

# NP10.5 First Aid & Administration of Medicines Policy

This applies to the whole school including EYFS at Newton Prep

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## Executive Summary

At Newton Prep the safety and wellbeing of our children and staff are our highest priority and this policy outlines the School's responsibility to provide safe, appropriate First Aid at all times when there are people on the school premises and to ensure best practice. First Aid at the School is administered in a timely and competent manner and this policy is implemented effectively by ensuring that adequate numbers of staff are appropriately trained and the proper equipment is provided.

The policy is written with reference to the following guidance:

- Early Years Statutory Framework (July 2025)
- First aid in schools early years and further education (February 2022)
- Health and Safety: responsibilities and duties for schools (April 2022)
- Supporting children with medical conditions at School August 2017.

This policy should also be read in conjunction with the following policies:

Children Missing Education (including supervision and lost children procedures)  
Educational Trips and Visits Policy  
Health and Safety Policy and Procedures  
Safeguarding and Child Protection Policy  
Staff Handbook  
Employment Manual (including Staff Code of Conduct)  
Data Protection Policy and Privacy Notices

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# Responsibilities

Every member of staff has a duty to be aware of the medical information of all children for whom they are regularly responsible. The School Nurse alerts staff to children that have inhalers or epipens in School. Catering staff are expected to be aware of children with food allergies.

Responsibility for First Aid in school lies with the School Nurse, overseen by the Deputy Head – Lower School (DHLS), who is the School Nurse’s line manager.

All children should go to the medical room for treatment in School where the School Nurse (or a staff member who holds a full Paediatric First Aid certificate) will assess the child’s needs and administer First Aid. Any treatment given outside of the medical room should be carried out by a Paediatric First Aider, where possible, and communicated to the School Nurse for record-keeping purposes.

In the event of the absence of the School Nurse cover will always be provided by staff with full Paediatric First Aid training. The School Nurse provides induction training for these staff and a written guide is available in the medical room to support staff who provide First Aid (see Appendix E).

The School complies with its duty to inform parents of accidents or injuries sustained by the child on the same day, or as soon as reasonably practicable, and any details of First Aid treatment are provided.

Medical Records are considered confidential but for the safeguarding and proper provision of care of children, staff are made aware of medical conditions on a need to know basis.

# First Aid Kits

First Aid kits are placed in areas of the school where an accident is considered possible or likely (such as the PE facilities and science labs). All First Aid kits are checked and replenished regularly by the School Nurse (at least monthly). A First Aid Kit is kept in the medical room for staff to collect to take with them when supervising playtimes on the all-weather pitch or when taking children to the School garden.

First Aid kits and any necessary care plans (and medications) are always taken on organised trips or sporting events that are off-site. The School Nurse prepares these for all off-site trips and activities.

# Training

First Aid is administered in accordance with best practice as covered in the accredited full First Aid training courses attended by staff as part of their training. First Aid is always carried out in a timely and competent manner, by our School Nurse (in School) and by the designated first aider (for off-site trips or events).

The following additional points are considered to meet the requirements in relation to our EYFS children:

- At least one person who has a current full paediatric first aid (PFA) certificate is on the premises and available at all times when children are present and at least one person with full PFA training accompanies children on outings

- Whilst children are eating there is always a member of staff in the room with a valid full PFA certificate
- The School takes into account the number of children, staff and layout of premises to ensure that a full Paediatric First Aider is able to respond to emergencies quickly.
- Any Teaching Assistants who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, are only included in the required staff: child ratios if they also have either a full PFA or an emergency PFA certificate within three months of starting work.
- The full PFA courses undertaken meet the standards set out in Annex A of the EYFS Framework – i.e. our staff take a full or emergency PFA course delivered by a competent provider of regulated qualifications such as St John Ambulance, the British Red Cross and St Andrew's First Aid. The School also considers whether specific training is needed for any subjects not included in previous courses.
- PFA certificates are renewed every 3 years.
- A list of staff who hold a current PFA certificate is available to parents on request.

## Practical Arrangements at the Point of Need

The first course of action is, where possible, to take the child to the medical room for treatment by the School Nurse. Where this is not possible, a message is sent to the medical room staff to request help at the point of need.

A trained member of staff administers basic First Aid until the School Nurse arrives. The Assistant Head - Lower School (AHLS) is responsible for the deployment of staff with full Paediatric First Aid training to cover the School Nurse. The Deputy Head - Lower School DHLS maintains a log of staff who hold a full Paediatric First Aid (PFA) certificate and manages the number of staff who hold a full PFA certificate.

In the event of a child suffering anaphylaxis, the medical room should be called immediately for the School Nurse to bring an auto-injector (epi-pen) to the child (if they are unable to bring the child safely to the medical room quickly). A member of staff should then dial 999 for an ambulance (or ideally ask another member of staff to dial 999) stating that the child has had an anaphylactic reaction. When the epi-pen arrives, the School Nurse, or a member of staff trained in administering the epi-pen, should administer this. Any staff member can use an epi-pen in a life-threatening situation by following the instructions on the epi-pen.

If in any doubt, an ambulance should be called (see Appendix 3 Guidance on When to Call an Ambulance). Where possible, two adults should make this decision, the DHLS should be informed (who will inform the Head) and the person at the main reception desk should be informed so that the gate can be opened if required for the ambulance to enter the premises.

The telephone number for the medical room is: ext 1210

## Administration of Medicines (Including Recording) and Recording of Accidents

**Children:** When a parent brings in medicine to be kept at school and administered during the school day, for example, a course of antibiotics, the parent is asked to complete a form authorising

the administration of that particular medicine to their child ('Medicines to be given at school' see Appendix A). Only prescribed medicine (such as an antibiotic), or medicines endorsed with a doctor's letter are given during the school day, if possible during lunch time only. The medicine must have the child's name, prescription label, dosage, method of administration, date prescribed, and expiry date on it, and be in its original container.

On each occasion the medicine is administered, an entry is made in Medical Tracker in the "Medication Use" section. When the medication has been given, parents receive an email notification from Medical Tracker with the medication, dosage and time medication was administered to the child. Parents will then be required to acknowledge receipt of the email by clicking the acknowledgement link in the body of the email.

The School considers the age and maturity of a child and only permits the carrying and self-administration of such medicines as asthma inhalers as the timely administration of such medicines may be critical in the event of an asthma attack. For any such permission, the parent's consent is obtained in writing and this is recorded in Medical Tracker. All other medication is kept in the medical room.

Allergy medication, insulin and inhalers are kept in an unlocked marked cupboard. Any other medication is kept in a locked marked cupboard. Clearly labelled antibiotic medicines are kept in the refrigerator if required. A register of all medicines handed in is recorded on Medical Tracker against the record of the applicable child. Medicines are stored strictly in accordance with the product instructions and in the original container in which they were dispensed. Parents collect medicines from the medical room at the end of the day. The medical room is staffed between 0800 - 1715 and administration of medicines is always supervised.

Every time a child receives medical attention, this is recorded in Medical Tracker. The date and time, name, details of accidents or illness and the name of the member of staff who administered any medical treatment are recorded on Medical Tracker on the injury, bumps/scrapes or illness form. The School Nurse uses her judgement to decide if an accident or illness needs to be recorded on CPOMS to share information with the relevant staff who need to know about a child's needs in School.

Training is always provided to any member of staff for the administration of a medicine which requires medical or technical knowledge.

Where a child requires Ibuprofen or Paracetamol, this must usually be prescribed by a medical professional. If a child develops a fever at school (38 degrees or over), the School Nurse will contact the child's parent to ask the parent to come and collect the child. With parental permission (by telephone and by email and then with a parent signature on arrival) one dose of Paracetamol may be administered by the School Nurse to lower the child's fever whilst waiting for a parent to arrive to collect them. This will then be attached to the child's record in Medical Tracker.

**Staff:** The same arrangements that are in place for children are followed for staff with regard to recording attendance at the Medical Room.

**Staff taking medication or other substances:**

Staff members must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If a staff member is taking medication which may affect their ability to care for children, the staff member should seek medical advice. Staff members only work directly with children if medical advice received confirms that the medication is unlikely to impair that staff

member's ability to look after children properly. All medication on the premises is securely stored, and out of reach of children, at all times.

Staff working in our Nursery or Reception classes (EYFS) are prohibited from bringing their own medicines into the classroom/setting area. All medicines belonging to staff working in EYFS must be kept in the Medical Room.

## Informing parents

Parents are always informed on the same day, or as soon as reasonably practicable, if a child suffers an injury requiring medical intervention (an accident or injury), if he or she becomes unwell, or if there are any worries or concerns about the child's health.

Children who fall ill during the day, or have an injury, are cared for in the medical room. Every visit to the medical room is recorded on the Medical Tracker database. The School Nurse will always telephone a parent on the same day if their child receives a head injury (however minor and even if it does not require the child to be collected from school early).

Every time a child in EYFS has an accident, is ill or is administered with medication such as an antibiotic, their inhaler or epipen, an email notification via Medical Tracker will be sent to parents, where practically possible, that same day. Parents are then required to acknowledge receipt of the email using the acknowledgement link within the email.

For children in Years 1- 8, where a child has sustained more than a minor graze or bump (e.g. a joint, face or head injury) parents will receive an email notification that the child visited the Medical Room that day and provide details of the injury sustained or illness and any treatment administered. Emails to parents are always copied to form teachers, Heads of Year and the relevant Deputy Head.

Parents are informed if there is a case or cases of an infectious disease via Parentmail and in Newton News. Staff are informed by way of an 'all staff' email.

## Medical information about children

Before a child joins the school, parents are asked to provide information about any special dietary requirements, preferences, food allergies and intolerances that their child has, and any special health requirements. The School Nurse receives this information and emails relevant staff to inform of the child's allergies. The School Nurse also informs the catering department of any child with an allergy. The School Nurse enters these details on the school's MIS which then exports the information to Medical Tracker where a record of the medical condition is created and maintained.

It is essential that parents inform the School of any medical conditions or allergies that their child may have, or any changes to these. All parents are reminded of this annually, and the School's procedures for responding to children who are ill or infectious, in the Parent Hub where they are advised to telephone the School Nurse (extension 1210) with any questions. They are advised that:

- if a child is suffering from sickness, the child must stay off school for at least 24 hours following the last episode of sickness
- if a child has diarrhoea or sickness with diarrhoea, the child must stay off school for 48 hours

- if a child has conjunctivitis, the child should stay off school for 48 hours after commencing antibiotics
- if a child has chickenpox, or any other rash, parents should not bring their child to school but may telephone the School Nurse for guidance

## Inputting & Maintaining data

Parents must complete a medical form when their child joins the School. All medical data is added to the school MIS by the School Nurse who also shares relevant details about a child's medical condition or food allergies to relevant staff. The data is then automatically exported to Medical Tracker, which is the school's specialised software for recording and managing medical records. When a new medical record is created parents will be sent an email notification to confirm the medical conditions, care plan and medication administration have been correctly captured in Medical Tracker. The email notification will include guidance on how parents can amend, approve or confirm the record is no longer required.

Parents are reminded that it is their responsibility to update the School in writing if their child's medical or dietary needs change so that the School Nurse can update our records in Medical Tracker and ensure all staff have accurate information about each child.

All accidents are recorded in Medical Tracker and an injury, bumps/scrapes or illness form is completed.

## Reporting

The School complies fully with the obligation to report incidents that happen in schools, or during educational activities out of school, to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). The schools adhere to the guidelines set out in HSE's "*Incident reporting in schools (accidents, diseases and dangerous occurrences)*" guidance. The school follows the guidance set out in "*Section 1: Injuries and ill health to people at work*" in its approach to reporting work-related accidents, including those caused by physical violence, if an employee is injured. The school follows the guidance set out in "*Section 2: Incidents to pupils and other people who are not at work*" in its approach to reporting Injuries to children and visitors who are involved in an accident at school or on an activity organised by the school.

An incident investigation form will be completed on Medical Tracker if a child or member of staff has a serious accident at school or during a trip organised by the school. The investigation will be carried out by the Compliance and Operations Manager. An initial assessment will be made by the Compliance and Operations Manager in consultation with the Bursar and the Head as to whether the incident is reportable under RIDDOR. This assessment will be carried out within the RIDDOR timescales for reporting a reportable incident. The Compliance and Operations Manager will complete the incident investigation form. Staff will complete a witness statement when required to do so to help facilitate a comprehensive investigation. The completed investigation and actions from the investigation will be signed off by the Bursar or the Head.

All near misses that could have led to a serious injury are investigated and recorded on Medical Tracker. The completed investigation is signed off by the Bursar or the Head.

All accidents or near miss investigations and RIDDOR's are reported to the termly Health & Safety and Security Committee. Data and trends regarding accidents are also submitted and reviewed by the Health & Safety and Security Committee.

## Infection Control in School

The School Nurse keeps the medical room clean, disinfecting all work areas, the chairs and outside of waste bins each morning and at the end of the day. Gloves are worn for all first aid, including procedures involving blood or body fluids to prevent spread of infection. All rubbish contaminated with blood or body fluids is disposed of in a yellow clinical waste bin. Other rubbish is placed in the bin with a green bin liner and emptied daily.

## Spillage of Body Fluids

The initial clearing of a spillage of blood, vomit, pus, urine, faeces and other body fluids must be carried out immediately after spillage. It is the Facilities Manager's responsibility to delegate this task to trained and competent staff members, and to ensure that appropriate equipment, including personal protective equipment, is available.

It is the responsibility of the member of staff who discovers a spillage to contact the medical room and/or facilities staff and ensure that it is cleared using the correct procedure, including:

- all spilled blood should be considered potentially hazardous;
- spillages should be dealt with immediately;
- gloves must be worn at all times to avoid cross-contamination;
- wet floors must be marked with a 'wet floor' sign; and
- all rubbish contaminated with blood or body fluids is disposed of in a yellow clinical waste bin.

## Dissemination of medical information

All staff can access the children's medical data through Medical Tracker. Trip leaders are given a medical data sheet at the planning stage to inform risk assessments for trips. Medication, with clear instructions, is given to a nominated member of staff for school trips who is then responsible for returning it to the School Nurse on returning to the School. All staff are aware that medical information is special category data under GDPR and know that they must comply with the School's Data Protection Policy when handling children's medical data.

## Arrangements for children with particular medical conditions (for example, asthma, epilepsy, diabetes)

Care plans are created by the School Nurse, and are agreed with the child and his/her parent/s with regard to regular monitoring and treatment (see Appendix B). These are shared with the child's form teacher and are regularly reviewed. The School Nurse liaises with external agencies (e.g. the child's diabetic nurse) to amend care plans and updates these on Medical Tracker.

## Temporary risk assessments for children with an injury

There are times when a child has an injury or condition that affects their mobility or capacity to fully participate in all or some of their lessons without additional support or adjustments (for example, having a broken limb or returning to school after a surgical procedure or long illness). In these cases, the form teacher, in consultation with the Head of Year, will complete a Temporary Risk Assessment to record the adjustments in place to ensure that the child's needs are fully met. The temporary risk assessment is approved by the relevant Deputy Head and is then shared with relevant staff. The risk assessment remains in place until the child is able to fully participate in all aspects of school life without additional measures.

## Sun Protection

In times of hot, sunny weather, parents are reminded of the importance of bringing a sun hat and wearing high-factor, all day, waterproof sun cream. Parents of children in Lower School are asked to apply sun cream to their child before they arrive at school and are encouraged to use sun cream that will last all day. Children in Upper School are permitted to bring sun cream to School that is stored securely in the classroom out of children's reach. They are encouraged to administer sun cream themselves to their faces, necks, arms and legs (below the knees).

## Prevention of Blood Borne Virus Infections (Hepatitis B, HIV, Hepatitis C)

It is vital that the School Nurse and any staff covering the medical room in her absence observe strict rules regarding personal cleanliness using hand wash and protective clothing where needed to ensure no disease is transmitted from a child or a member of staff to another.

Staff should ensure their own safety by the use of protective clothing (latex gloves, gowns, eye protection etc.) appropriate to the task, and should dispose of waste safely.

When treating blood injuries, for instance on the All Weather Pitch, staff should wear a new pair of disposable, non-latex gloves for each casualty. Wounds should be cleaned with a fresh supply of water.

## Matches and Trips

Each match outing and trip has a designated person who is responsible for:

- collecting the First Aid Kit;
- checking the medication is present for all those in need (checking against either the medical form or the form list);
- informing all adults on the trip of those children with a medical condition;
- safeguarding the First Aid Kit throughout; personally handing the First Aid Kit back to the School Nurse (or if necessary safeguarding it overnight in their office).

All EYFS trips are accompanied by at least one full qualified Paediatric First Aider.

## Early Years Foundation Stage (EYFS)

Although we are not a registered setting, the Deputy Head – Lower School will notify Ofsted and our Local Child Protection agency (Wandsworth and the borough in which the child lives) of any serious accident, illness or injury to, or death of, any child while in our care, and of the action taken. Notification is made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. The Deputy Head – Lower School ensures that the School acts on any advice from those agencies.

At Newton Prep we promote the good health, including oral health, of all children through curriculum topics such as 'Ourselves' and 'All About Me' in which healthy eating, the importance of hygiene and staying safe are addressed with the children.

Parents are informed of how we care for children who are ill or infectious, taking the necessary steps to prevent the spread of infection and taking appropriate action if children are ill.

The information regarding 'Administration of Medicines' lists systems for obtaining information about a child's needs for medicines, and for keeping this information up to date. When a child requires medicine, the parent must complete a 'Medicine to Be Given at School' form (Appendix A) with information about the time and dose required. This is then uploaded into Medical Tracker. On each occasion the medicine is administered, an entry is made in Medical Tracker in the "Medication Use" section. When the medication has been given, parents receive an email notification from Medical Tracker with the medication, dosage and time medication was administered to the child. Parents will then be required to acknowledge receipt of the email by clicking the acknowledgement link in the body of the email.

Where a medicine requires medical or technical knowledge, training is offered. Staff have been trained in the administration of the epi-pen and when the school has diabetic children, relevant staff are provided with training for managing diabetes in schools. The same happens for children with epilepsy and any other condition requiring medical or technical knowledge. We will usually only administer medicines when they have been prescribed for a child by a doctor, dentist, nurse or pharmacist. No aspirin will be administered unless it has been prescribed by a doctor.

The School maintains records of accidents or injuries and First Aid treatment on Medical Tracker. Parents and carers are informed of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, or of any First Aid treatment given through an email notification on Medical Tracker.

If there are any safeguarding concerns about a child, the Designated Safeguarding Leads (DSLs) are informed. The DSLs are Peter Archdale (Deputy Head - Years 3 to 5) and Belinda Clothier (Deputy Head - Lower School). All staff are trained in safeguarding and know to refer any concerns to a DSL (or Deputy Designated Safeguarding Lead in their absence).

Two members of staff are always present when a Lower School (including EYFS) child is cleaned after wetting or soiling themselves. The school records any intimate care provided to a child with details of the two members of staff that were present on Medical Tracker. There is a shower cubicle in the medical room for this should it be needed. Older children (Upper School) clean themselves with adult support available.

**Accessing the Policy:** This policy is also available in various formats to allow everyone to access it e.g. hard copy, enlarged print version, braille etc. Please contact the Bursar to request a copy of this policy in an alternative form.

## Review and Update Process

<b>Last update</b>	June 2026
<b>Next update</b>	September 2026

# Appendix 1 - Guidance on when to call an ambulance

**This guidance is used by the School to support staff in an emergency situation.** If a nurse or qualified first aider assesses a casualty and decides an ambulance should be called, or a non-qualified person is unsure about a casualty's condition they should call 999/112. The condition, the treatment and the location of the casualty should be clearly stated and the instructions given by the ambulance service should be followed.

**Please note that this list is not exhaustive. If in doubt, call '999'.**

The emergency services (London Ambulance Service) should be called in the following circumstances:

1. Profuse and unstoppable bleeding
2. Blunt injury which could be associated with internal bleeding e.g. abdomen
3. Head injury (nausea, vomiting, altered vision, if pupils of the eyes are not equal & not reacting equally to light, increasing & persistent headache, altered consciousness or unconscious and/or increasing bump at site of injury, inability to move limb/limbs)
4. Suspected meningitis (the onset of this illness is usually abrupt and is characterised by: fever, malaise, unexplained vomiting, back or joint pains, headache, confusion and a rash)
5. Collapse from any cause and /or turning blue
6. Difficulty in breathing or choking, acute asthmatic attack (which does not respond to inhaler)
7. Gross allergic reaction (suspected anaphylactic shock)
8. Seizure (first seizure or a seizure in a known epileptic one, that lasts for more than 5 minutes)
9. If a diabetic has a hypo-glycaemic episode which is not corrected by sugar (Coca Cola or apple juice) intake followed by a complex carbohydrate (bread, cake, pasta etc) **OR** a diabetic who has very high glucose level and can also go into a coma - be alert if the patient has any of these - lethargy, thirst, abdominal pain, passing a lot of urine, with or without high temperature, sweet smell on breath.
10. Open fracture
11. Febrile convulsion
12. Fall from a height of over 1 metre that results in an injury
13. Severe burns and scalds
14. Persistent and increasing pain (e.g. stomach ache)
15. Sudden and severe headache

# Appendix 2 - Medical Room Staff - Routine Responsibilities

## **Every Day**

Be available in the medical room from 0800 for parents to drop off medicines and give instructions for administration. Ensure paperwork is signed by a parent before they leave. Ensure medicines are stored safely and securely.

Ensure that every time a child receives medical attention, this is recorded in Medical Tracker. The date and time, name, details of accidents or illness and the name of the member of staff who administered any medical treatment are recorded on Medical Tracker on the injury, bumps/scrapes or illness form. The School Nurse uses her judgement to decide if an accident or illness needs to be recorded on CPOMS to share information with the relevant staff who need to know about a child's needs in School.

A call should be made to the child's parent for EVERY bump to the head even if the child does not need to go home - this is in case the child develops concussion symptoms later in the day. The call should be logged on Medical Tracker to indicate the call was made to the parent and any relevant information should be recorded in the notes.

Every Lower School child who sustains a bump to the head should also be given a sticker which shows they had a head bump.

Ensure that if a child goes home before the end of the School day, that the relevant Deputy Head, Head of Year and form teacher are informed so it is not thought that the child is missing.

Every Lower School child is taken back to class after treatment by a member of staff and is not allowed to find their own way back to class. If judged to be necessary by the Medical Room staff, the class teacher will be given a brief explanation of the injury or illness and the treatment given. The class teacher will also receive a notification from Medical Tracker of the incident and any treatment administered.

## **11:50 - 13:45**

Ensure that each child requiring lunchtime medication has come to the medical room for their medication. The School Nurse will telephone the child's classroom or Hub to remind any children who have not arrived by 13:45. Carefully measure and administer medication then record the medicine administered on Medical Tracker.

For children with diabetes their BG (blood glucose) details and Insulin given should be recorded each day in Medical Tracker and on the School's MIS. At any other time these instructions do not apply. At other times the child's parent should be called or the DHLS for further instructions. (When BG is below 5 the child should urgently be given half a biscuit and half a carton of apple juice or just half a biscuit to raise the glucose level temporarily until further instructions have been obtained - usually one would recheck the blood glucose again one hour later).

## **During the School day**

The School Nurse (or staff member covering the Medical Room in her absence) should type all of the accident and treatment information from that day into Medical Tracker.

The School Nurse should also update the School's MIS and Medical Tracker with any newly completed medical forms.

#### **Before the end of the day**

Get trip packs ready for the next day (First Aid packs with the relevant equipment for children with medical needs i.e. look on Medical Tracker at the class lists for the children going on a trip, check for any medical conditions, print the details off and put a pack of First Aid equipment together with the medication e.g. epipen, insulin etc. for any children requiring treatment).

#### **Every Week**

The School Nurse should monitor stock levels and expiry dates on Medical Tracker. An order may be placed with Pestle & Mortar Pharmacy by telephone (tel: 0207 937 9154) and Lee (IT dept) will collect the items the following week. Ideally orders should be made once a month but where required Lee can often collect more often than this.

The School Nurse should monitor the stock levels and expiry dates of all medication provided by parents on Medical Tracker. When medicine is about to expire within two months or is about to finish and if the child still requires the medication, the School Nurse will send a notification through Medical Tracker to remind the parents to provide new medication. When the medication has expired, the School Nurse will send a notification to parents through Medical Tracker to let them know that the medication has expired and will not be administered to the child. Parents will be asked to bring in a replacement medication immediately.

Ensure that the stocks of snacks for diabetics is high enough to get through the following week. If it is not, telephone the children's parents and ask them to bring more supplies in as soon as possible (e.g. biscuits/apple juice/glucose tablets).

#### **The First Working Day of Every Month**

Check the expiry dates on medications through Medical Tracker. Contact a parent, through a Medical Tracker notification and on the telephone, if a medication is likely to need replacing in the next two months to give them time to arrange this (epipens, insulin, asthma inhalers etc).

First Aid boxes around the school should be checked to ensure that they are fully stocked. When the box has been checked this is recorded with a sticker on the First Aid box which identifies the date that it has been re-stocked. Medication in First Aid boxes should be logged on Medical Tracker with the relevant expiry dates and stock levels added.

The School Nurse must ensure that every medicine has the stock tracking activated on Medical Tracker with the expiry date and quantity level inserted. All medication belonging to a child must be linked to the appropriate medical condition on Medical Tracker.

#### **The First Working Week of Every Half Term**

Write, update or review care plans for children needing ongoing medication or treatment on Medical Tracker. Notify parents through Medical Tracker of any changes to the care plan and request their approval on Medical Tracker. Contact parents for any updates as necessary.

#### **Last Working Week of Every Term**

Audit supplies to ensure stocks are at a good level for the term ahead.

#### **At the beginning of each term (on the first day or before) plus when a new child joins the school**

Email relevant staff to inform them if a child has serious allergies (US staff or LS staff). Use the School's MIS to find the teachers that the child has and email them in a group. Ensure that pictures and information are shared with the relevant members of staff as appropriate.

The School Nurse should also inform the kitchen staff of any child with an allergy. The Data Manager updates the pupil list for the catering team - this has details of children with allergies/intolerances and also has the pupil's photograph.

**On Demand (once a year usually)**

Organise the immunisation programme, with guidance from the relevant Deputy Heads.

**On Demand (once a term usually)**

Attend the Health and Safety Committee meetings after school.

**Every Three Years or more frequently as appropriate**

Attend training as required by the DHLS. This includes annual safeguarding and child protection training, first aid training and any other such training deemed to be appropriate to the role.

**Medical Forms**

Medical Forms are sent to new joiners before they start at the School. The School Nurse checks the medical details, following up any missing information with the children's's parents. The medical details are recorded on the School's MIS and Medical Tracker, and the School Nurse ensures that the relevant information is shared with staff. Any missing medical information is followed up with parents in a timely manner and updated on Medical Tracker.

**Intimate Care Procedures**

When a child wets or soils him or herself and needs to be cleaned and changed, there must always be two adults present and Lower School children should be changed in the bathroom with the door slightly open. For children in Lower School (Nursery to Year 2) their teaching assistant or teacher should accompany them.

Children from Year 3 to Year 8 can change themselves and only one adult needs to be nearby (so the child can call for help if needed) - the child should close the bathroom door and change alone without an adult watching.

An intimate care form will be completed on Medical Tracker and the School Nurse will send a notification to parents. The teachers will be automatically notified once the intimate care form is completed on Medical Tracker. The form should indicate the two members of staff present for lower School children.

The medical room staff will **not** examine or offer to examine a child's genital area without firstly obtaining authorisation from a member of SLT (first call to be made to Deputy Head- Lower School) and also the child's parent/s if it is agreed that an examination of the genital area is medically necessary. It is most unlikely that this should ever need to happen. If it is necessary in an emergency, the member of SLT must be present. The examination must be recorded on Medical Tracker and notification must be sent to the parents. Parents must acknowledge they have received and read the notification.

**Accident and Emergency Procedures**

When a child or member of staff requires hospital treatment in an emergency, call an ambulance immediately. If staff are unsure if an ambulance is required they should speak to the School Nurse. The DHLS or a member of SLT should authorise which member of staff should accompany the child.

This may be a teaching assistant from Lower School or Upper School. The School Nurse should contact the relevant Deputy Head and agree who will telephone the child's parent/guardian, while waiting for the ambulance, to inform them of the situation. The Head should also be informed as soon as practicable.

When a child requires less urgent treatment, such as for a deep cut which possibly needs cleaning and stitching, the School Nurse will speak to the relevant Deputy Head to agree who will contact the child's parent/guardian/emergency contact to take the child to hospital, and they will then do so.

### **Informing Staff and Parents of Contagious Illnesses**

The School Nurse should firstly speak with the DHLS (or a member of SLT in her absence) to discuss the best way to communicate information regarding a contagious illness. The information can then be shared using the school's ParentMail system, through Newton News or by internal email.

### **Educating Children**

From time to time the School Nurse may be asked to visit a classroom to talk with the children about healthy living. This should be done by prior discussion with the class teacher to agree a plan for the lesson and the teacher should remain in the class for the duration of the session.

### **Treating Staff**

If a member of staff requires Paracetamol/Ibuprofen the School Nurse may offer two tablets of Paracetamol; however, the member of staff must sign for it and it must be authorised by a member of SLT. This is to ensure that the member of staff is well enough to be at school. Any treatment given to staff, external contractors or visitors must be recorded on Medical Tracker using the Staff/Visitors form.

### **The School Nurse and any staff covering the medical room in her absence must NOT:**

- Give any medication without prior parental permission/prescription and signed paperwork from the parent
- Have a mobile phone switched on in the medical room
- Update pupil details on the School's MIS, other than the medical details
- Treat a child for intimate care (e.g. changing underwear) without a second adult present
- Treat a child without wearing protective gloves
- Record an incident on Medical Tracker if they have not received the training to do so

# Appendix A: MEDICINE TO BE GIVEN AT SCHOOL

Please label the bottle or pack clearly with the child's name and class and hand it in with this form to the Medical Room (the School Nurse).

An ill child should be kept at home until free of fever and infection; and for the first 48 hours after starting antibiotics so the medicine has a chance to take effect.

Medicine may be administered during the school day at any time it is required. Please clearly state on this form the exact time(s) the medication must be given in school. Where medication is prescribed 3 or 4 times within a 24-hour period, parents/guardians should arrange the dosing schedule to accommodate administration during school hours where necessary. Any medication required outside school hours remains the responsibility of parents/guardians to administer.

Name of Child \_\_\_\_\_ Class \_\_\_\_\_

Reason for medicine \_\_\_\_\_

Name of medicine \_\_\_\_\_ Dosage \_\_\_\_\_

Time(s) the medication is required to be given \_\_\_\_\_

This is permission for school staff to administer the above medicine (which must be in its original container with GP's prescription or manufacturer's safety notes attached). The dose given at school cannot exceed the prescription, or package guidance.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

*Upper School children should try to remember to come to the Medical Room at the time(s) required.*

## Appendix B - Example of Care Plan (actual will come from medical professional)

Name:

Class:

DOB:

Medications:

Time	Morning @ home	Lunch @ school	Evening @ home	Night @ home
Insulin				

**Emergency Contact Details:**

Parent 1			
Parent 2			

Blood glucose to be monitored once daily prior to lunch (between 12.30-13.00) in the medical room.

Daily email to be sent to parents with blood glucose level and units of insulin administered.

X is competent and independent with interpreting blood glucose level and administering appropriate insulin dose.

**The following table is to be referred to just prior to lunch.**

Blood glucose	< 4 mmols	5 – 10 mmols (Target)	11 – 17 mmols	> 18 mmols
Acton				

**If X attends medical room feeling unwell early morning or late afternoon with hyperglycaemia:**

Blood glucose	>15mmols
Action	

I will ensure the school is provided with the necessary supplies as agreed with the school nurse and the diabetic specialist.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the School's Administration of Medicines (First Aid) Policy. I understand that I must notify the school in writing of any changes to this care plan or in dosage or frequency of the medication or if the medication is stopped.

Signature

(print name)

Date:

\_\_\_\_\_  
 \_\_\_\_\_

GP or Diabetic Team Signature

Print name

\_\_\_\_\_  
 \_\_\_\_\_

Reviewed by the school nurse:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# Appendix C: A Guide to the Medical Room

## A Guide to the Medical Room

**Telephone:** Newton Prep School 020 7720 4091

**Extension Number for the Medical Room:** 1210

**For outside line:** press 9

**Voicemail:** 2500\* 1210 1234#

**School Nurse : Helen Valentine**

### Accidents and Illnesses

Accidents and illnesses are recorded on Medical Tracker using the injury, bumps/scrapes or illness form. They must always be completed for:

- all children in Nursery and Reception who have attended the Medical Room.
- any child who has sustained more than a minor graze or bump (e.g. a joint, face or head injury)
- any child (regardless of their year group) who has to go home or to A&E (Accident & Emergency)

Once recorded a notification should be sent to parents using Medical Tracker.

### EPIPENS and INHALERS

- Epipens, prescribed antihistamines such as Piriton and Cetirizine, and inhalers are kept in the cupboards in the Medical Room. Each child has their own labelled plastic box with their medications and care plans. A photograph of each child is on their box.
- The boxes are in alphabetical order in the cupboard.

### RECOGNISING ALLERGIC REACTIONS

**Most children who have an allergic reaction will exhibit these symptoms very quickly:**

- Raised white or red rash (urticarial) which is widespread and VERY itchy
- Flushed face
- Sneezing/runny nose

- Watery eyes
- Tummy ache
- Usually giving the child their antihistamine syrup will alleviate the symptoms quickly.

**You should check on them every 15 minutes or so for a couple of hours as the reaction can recur. Parents must always be called in these cases.**

### **ANAPHYLAXIS**

**Anaphylaxis is an extreme allergic reaction and can be life-threatening. Signs are:**

- Wheezing and difficulty in breathing
- Swelling of the face, especially lips and tongue
- Bluish discolouration of lips and face
- Collapse with loss of consciousness

**You should administer the child's Epipen, whilst asking someone to dial 999 for an ambulance. Instructions on how to use the epipen are on each pen and you should give it in the outer aspect of the thigh through clothes. If there is no improvement, and if they have a second epipen, give it after 10 minutes. For children who do not have a second epipen, a School epipen can be used if needed. Even if the child improves they should always go to hospital in an ambulance. It might sound obvious but tell the ambulance operator the child has anaphylaxis and difficulty in breathing. Breathing difficulties are considered the highest priority and an ambulance will reach you much more rapidly if you tell the operator this.**

### **VOMITING AND DIARRHOEA**

Any child who vomits should go home and the parents need to be told to keep them home for at least 24 hours. Anyone with sickness and diarrhoea needs to remain at home for at least 48 hours. This is in the Parent Hub and you should tell parents it is there to prevent spread of infection.

### **TOILET ACCIDENTS**

Please read the following extract from our First Aid Policy for guidance for dealing with toilet accidents:

### **INTIMATE CARE PROCEDURES**

When a child wets or soils him or herself and needs to be cleaned and changed, there must always be two adults present and Lower School children should be changed in the bathroom with the door slightly open. For children in Lower School (Nursery to Year 2) their teaching assistant or teacher should accompany them.

Children from Year 3 to Year 8 can change themselves and only one adult needs to be nearby (so the child can call for help if needed) - the child should close the bathroom door and change alone without an adult watching.

An intimate care form will be completed on Medical Tracker and the School Nurse will send a notification to parents. The teachers will be automatically notified once the intimate care form is completed on Medical Tracker. The form should indicate the two members of staff present for lower School children. For EYFS children, parents are informed through the usual practice of sending home a form at the end of the day. For children from Y1 - Y8, the medical room staff will email the parent if a child has had to change their clothes due to wetting or soiling him or herself or received any kind of intimate care. The child's teacher will also be informed.

The medical room staff will **not** examine or offer to examine a child's genital area without firstly obtaining authorisation from a member of SLT (first call to be made to Deputy Head- Lower School) and also the child's parent/s if it is agreed that an examination of the genital area is medically necessary. It is most unlikely that this should ever need to happen. If it is necessary in an emergency, the member of SLT must be present. The examination must be recorded on Medical Tracker and notification must be sent to the parents. Parents must acknowledge they have received and read the notification.

### **FEVERS**

If a child develops a fever at school (38 degrees or over), the School Nurse will contact the child's parent to ask the parent to come and collect the child. The School Nurse will obtain parental permission by telephone and by email, and then the parent will need to sign a 'Medicine to Be Given at School' form (Appendix A) on arrival. One dose of Paracetamol may be administered by the School Nurse to lower the child's fever whilst waiting for a parent to arrive to collect them. This will then be attached to the child's record in Medical Tracker.

### **HEAD BUMPS**

For each child who has sustained a head bump in School (this includes bumps to eyes, nose, mouth, ear or neck):

**Parents must be phoned for every head bump, however minor and whatever the age of the child, even if they do not need to go home.**