit and be familiar with the indications for use, correct doses, common side effects and contraindications.

Consent to administer Over the Counter Medicines on a school trip

On first admission to the school parents of pupils are required to complete a school medical form which includes parental consent for staff to administer simple over the counter medicines. If this consent is not given the fact is included on the pupils isams medical red flag, so all staff are aware. Please also cross check this against any consent you have obtained for the specific trip.

Storage and Administration of OCM's on school trips

All medicines should be in the safe custody of a designated staff member responsible for first aid and medicines on the trip.

Before administering an OCM on a school trip:

- Be familiar with the accompanying 'instructions for use' leaflet including the indications for use, correct doses, common side effects and contra-indications
- Check the identity of the pupil by verbally confirming their name
- Check their age and ascertain the correct dose to be given by reading the instructions for use leaflet
- Check whether the child is allergic to any medicines by asking the pupil and confirming any known allergies on the pupils medical red flag
- Check whether or not the pupil has taken any medication recently and if so what
- Check if the pupil has taken that medication before and, if so, whether there were any problems
- Check the expiry date on the medication package or container
- The pupil must take the medication under the supervision of the person issuing it
- Document the medication given. Day trips – record this in the medicine booklet in the first aid kit provided by the Health Centre. Residential Trips - record in the 'Medicines, illness and accidents' log which is the Trips file. Always detail, the pupils name, reason for giving, date and time

Adverse drug reactions and drug errors

- An atmosphere of transparency and support is essential for reflective practice to be a reality in the environment of drug administration
- Adverse drug reactions and drug errors must always be reported verbally to the Health Centre immediately.
- House staff should record the incident in the Boarding house log/handover book and complete a Smartlog report.
- Nursing staff will inform the SMO and record adverse drug reactions through the national yellow card MHRA system and record the incident as a near miss/serious incident through the internal school system of Smartlog and report the incident to the Compliance Office, Head and Assistant Head (Pastoral and Boarding).
- Nursing staff will monitor the pupil and liaise with the School Medical Officer as to whether further action/treatment is necessary as a result of reported errors/adverse reactions
- Nursing staff will inform the parents of the pupil and keep them updated on any care given or actions taken by the school
- The Head of health Services (Clinical) and Compliance Office will decide if an internal serious incident review is necessary and manage that process

Reviewed June 2025 E Fergus-Hillman

Appendix B - Protocol for Prescription Drugs Culford School

It is the aim of the Health Centre to support pupils with short and long term conditions by encouraging personal responsibility of their condition and safe medicine management while considering the safety of all those in our school community.

The protocol for prescription drugs takes into account the vast age range, needs and maturity of our pupils.

If it is necessary for a pupil to take a prescribed medicine during the school day the parent/guardian should complete the necessary prescribed medicine consent form allowing the school to manage this responsibility. These forms can be obtained from the Health Centre, Prep and Pre-Prep school office.

The Health Centre staff will then liaise with parents and the relevant part of the school to ensure the people can be given their prescribed medicine with minimal disruption to their school day.

- All prescribed medicines supplied by parents to the school must be in the original container with a prescription label in place
- The school reserve the right not to administer prescribed medicine which in the UK is 'off licence' for that condition or aged child or not licenced in the UK.

If a pupil is prescribed a medicine during the holidays the Health Centre staff should be informed by the parent/tutor/HSM.

When a boarding pupil is prescribed medicine the Health Centre will ensure the prescription is delivered to the school as soon as possible and repeat prescriptions ordered as necessary.

Self-Administration of Prescribed Medicine

Assessment of a pupil's ability to self-administer must be carried out carefully by the nursing staff. Support and encouragement from both the House matron and the Health Centre staff is necessary.

The nursing staff will decide through an assessment if it is appropriate for the pupil to self-administer the prescribed medicine.

This assessment is carried out using the 'Gillick' competency guidelines' (see appendix 1). If the pupil is deemed to be Gillick competent in this matter the nurse will ask the pupil to sign a self-administer form which outlines the schools expectations with regard to safe storage and recording of the medicine. With the strict understanding that the medicine is not to be given to anyone else.

It should be noted that Gillick competency is an assessment that is made and applied to that specific health matter, it will be reviewed regularly and according to the presenting evidence. If for any reason the pastoral and/or nursing staff have concerns that the pupils is unable to store, administer and record their medication safely then the matron will take charge of administering the medicine to the pupil.

Boarding House Prescribed Medicine Form

If the pupil is deemed able to self-administer then the pupil will use the boarding house prescribed medicine form system.

- The pupil will be given a prescribed medicine form to complete for the duration of the treatment/course
- The nurse will fill in a medical tracker form which is kept at the Health Centre. This details the name of the pupil, the drug, dosage, quantity and date of review

- The House staff will be alerted/reminded that the pupil is self-administering by a small yellow card which the nursing staff will give to the matron, who will keep the card in the House medicine cabinet, this will state the pupils name and the date of review, for the purposes of confidentiality this card will not indicate the medicine the pupil is taking
- On completion of the form/completion of the treatment the form will be recalled to the Health Centre where it will be filed in the pupils nursing notes
- All prescribed medicine forms are recalled by the matron at the end of each half term and returned to the Health Centre

If the pupil is not able to safely self-administer their prescribed medication the matron will hold the prescribed medicine form and be responsible for the administration and documentation of the medicine. Nursing staff will liaise with the pupil and matron to ensure the pupil has adequate supplies of medicine for the duration of school holidays.

When administering prescribed medicine to a pupil always adhere to the following procedure:

- Check the identity of the pupil by verbally confirming their name and date of birth against the prescription label on the medicine
- Check the prescribed dose
- Check the expiry date of the medicine
- Check the written instructions provided by the prescriber on the label/container

Document on the medicine card the following information:

- Date, time, dosage/amount given, amount remaining

Note

Prescribed Medicines should only be administered from the original container.
Prescribed medicine must only be given to the person it has been prescribed for.

Controlled Drugs

Culford School 'Controlled Drugs policy' is written in accordance with current guidelines from the National Prescribing Centre and the DoH. (Appendix C)

Prescribed medicine on school trips

On a school trip prescribed medication will be managed under the following arrangements

- Each school trip should have a designated member of staff responsible for medicines, first aid and medical matters. The member of staff will liaise directly with parents of pupils with health conditions and on medication as part of the trip planning
- Prior to the trip parents should give written permission for staff to give the medication in accordance with the prescribing instructions. This consent form is included in the teacher school trip pack.
- Prescribed medication must be handed over by the parent to the staff member designated in charge of first aid and medicines.
- The prescribed medicine must be in the original container with the prescribing label on it. The container should only contain the amount of medication required for the duration of the trip
- On receipt of the medication from the parents the designated staff member will cross check the exact number of tablets and record this on the prescribed medicine form (the prescribed medicine form is included in the teacher trip pack). This designated member of staff will maintain management of the medicine and recording its administration on the prescribed medicine form
- The designated member of staff will hand back to the parent any medication remaining at the end of the trip

- Prescribed medicine forms should be handed into the Health Centre at the end of the trip

Adverse drug reactions and drug errors

- An atmosphere of transparency and support is essential for reflective practice to be a reality in the environment of drug administration
- Adverse drug reactions and drug errors must always be reported verbally to the Health Centre immediately.
- House staff should record the incident in the Boarding house log/handover book and complete a Smartlog report.
- Nursing staff will inform the SMO and record adverse drug reactions through the national yellow card MHRA system and record the incident as a near miss/serious incident through the internal school system of Smartlog and report the incident to the Compliance Office, Head and Assistant Head (Pastoral and Boarding).
- Nursing staff will monitor the pupil and liaise with the School Medical Officer as to whether further action/treatment is necessary as a result of reported errors/adverse reactions
- Nursing staff will inform the parents of the pupil and keep them updated on any care given or actions taken by the school
- The Head of Health Services (Clinical) and Compliance Office will decide if an internal serious incident review is necessary and manage that process

Specific staff training

House staff that administer prescribed medicines will be given specific guidance from the nursing staff for that particular medicine. This will cover safe administration of the medicine, correct documentation, dosages, side-effects, reporting adverse reactions, drug errors and refusal of medicine

Nursing staff will support and liaise with the pupil and matron regarding repeat prescriptions.

The school prescribed medicine form system will not be put in place for pupils who are administering the contraceptive pill or long term acne treatment.

Reviewed by E.F-H June 2025

Due for review 2026

Appendix 1 Gillick Competency

Gillick competency 1985 states that:

- Any child below the age of 16 years can give consent when they reach the necessary maturity and intelligence to understand fully the intervention proposed and the consequences (advantages and disadvantages) of their decision.
- If a child is deemed to be Gillick competent after receiving all the appropriate information regarding the intervention then consent is valid.
- Intelligence and ability to understand will vary greatly for every child and in different types of medical intervention. So the decision of Gillick competency must always be considered very carefully.
- Doctors and nurses must always encourage the child to inform their parents.

Appendix C - Culford School Controlled Drugs Policy and Procedures

Controlled Drugs

There are legal requirements for the storage, administration, records and disposal of controlled drugs set out in the **Misuse of Drugs Act (1971)**, and associated Regulations (safe custody) 1973 and Amendment 2007.

- Any member of staff may administer a controlled drug to a child for whom it has been prescribed
- Staff training is given to all staff administering the controlled drug. This will include indications for use, contra-indications, dosage, safe storage documentation requirements, disposal of medicine, reporting of adverse reactions and drug errors
- All controlled drugs in the Culford School setting will be prescribed for a specific pupil and can only be given to that pupil. The school do not hold any stock controlled drugs
- Staff administering the drug must do so in accordance with the prescriber's instructions and this policy

Storage of Controlled Drugs

- Controlled drugs should be stored in a non-portable, lockable container
- For safe practice the locked cupboard for controlled drugs should contain nothing else and only those with authorised access should hold keys

Documentation and Administration of a Controlled Drug

- C.Ds must be recorded in a separate C.D register/book, the Health Centre and each boarding house have a controlled drug register
- The C.D register must be a bound book, have the name of the specified drug at the top of each page, the name of the pupil, date, dosage administered, refusal of medicine and running total.
- All the entries should be made in ink
- On receipt of a controlled drug from the pharmacy the nurse will record the delivery in the C.D register held in the Health Centre including the quantity and dosage, this will be checked and signed by two members of staff.
- The House matron will collect the controlled drug from the Health Centre, the nurse will document in the Health Centre C.D register the transaction of the drug and both the nurse and matron will sign the drug out of the Health Centre C.D register and into the House C.D register.
- When administering the medication to a pupil - Check the prescription label, confirm the name of the pupil on the label and verbally confirm the pupil by name, check the drug name and dosage, check the expiry date
- The process of administering the controlled drug is to be carried out by two members of staff on every occasion that the drug is administered. In our school setting the prescribed timing of the drug and the boarding environment may mean it is not always possible to have two members of staff present, in which case the pupil can be the 2nd signatory. The importance of the process should be explained clearly to the pupil so they fully engaged and focused on the task. The running total count must be physically checked and confirmed by both signatories on every occasion of administration.
- It is best practice for the matron of each boarding house to check weekly all aspects of storage and documentation of the C.D process, C.D register and CD stock. This means any errors or discrepancies can be quickly identified and addressed.
- Transparent culture of reporting errors - As with OCM medications in the boarding house it is important staff feel confident and supported to quickly report drug errors and discrepancies to the Health Centre in order that the school is a safe environment and problems can be swiftly identified and rectified.
- Corrections must be signed and dated by the nurse and boarding staff

Controlled Drugs on School Trips

Controlled drugs such as methylphenidate which is commonly prescribed to manage ADD and ADHD come under strict legal governance and must be managed differently from normal prescribed medicines or 'over the counter medicines'. There are currently no guidelines from government on how schools should manage controlled drugs on school trips. However, it seems prudent to, as far as possible, replicate the standard CD guidance given for residential settings.

For a school trip this means:

- Prior to the trip parents should give written permission to staff to give the medication in accordance with the prescription instructions. The parent consent form for this is included in the teacher school trip pack.
- Some airlines require written evidence from the prescribing doctor for medication to be transported. The trip leader should proactively enquire about any necessary requirements and ensure they are put in place
- The prescribed medication must be handed over by the parent to the staff member designated in charge of first aid and medicines. The member of staff must keep the controlled drug safe while in transit in a locked travel bag supplied by the Health Centre and on arrival at the destination lock the controlled drug is safe or lockable drawer
- The prescribed medicine must be in the original container with the prescribing label on it. The container should only contain the amount of medication required for the duration of the trip
- On receipt of the medication from parents the designated staff member will cross check the exact number of tablets with a 2nd member of staff and document it on the prescribed medicine form, the 2nd member of staff will countersign the prescribed medicine form.
- The designated staff member will remain in charge of the controlled drug for the duration of the trip
- The staff member will record the medication given on the prescribed medicine form with the 2nd member of staff witnessing and countersigning the administration process
- The designated member of staff will hand over to the parent any medication remaining at the end of the trip
- Prescribed medicine forms should be handed into the Health Centre at the end of the trip, as this form part of the pupil's school nursing record

Adverse Reactions, Drug Errors and Discrepancies

- An atmosphere of transparency and support is essential for reflective practice to be a reality in the environment of drug administration
- Adverse drug reactions and drug errors must always be reported verbally to the Health Centre immediately.
- House staff should record the incident in the Boarding house log/handover book and complete a Smartlog report.
- Nursing staff will record adverse drug reactions through the national yellow card MHRA system and record the incident as a near miss/serious incident through the internal school system of Smartlog and report the incident to the Compliance Office, Head and Assistant Head (Pastoral and Boarding).
- Nursing staff will monitor the pupil and liaise with the School Medical Officer as to whether further action/treatment is necessary as a result of reported errors/adverse reactions
- Nursing staff will inform the parents of the pupil and keep them updated on any care given or actions taken by the school

- The Head of health Services (Clinical) and Compliance Office will decide if an internal serious incident review is necessary and manage that process

Disposal of Controlled Drugs

The drugs should be returned to the Health Centre where the nursing staff and the person returning the medicine will record the name of the medicine, dosage, quantity, date of return, reason for return and sign the Health Centre C.D register and the return to pharmacy form. A member of the nursing staff will then personally return the medicine to Victoria Surgery, Bury St Edmunds for disposal.

List of the most commonly encountered drugs currently controlled under the misuse of drugs legislation

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

References/Resources

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<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>
- Managing Medicines in Schools and Early Years Settings, March 2005 Dept of Health (reference 1448-2005DCL-EN)
- The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates 2018
<https://www.nmc.org.uk/standards/code/>
- Professional guidance on the safe and secure handling of medicines. Royal Pharmaceutical Society updated Jan 2024
<https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines>
- Controlled drugs: safe use and management NICE guideline Published: 12 April 2016
www.nice.org.uk/guidance/ng46
- A Guide to Good practice in the Management of Controlled Drugs in Primary Care (England), National Prescribing Centre. Feb 2007, second edition
- The Handling of Medicines in the Social Care Settings, Royal Pharmaceutical Society of Great Britain Oct 2007
- Medical Protocols and Practice
- Boarding Schools Association, boarding briefing paper number four ,May 2015
- MOSA Guidelines- Administration of Medicines in Schools, January 2023
- Misuse of Drugs Regulation 2001

Reviewed June 2025 E. Fergus-Hillman

Appendix 2 Infection Control Policy

1. Introduction

The main source of infection in our communities is people. As we do not know who may be infectious, adhering to hygiene guidelines known as Standard Principles can protect people from acquiring or passing on infection. Standard Principles include hand washing, the appropriate use of personal protective equipment (PPE), safe management of sharps and dealing with blood and body fluids spillages.

2. Hand Washing

Hand-washing is the most effective means of reducing the spread of infections.

Its purpose is to remove or destroy any micro-organisms which may be on the hands. Micro-organisms that cause diseases are usually removed easily with thorough hand washing.

- Rub hands together with water and liquid soap, covering the hands with lather for at least 15 seconds. Rinse hands with warm water to remove the lather and then dry thoroughly with a paper towel. Cover all cuts and abrasions with a water proof dressing.
- Always wash hands after using the toilet and before eating or handling foods.
- Wash hands after attending to a pupil either in the examination room or when they are in the Sanatorium.
- Always cover cuts and abrasions with an occlusive dressing.
- Alcohol gel is a useful disinfectant, but hands must be visibly clean and free from contamination. NB it is not effective against norovirus or clostridium difficile.

3. Personal Protective Equipment (PPE)

- Gloves: Unpowdered, (single use, disposable) low protein latex gloves are preferable (providing no latex allergies)
- Aprons: single use disposable aprons, to protect clothing if likelihood of splashes with body fluids.
- Masks: can be used when clearing up vomit, use when dealing with suspected flu and COVID 19 cases.
- Visors – to protect eyes from infection
- Gowns – single use clothing protection

4. Cleaning of Blood and Body Fluids

Personal protective equipment should be used when contact with body fluids is anticipated e.g. disposable gloves, disposable aprons, this includes when there is the risk of splashing and contamination of clothing.

- Masks can be used when clearing up vomit to reduce the risk of airborne transmission.
- A bio-hazard kits are kept in the Health Centre, and in specific areas around the school site. These contain a sachets of granules which will solidify liquid.
- Paper towels should be used to mop up and then discarded in a clinical waste bag, never use mops for cleaning up blood or body fluids

- Then clean the area with a product that combines a detergent and disinfectant, which is effective against viruses and bacteria.
- If carpets or upholstery become soiled they should have most of the body fluid mopped up with paper towels and then be cleaned with a steam cleaner.
- Splashes of body fluids into eyes mouth nose should be rinsed out with copious amounts of water or saline. This should be reported to the line manager and should be logged as an accident

5. Sharps Injuries and Bites

Sharps include needles, razor blades, broken glass or other items that cause laceration or puncture.

- If the skin is broken encourage bleeding from the wound and wash thoroughly with water and soap.
- Cover wound with a dressing.

6. Significant Exposure

If the injury is a result of a needle stick injury/or exposure to high risk body fluids.

- Encourage bleeding and wash thoroughly for 5 minutes under cold water.
- Cover wound with a dressing
- Report incident to line manager, the incident should be reported as an accident.
- If the body fluid is known to be contaminated carry out the above procedure and then seek immediate attention from GP/A&E.
- Human bites: risk assess both the person bitten and the biter.

7. Disposal of Sharps and Clinical Waste

Clinical waste should be placed in yellow clinical waste bag. This should be sealed and delivered to Victoria Surgery for disposal as soon as possible.

All sharps must be disposed of in a yellow sharps bin. When the bin is full to the indicator line it should be sealed and the lid re-checked to ensure that it is securely fastened before it is delivered to Victoria Surgery for disposal.

8. General Cleaning

The Health Centre is cleaned once a day by school cleaners.

9. Outbreaks

An outbreak is defined as 2 or more persons with the same disease or symptoms at the same time, or a greater than expected rate of infection compared to the normal.

For COVID 19 cases and outbreaks follow the latest UK Health Security Agency advice for schools and residential settings.

Who to inform:

- **SMO**
- **Local Health Protection unit**
- **Environmental health**
- **UKHSA**

In times of a standard outbreak of a virus:

- Nursing staff will inform the School Compliance Office, Bursar, Head and School Medical Officer
- Nursing staff will inform the Head Cleaner and bleach based products (0.1% solution of chlorine releasing agent) will then be used to clean the bathrooms, toilets, high touch areas. Cleaning schedules will be reviewed and increased as advised by UKHSA
- Individual schools will be informed of any outbreak and the need for good hand washing can be publicly reiterated.
- Inform IT services to promote on flat screen T.V's around the school the necessity for increased good hand hygiene, and other appropriate public health messages.
- The cleaner will be given appropriate PPE to wear whilst completing her duties.
- The nursing staff will use a disinfectant spray to clean surfaces and bed frames in the rooms.
- Nursing staff will wear appropriate disposable PPE (mask, gloves, apron, visors, gown while in the San
- The San will be screened off and visitors prohibited

10. Diarrhoea and Vomiting Outbreaks

Commonly caused by a virus called norovirus (also known as winter vomiting). This virus can cause widespread infection via the aerosol spread of vomit and by poor hand hygiene (faecal/oral route).

Recommendations:

- The above actions should be carried out.
- Any person with the symptoms to remain absent from school until 48 hours after the last symptoms.
- Any contaminated carpets should be deep cleaned.

11. Influenza Outbreaks

Most common during the winter months it is spread by coughing, sneezing and contamination of surfaces and objects from hand contact.

- Encourage good hand washing
- Encourage coughing and sneezing into tissues and ensure easy access to rubbish bins.
- Use cleaning agent 0.1% solution of chlorine to clean all communal areas, particular attention should be given to toilet facilities, flush handles, basins taps and door handles.

12. COVID 19 outbreaks

Follow current UK Health Security Agency advice for residential settings and schools, inform local Health protection team of cases and School Medical Officer.

13. Meningitis

Incidents are almost always isolated. In cases of suspected or confirmed meningitis inform the School Medical Officer and the Head immediately. The School Medical Officer will inform the Local Health Protection Unit and or UKHSA. The Head and S.M.O will together draft an appropriate letter to parents guided by the health authorities.

14. Uniforms

Nurses are provided with a uniform. It is the responsibility of the individual nurse to wash her uniform. The uniform should be washed at a minimum of 60 degrees in order to kill any micro-organisms.

HPECS guidance: Exclusion Table

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT) .
Respiratory infections including coronavirus (COVID-19)	<p>Children and young people should not attend if they have a high temperature and are unwell.</p> <p>Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.</p>	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	<p>If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.</p> <p>For more information, see Managing outbreaks and incidents.</p>
Infection	Exclusion period	Comments

Last Reviewed: July 2025

Version 1.9

Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT .	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT . For more information, see Managing outbreaks and incidents .
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.

Last Reviewed: July 2025

Version 1.9

Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Infection	Exclusion period	Comments
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.

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Version 1.9

Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your UKHSA HPT .
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Infection	Exclusion period	Comments
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.</p> <p>Exclusion not required for nonpulmonary or latent TB infection.</p> <p>Always consult your local HPT before disseminating information to staff, parents and carers.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your local HPT will organise any contact tracing.</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.

Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.
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Appendix 3 First Aid Management Policy

Introduction

Culford School accept the duties placed on them by health and safety legislation. Employers must provide adequate and appropriate equipment, facilities and qualified first-aid personnel. All injuries, disease, damage and/or near-miss resulting from incidents related to Culford Schools operations, however minor, will be reported.

The school will provide adequate first aid provision in accordance with the Department for Education and Skills Guidance on First Aid for Schools and the Health and Safety (First Aid) Regulations. A first aid risk assessment will be regularly reviewed to ensure the school has sufficient first aid provision. Regardless of whether the injury or illness is caused by a school activity or not, it is important that appropriate first aid is given promptly. This policy will outline how the school will implement the first aid arrangements. First aid can save lives and prevent minor injuries becoming major ones.

Provision of first aid

The main duties of a first aider are ***to give immediate help to casualties with common injuries or illnesses and when necessary, ensure that an ambulance or other professional medical help is called.***

There are qualified first aiders on site when the school site is operational both during term time and in holiday periods.

The School Nurses are on call 24 hours a day 7 days a week during term time. It is the aim of the school that each department within the school should have a trained first aider (Either Emergency First Aid HSE or First aid at Work HSE).

Qualifications and Training

The school has carried out a first aid needs assessment to ensure that adequate first aid cover is provided for all areas for the school and associated activities. It is the School's policy that all teaching staff will complete an Emergency First Aid course (and update the course every 3 years. The school employ a first aid trainer, who delivers all the HSE approved first aid courses.

Pre Prep and Culford Nursery staff are required to always have at least one qualified paediatric first aider on the premises and available when children are present to be compliant with Early Years Foundation Stage (EYFS) Framework. The school policy is that all EYFS staff are trained in paediatric first aid (full course) to cover this requirement. New staff will complete this training within 3 months of starting work at Culford School. They are required to renew this qualification every three years. Annual updates on asthma, epilepsy, diabetes and anaphylaxis for all teaching staff and those with pupil facing roles; support staff can also access these courses. The Health Centre Team will, if requested, personally deliver training sessions on these conditions for groups or individuals of staff

A current list of qualified first aider is held by the Health Centre.

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First Aid Equipment, Materials and First Aid Facilities

First Aid kits are situated in the following areas:

Location	Where Kept	Date Checked
Nursery x 2 kits + bumbag	Reception/Kitchen	
Pre-Prep x 2	Reception/kitchen	
Prep School x 1 large supply	Office	
Prep School Science x 2	Science lab	
Cadogan x 1	Matron's office	
Cadogan kitchen x 1	Kitchen	
Cadogan trip kit x 1	Matron's office	
Jocelyn x 1	Matron's office	
Cornwallis x 1	Matron's office	
Edwards x 1	Matron's office	
Fitzgerald x 1	Matron's office	
Main School Reception x 1	On peg behind desk	
Senior Common Room x 1	Senior Common Room	
Kitchenette, main school x 1	Cupboard under sink	
Laundry x 1	Next to telephone	
Art x 2	Art office	
DT Workshop x 2 + Trauma bag	1 downstairs, 1 upstairs,	
Hastings x 1	Entrance lobby	
Hastings x 1	Upstairs corridor, opposite Maths office	
Skinner x 1	Entrance lobby	
Skinner x 1	Upstairs corridor near Business and Economics	
Chemistry x3	See Technician/HOD	
Physics x 1	See Technician/HOD	
Biology x 4	See Technician/HOD	
Sports Centre x 1	Reception	
Sports Centre First Aid Room - large supply	First Ai Room	
PE x 1	KK	
Rugby, x 4	SW, MB, AH, GS	
Hockey x 3	AB, HD, GM	
Cricket x 3	CG, AY, BC	
Netball x 3	SH, CR, ABu	
Cricket Pavilion x 1	On side of pavilion	
Tennis Trips x 1	Chris Johnson	
Tennis Centre x 1	Managed by Sports Centre	
Outside Courts x 1	Managed by Sports Centre	
Walled Garden Astro/San Fields x 1	Managed by Sports Centre	
Tennis Bubble x 1	Managed by Sports Centre	
Porters x 1	Lodge	
Porters x 1 in each van	Vans	

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Gardens and Grounds – x 1 per vehicle + Trauma bag	On Vehicles/Shed	
Workshop – x 1 1 st aid kit + Trauma kit	Workshop	
Workshop Tea Room	Upstairs, Workshop	
Maintenance vans x 1 in each van	In vans	
Minibuses – x 1 in each vehicle	Managed by Lucy and Sean Collier	
People Carriers – x 1 in each vehicle	Managed by Lucy and Sean Collier	
Ashby Kitchen x 1	Office	
Cleaners x 3 + 1 for Night Cleaners	Keeley	
Golf + meds for trips x 1	Lawrence Dodd	
Finance Office x 1	Office	
Marketing and Foundation Office x 1	Big Hartley	
Library x 1	Kitchen	
CCF/DofE Culford Outdoor Pursuits x 2 large, 2 small)	LW/SR	
Dance x 2	Vic Ford	
Football x 4 + x 1 in Football Class Eastfields + Defib	EU, PL	
School Office x 1	HMPA office	
Bicycle repair workshop 1 kit + 1 eye station	Bike store	
Aerospace Club x 1	Josh Gifford	

First Aid Kits contents

Disposable gloves x 4	Assorted plasters
Assorted dressing	Eye pads x 2
Ambulance dressing x 2	Foil blanket
Crepe bandage	Yellow bags x 2
Vent aid	Sling
Assorted bandages	Gauze swabs
Safety pins x 1 packet	Alcohol swabs
Mepore tape	
<u>Rugby bags should contain all of the above plus:</u>	
Extra gauze	Extra eye pads
Extra ambulance dressing	Scissors
Vaseline	Disposable ice packs x 2
Ice spray x 2	White tape 2.5cm x 2
Pink tape 2.5cm x 2	Pink tape 4.5cm x 2
<u>Hockey and Netball bags should contain the same as a normal first aid kit plus:</u>	
Ice spray x 2	Disposable ice packs x 2
Accident report forms	

Each first aid kit is green with a white cross. The Health Centre will recall emergency first aid kits every summer term for checking. It is the responsibility of the Heads/Managers of the areas listed above to respond to the recall. Staff should notify the Health Centre of any items in needs to replacement.

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Bio-hazard kits

These are used for cleaning up body fluids should be used. These are kept in the following sites around the school:

Fieldgate Office, Boarding Houses, Prep School Office, Main School Reception, Ashby Dining Hall, Health Centre, Skinner, Hastings, Library, William Miller, Pringle, Sports Centre

Trauma kits

Kits with specific products to manage major bleeds are located in areas at high risk of injuries that may result in a catastrophic bleed due to the equipment used in certain activities.

- DT
- Maintenance Yard
- Grounds

Anti choking kits are situated in:

- Ashby dining hall,
- Sports Centre - Paddy and Scott's café,
- Nursery x 2
- Pre Prep x2
- Health Centre

Training for their use is accessible to staff by scanning the QR code on the kit.

<https://www.youtube.com/watch?v=sYJhYw6iQlw>

Automated external defibrillators (AED's) are located across the school site.

- | | |
|---------------------|--|
| • Sports Centre | Public access |
| • Health Centre | Portable |
| • Main School | Portable |
| • Sports department | Portable - available with the first aid kit on pitch side during sport |

There is a public access AED located on the main road of the Village near to Pre Prep at the Culford Club.

Emergency Medicines in Schools

Schools are now permitted to have stock emergency adrenaline auto injector (AAI) and salbutamol inhalers for emergency use. These must only be given to those who have been prescribed that medication for emergency use, or if an emergency service personnel i.e. ambulance operator, specifically gives instructions to administer the medication.

Red Emergency Medicine bags containing adrenaline auto injector pens, emergency inhalers and spacers are stored in the following places on the school site

- Receptions areas – Nursery, Pre-Prep, Prep and Senior school
- Boarding houses – Fitzgerald, Jocelyn, Cornwallis, Edwards, Cadogan
- Sports centre
- Ashby Dining Hall

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Sports Fixtures

An assessment of first aid requirements must be made ahead of fixtures to ensure that adequate provision is made. The teacher in charge of the fixture must ensure that a first aid kit is kept on the touchline and that its whereabouts is known to others in the vicinity.

Rugby - The active prevention of spinal injuries

At Culford all competitive matches are played under the direction of the RFU Schools & Youth Regulations. In addition the coaching and supervision is in line with the RFU rugby continuum which identifies when and how the physical contact aspect of the game is introduced. The game is taught and coached by experienced and qualified teachers and coaches. All children are introduced to the area of the tackle on an individual basis to ensure that skills are developed in an appropriate manner. Only children who have received specific instruction on how to scrummage safely, and who have had the experience in a controlled environment during training, will be allowed to take part in a scrummage during a competitive match. In the event of no specialist player, with experience of the front row, being on the field scrums will move to an uncontested re-start. Children will not be allowed to take part in touch or contact rugby including competitive rugby fixtures without using an appropriate mouth guard.

First aid provision at rugby matches

- A pitch side first aider is in attendance at Senior School fixtures

Specific first aid for suspected spinal injury

The spine, or backbone, protects the spinal cord, which controls many body functions. Back injuries can be caused by pinching or displacement of nerves, or by spinal fracture. Suspect a spinal injury after an awkward fall or awkward injury.

Look for:

- Localised tenderness around the back or neck
- Shooting pains in casualty's limbs
- Limbs feeling heavy or tingling
- Loss of sensation in limbs below level of injury
- Breathing difficulties

First aid aims

- Prevent further injury
- Get casualty to hospital

Actions if casualty is conscious

- Call 999
- Do not attempt to move casualty
- Offer reassurance
- Steady and support casualty's head in your hands

Actions if casualty is unconscious

- Check airway and breathing
- Place casualty in modified recovery position if you have help

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Actions if casualty stops breathing

- Call 999
- [Open airway](#)
- Check for breathing again
- Give [resuscitation](#) until help arrives

First aid facilities

The Sports Centre has a designated first aid room, this is situated in the main foyer the sign on the door indicates that it is the first aid room. The Health Centre has a fully equipped clinical room and a 5 bedded sanatorium.

Accidents

Pupil accidents that occur in school:

- Submit an accident report using Smartlog and return pupils to lessons or activities where appropriate.
- Keep pupils in the Health Centre under observation if appropriate.
- Send pupil to the school doctor/own GP to assess the injury.
- Send the pupil to hospital if the injury is an accident or emergency.

Any accident, incident or near miss that occurs within school must be reported via Smartlog accident reporting software as soon as possible. Staff should report accidents/injuries to themselves or accidents/incidents that they witness. Accident reports for pupils will be sent to the Health Centre team and the Compliance Office. Minor accidents should be attended to by a first aider in the first instance using a first aid kit. In the event of further medical attention being required, the Health Centre should be contacted or if the patient is able to walk, or can be helped to the Health Centre, this should be allowed. The Health Centre is only open during term time.

The Health Centre is normally responsible for communication with parents.

Head Injuries

Culford's Head Injury Policy details the protocols around head injuries including;

- staff concussion training requirements, immediate assessment and care of head injuries on and off site, ongoing care and referral to medical services for further assessment, when appropriate.
- Communication pathway and accessing the Return2Play concussion management system and GRAS schedule.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013 (RIDDOR)

The school has a legal obligation to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to Health and Safety Executive (HSE) within prescribe timeframes.

This is via the Compliance Office who will carry out an investigation of the accident, incident or near miss and determine if RIDDOR reporting is required. Your submission of the accident report will trigger this process. For further information on RIDDOR please go to www.hse.gov.uk.

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Sending Pupils to Hospital for Accident and Emergency

Calling an ambulance

In an emergency call for an ambulance dialling 999 before calling the Health Centre for assistance. Arrange for someone to direct the ambulance to the location of the casualty.

All pupils who are referred to hospital must normally be accompanied by a member of Common Room, a matron or their parents. Other pupils should not accompany their friends. For hospital trips that occur during the school day parents or members of Common Room will be asked to accompany the pupil. For Boarders in the evening it is the responsibility of the House to provide an adult to accompany pupils to hospital, usually the Housemaster/Housemistress, Matron or a tutor.

In the case of serious illness of a pupil the Head of Health Services (Clinical) will liaise directly with the Head and senior management to coordinate care and communication.

Infection Control

When attending an accident or when providing first aid, it must be assumed that all body fluids are an infection risk and appropriate precautions should be used when dealing with them. To reduce the risk of infection spreading it is important that body fluids are cleaned up as a matter of urgency. It is the responsibility of the first available adult to do this. Bio-hazard kits should be used to safely clean up body fluid spillages; the kits contain personal protective equipment such as plastic gloves, face masks and disposable aprons.

Yellow clinical waste bags are kept in all first aid kits and bio-hazard kits. These bags are to be used to safely dispose of all products contaminated with body fluids including gloves, aprons soiled dressings etc. The bags must not be put in the usual bins but brought to the Health Centre where it can be stored before collection by the clinical waste contractors employed by the school.

School Trips

Each trip is required to have a bespoke first aid kit depending on the needs of the pupils on the trip. These first aid kits are put together by the Health Centre Team. At least two members of staff should receive specific training to assist pupils with specific medical needs whilst away from school. Staff that lead any school trip will carry out a risk assessment and follow the Schools Trips Policy which details guidance what trip leads need to do before, during and after the trip.

The risk assessment may result in providing staff with extra training related to either the nature of the trip and potential injuries e.g. staff on a ski completing head injury and concussion training or the medical needs of the pupils on the school trip, such as; practical diabetes training, auto adrenaline injector training (for anaphylaxis emergency management) and epilepsy/seizure emergency management.

References

Health and Safety of Pupils on Educational Visits, A good practice guide - Department for Education and Employment.

Early Years Foundation Stage Statutory Framework: For group and school based providers
[EYFS statutory framework for group and school-based providers](#)

First Aid in schools, early years and Further Education Guidance: Feb 14th 2022 Dept of Education

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<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

Changes to the EYES Framework: Dept of Education September 2025

<https://help-for-early-years-providers.education.gov.uk/support-for-practitioners/changes-to-the-eyfs-framework>

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