



NORWICH SCHOOL

First Aid and Medical Provision Policy

This policy is reviewed by Council of Management annually. This policy was last reviewed and agreed in Trinity 2023. It is due for review in Trinity Term 2024.

Confirmed by:

Steffan Griffiths	Head	Trinity 2023
Patrick Smith	Chair of Governors	Trinity 2023

Version Control

The version control table should be updated each time:

- a **change** is made to an **agreed version** of a document; or
- a previously agreed document version is **reviewed with no changes** (i.e. at annual review no changes are required and the document continues to be live for the following year).

Use the following convention: version 1.0 (first version), version 2.0 (major change to version 1.0 and issued as a new version), version 2.1 (second version with minor change)

Version number	Date issued	Author / key contact	Change(s) summary <ul style="list-style-type: none"> • Minor changes can be authorised by a senior staff member and do not need formal approval. • Major revisions require approval through the confirming authority (typically a Committee)
1.0	Lent 2022	Georgie Valpied	<ul style="list-style-type: none"> ▪ Updated job titles to reflect structure in Welfare Team ▪ Updated links ▪ New Asthma management plan introduced ▪ Change to Accident reporting methods ▪ Reconfigure of policy reducing appendices
1.1	Michaelmas 2022	Georgie Valpied	Minor operational update to: Allergies - The responsibilities of the Health Officer.
1.2	Trinity 2023	Georgie Valpied	Changes to First Aid Personnel

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Statement of Intent

The Governors are ultimately responsible for the implementation of this policy. Day to day responsibility and oversight has been delegated to the Assistant Bursar or Head of Welfare, who will act as the School's appointed persons.

This policy also covers the School's Early Years Foundation Stage (EYFS) provision.

Employer Safety Statement

The Health & Safety (First Aid) Regulations 1981 place a duty on employers to provide adequate first aid equipment, facilities, and personnel to their employees. This obligation does not extend to persons not employed by Norwich School.

Scope of Policy

Norwich School has considered the Regulations and produced this policy to ensure appropriate, safe and adequate first aid provision is made for employees, visitors and pupils when on the School site and whilst undertaking approved off-site Out of School Visits.

First aid is the immediate treatment necessary for the purpose of preserving life and minimising the consequences of injury or illness until expert medical assistance can be obtained. First aid also includes the initial treatment of minor injuries, which will not need treatment by a medical practitioner. The object of first aid is to aid anyone injured or suddenly taken ill before expert help from a doctor or nurse is available, or before an ambulance arrives.

It should be noted, nothing in this policy prevents any individual from contacting the emergency services should they feel it is the most appropriate course of action, the School would in fact empower staff to do so and use the internal first aid provision to manage the injury or illness until professional help arrives.

First Aid Personnel

Norwich School employs a registered nurse (Head of Welfare) who oversees the provision of first aid in the School alongside two Health Officers. One is based in the School's medical room, located in 71a The Close. The School recognises that the Lower School is separated from the main school site and has provided a small medical room within the Lower School building where the Lower School Health Officer is located to provide first aid and pastoral support in the Lower School.

During term time the Health Officers in both the Senior School and Lower School are on duty between the hours of 8.00am and 4.30pm. There will be occasions during term time when one of these staff members is not available, and on these rare occasions, the School will appoint a suitably qualified first aider to provide cover. In the Lower School there will always be an Early Years Paediatric First Aider on site between the hours of 8.00am and 6.00pm.

The School recognises the need stipulated in the Regulations to have a suitable number of staff qualified in first aid. The School undertakes to have the following members of staff trained in first aid which will include basic cardiopulmonary resuscitation (CPR):

HSE Emergency First Aid at Work (EFaW)

- All members of the Senior Management Team
- Health and Welfare Staff
- All persons employed as a driver
- At least one member of teaching staff from each academic department
- All members of Drama and Dance Staff.
- All staff who lead co-curricular activities off site.
- All Art and Design technicians
- All Science technicians
- The Catering Manager and four further senior members of the Catering Team.
- All members of staff in the Sport department (including external coaches, gap placements and zero hours staff)
- In addition, Sports staff will receive sport specific training throughout the year.
- All members of staff who assist on Duke of Edinburgh expeditions (see Out of School Visits section), Outdoor Education and Scouts will hold a minimum of a REC Outdoor First Aid (16hrs) qualification.
- A selection of teaching and support staff nominated by the Head of the Lower School, the minimum number of staff who will hold the Early Years Paediatric First Aid qualification is five.

The Head of Welfare decides which First Aid courses are appropriate and the Compliance Officer maintains the records of qualified first aiders, including those with the Early Years Paediatric qualification, on behalf of the School and is responsible for ensuring that all those on it have an up-to-date qualification. The Compliance Officer will publish an up-to-date list of qualified first aiders on the Staff Hub under medical for staff to view. A list showing the Head of Welfare, alongside Health Officers, and other key members of staff trained in First Aid will also be displayed in the following locations:

- 71a reception
- Daynes Sport Centre office
- Head of Infants office
- Horsefair House
- Lower School reception
- Redmayne
- Staff common room in Senior and Lower School

The School will ensure that all designated first aiders attend an approved training course, which will include basic CPR, at least once every three years.

The School will make all staff aware of allergies and the basic management of allergic reactions at staff INSET sessions. This will be delivered by the Head of Welfare and details will be available on The Hub as a live document.

The School ensures the presence of at least one qualified first aider when pupils are present and in the Lower School, at least one qualified Early Years Foundation Stage Paediatric First Aider.

First Aid Facilities

The School has three dedicated first aid facilities:

- Medical room in 71a The Close
- Lower School medical room
- First aid suite at Redmayne playing fields

It is the responsibility of the Head of Welfare to monitor these facilities and ensure they are fit for purpose. An annual review should be carried out during Trinity Term and any request for improvement or additional provision be discussed with the Assistant Bursar.

The Health Officers will ensure the School's medical facilities are appropriately stocked with medical supplies for the sort of first aid provision which will be provided.

First Aid Equipment

Norwich School undertakes to ensure there is adequate provision of first aid equipment around the School site. As a minimum there will be a first aid kit located in every building which pupils will be in. There will also be a kit on each floor of Horsefair House, design and technology practical rooms and practical rooms at the Lower School. The Head of Welfare will act as the School's appointed person and will review this provision on a regular basis and involve the Assistant Bursar when appropriate. There will be signage in the communal areas of the School which state where the nearest first aid kit is located. The Health Officers will be responsible for periodically checking all fixed first aid kits are adequately stocked, and the contents are not out of date. The Lower School Health Officer takes responsibility for kits located in the Lower School including the Infants building.

The Health Officers will hold a stock of first aid kits which will be issued to staff assisting with Out of School Visits . The Health Officers will be responsible for ensuring these kits are adequately stocked and that their contents are not out of date.

All members of full-time sport staff will be issued with their own first aid kit which they will have with them when delivering a session or with a fixture. It will be the responsibility of each member of sport staff to take their own first aid kit to the

Health Officer to ensure it is adequately stocked and that the contents are not out of date.

Appendix 1 details the standard contents of Norwich School first aid kits. All contents will be BS-8599-1 compliant.

Burn kits are available in the Senior and Lower School medical rooms, science prep rooms, and design and technology workshops.

Norwich School has a wheelchair which is kept in the medical suite in 71a The Close, a wheelchair at the Lower School, and an all-terrain wheelchair at Redmayne, all of which can be used to transport injured pupils around the site. The School can make use of the School golf buggy to transport injured pupils around the Senior School site.

Automated External Defibrillator (AED)

Norwich School has AEDs (Automated External Defibrillator) across the site. Appendix 2 details their location. Signage will be located around the School site to show where the nearest AED is.

The Health Officers are responsible for maintaining the Schools AEDs (Automated External Defibrillator). They may delegate some of the half-termly checks to specific members of staff who work in their location. The Health Officers will maintain a record of checks, pad, and battery expiry dates and when pads are replaced.

Staff should note that all AEDs located on the School site are designed to be used by an untrained individual. Staff who have not received specific training on the use of AEDs should follow the clear instructions given by the AED itself.

First Aid on Out of School Visits

Norwich School requires that every Out of School Visit is accompanied by at least one member of staff who carries a valid first aid certificate. Staffing for all trips will be approved by the Out of School Visit Coordinator (OoSVC), and further details can be found in the Out of School Visit Handbook or by speaking to the Out of School Visit Coordinator. There will be at least one paediatric first aid trained member of staff on all Out of School Visits which include EYFS pupils.

Any senior school pupil with a specific care plan related to a medical diagnosis will be responsible for ensuring their medication and equipment needed is on their person for the trip, and where the School are aware of the specific care plan, it will be the trip leaders responsibility to ensure that the pupils is carrying their medication before departure. In the Lower School it is the responsibility of the teacher to ensure they have all the equipment needed to manage an incident when off site.

Any senior school pupil with a specific care place related to a medical diagnosis will be flagged to the Group Leader before the trip leaves. The Senior School pupil will be responsible to ensuring their medication and equipment needed is on their

person for the trip, and the Group Leader will check this is the case before the trip departs. In the Lower School it is the responsibility of the teacher to ensure they have all the equipment needed to manage an incident when off site.

High risk visits, Duke of Edinburgh expeditions for example, will only be undertaken if an appropriate number of staff assisting with the trip carries a one day first aid qualification. Group leaders should gain the assurance that centres providing outdoor activities have adequately qualified first aid members of staff.

The group leader must assess how many first aid kits are required and what size they need. They should consider the number of pupils and staff on the trip and the activities they are carrying out. The Health Officers will be able to assist with the assessment.

The group leader must liaise with the Health Officers in advance of the trip to ensure they have the correct number of first aid kits (and appropriate size kit) to take with them relevant to the activity. They should also review the care plans at this stage and seek advice from the Health Officers regarding any specific medical needs.

First Aid for Sport

For the purposes of this policy the School has divided sport into two sections: sporting activities within the remit of normal school activities and sporting fixtures.

Normal sporting activities

All members of staff delivering a sporting session will be qualified in first aid or will be working in the same area as a member of staff who is qualified in first aid. At least one member of staff working with children in the Infants will hold an Early Years Paediatric First Aid qualification. External sports coaches will be required to demonstrate that they are adequately qualified in first aid if they are to coach without the supervision of a member of Norwich School staff. They must submit a copy of their first aid certificate to the HR prior to any coaching activity.

Sporting Fixtures

There will be appropriately trained personnel on site at all times during sporting fixtures, as a minimum this will be a first aid trained member of Norwich School staff, and ideally a registered nurse. The Director of Sport, in conjunction with the heads of each individual sport, will assess the level of medical cover which is required for any given fixture.

The heads of each individual sport will request, in advance, confirmation from other schools what level of medical cover will be provided when the Schools pupils are scheduled to play a fixture away and confirm this to the Director of Sport to ensure there is adequate cover in place.

Staff attending a sporting fixture will carry an appropriate first aid kit and be aware of any individual children who have additional health care needs. They must ensure they have appropriate supplies to manage the pupil's condition when off site.

Sport staff should contact the emergency services if they feel the situation requires professional medical help.

Normal operating procedures for sport can be found in the Games Procedures Booklet.

Head Injuries

All head injuries should be reported to the Health Officers or a medical professional. Pupils should be encouraged to report all head injuries to a member of staff.

There is a considerable risk of head injuries in a school environment.

Concussion is a disturbance of the normal working of the brain without causing any structural damage, it normally occurs after there has been a direct or indirect blow to the head. It is not necessary to lose consciousness for concussion to be sustained. Staff should be aware that symptoms may not develop for some hours, or even days, after a blow to the head. Whilst an initial concussion is unlikely to cause any permanent damage, a repeat injury to the head after a prior, unresolved concussion may have serious consequences. It is paramount that any suspected head injury is reported via the Return2Play platform which will then automatically inform the Health Officer / Head of Welfare / Director of Sport. Onsite assistance can be found via the Health Officers. Pupils should be encouraged to report suspected head injuries.

Criteria for immediate referral to the emergency services

- Unconsciousness or lack of full consciousness.
- Any complaint of a focal neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking)
- Any suspicion of a skull fracture or penetrating head injury since the injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional)
- Any seizure ('convulsion' or 'fit') since the injury.
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, a fall from a height of greater than 1m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism).
- The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other risk factor indicating emergency department referral is present).
- Glasgow Coma Scale (GCS) less than 12 on initial assessment.

- Any loss of consciousness as a result of the injury.
- Amnesia for events before or after the injury. The assessment of amnesia will not be possible in pre-verbal children and is unlikely to be possible in any child aged under five years.
- Persistent headache since the injury.
- Any prolonged vomiting episodes since the injury.
- Any previous cranial neurosurgical interventions.
- History of bleeding or clotting disorder.
- Current anticoagulant therapy, such as warfarin.
- Current drug or alcohol intoxication.
- Age 65 years or older.
- Suspicion of non-accidental injury.

All those having sustained a head injury but considered well enough to return home will be given a head injury notification form outlining when urgent medical advice should be sought, if necessary.

All pupil head injuries must be recorded on Return2Play platform.

Sending a pupil home

The parents / guardians of the pupil who has sustained a head injury or a suspected head injury will be notified by the Health Officer. The School will require parents to come and collect the pupil from school. The pupil will not be allowed to travel home by themselves.

It may be reasonable for a pupil to miss a day or two of academic studies but extended absence is uncommon.

Even if a pupil considers themselves to be fit or uninjured, they will be automatically placed off games until assessed by the Return2Play doctors. Any pupil sustaining a concussion type injury will be managed by the Return2Play team and may be excluded from all contact sports for a period of 23 days, with ongoing reassessment as per Return2Play protocol during that period.

Return to play will not be permitted unless authorised, the Health Officer will receive notification from the Return2Play service, of which the School is a member.

Managing Head Injuries during Sporting Activity

Appropriately trained first aiders are on site during all matches and training sessions. All coaches are to adhere to the guidelines as set out by the International Rugby Board (IRB) to ensure that concussion is managed effectively:

- Concussion must be taken extremely seriously to safeguard the long-term welfare of players.
- Players suspected of having concussion must be removed from play and must not resume play in the match.

- Players suspected of having concussion must be medically assessed.
- Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP) which should be managed by Return2Play who will provide an update to the Health Officer / Head of Welfare / Director of Sport.
- Players must receive medical clearance before returning to play.

Procedure for Transporting Pupils to Hospital by Ambulance

If a child must be taken to hospital by ambulance, following an emergency, whether from school, sports field or any external site, the School will hand the child into the care of the medical professionals that attend. Parents will be contacted. The School will endeavour, in so far as it is reasonable, for a member of staff to accompany the pupil or to attend the hospital to stay with the child until a parent arrives.

The accompanying staff member will hand the pupil over to the parent on their arrival at the hospital and return to school or go home. They will provide a full report via Return2Play within 24hours.

Identification and Treatment of Pupils with a Particular Medical Condition

Parents will be asked to complete a medical questionnaire prior to their child joining the School. The Health Officers will transpose information given on this form into the School's Management Information System. Where required the Health Officers will meet with parents to discuss specifics and how the School can support pupils. The Health Officers will ask parents to update the medical information held by the School. In the Lower School, medical information will be updated at least annually, or when a child's medical information changes.

Parents need to inform the Health Officers if there is a change in the medical circumstances of their child.

Dispensing of Medication in School

Lower 4 upwards

Parents must inform the Health Officer if a pupil is taking routine medication, including over-the-counter medicines, when in school. For pupils under the age of 16, the Health Officers will agree a medication action plan with parents. The Health Officers will require written notification from the parents for all medication which is being held for pupils. This notification will state when during the day pupils need to take the medication, the name of the medication and the dose to be given. Some medication will need to be given on an ad-hoc basis; this medication will be administered in line with a care plan or specific parental instruction.

Pupils over the age of 16 may keep and administer their own medication in school, but the Health Officer should still be informed so a record can be made.

It is the responsibility of pupils, and their parents, to be instructed in the administration of any medicine that they are required to take and to pass this instruction onto the Health Officers.

All parents will be asked to consent to the Health Officers dispensing over the counter medication when deemed appropriate. This consent form will be issued once when the pupil joins the School. It is the responsibility of parents to write to the School to change this consent if required.

Reception to Upper 3

In the Lower School it is the responsibility of the parent to be instructed in the administration of any medicine that the child is required to take and pass this instruction onto the Health Officer, and in the case of the EYFS the appointed person with responsibility for the EYFS. For all prescriptive medication, and in the EYFS for all prescriptive and non-prescriptive medication, an Administration of Medicine consent form must be completed. This must clearly state the name of the medication, dosage required, the time to be administered and the time of last dose administered by parent.

All parents will be asked to consent to the Health Officer dispensing over the counter medication when deemed appropriate. The consent form will be issued prior to the pupil joining the School. It is the responsibility of the parents to write to the School to change this consent if required. In the EYFS medicines must not usually be administered unless they have been prescribed, it must not be usual practice for an early year's provider to administer medicines without permission to do so. The Health Officer cannot decide for themselves that a particular child needs to have pain or fever relief.

The Health Officer must keep a written / electronic record each time a medicine is administered to a child and inform the child's parent on the same day or as soon as reasonably practicable. In the absence of the Health Officer a paediatric trained first aider will administer medication when required, keep a written record, and inform the parent.

Storage of Medical Information

Information on the storage of all data held on pupils and staff can be found within the School's Data Protection Policy.

Spillage of Bodily Fluids

Spillages of body fluids potentially pose a health risk so should be cleaned up immediately. Should a spillage occur outside of the designated medical facilities the School caretakers will normally be responsible for clearing up.

Norwich School has several 'Spill Kits.' These are located in: Senior and Lower School medical rooms, Horsefair House prep rooms, Design and Technology offices and practical rooms and Infants building.

The following process should be followed when clearing up the spillage of bodily fluids:

- Wear disposable gloves and apron
- Place disposable paper towels on body fluid spillage to mop up excess and then dispose in yellow clinical waste bag
- Pour bleach solution (1:10 dilution) on top of spillage area and leave for at least two minutes
- Alternatively, use Emergency Spillage Compound and leave for at least one and a half minutes
- Use paper towels to wipe up bleach and spillage and then discard into yellow clinical waste bag
- Discard gloves and apron into yellow clinical waste bag
- Wash and dry hands thoroughly
- Notify the Health Officer that the spill has taken place and what action was taken.

Allergies

Allergy is a hypersensitivity to a foreign substance that is normally harmless, but which produces an immune response reaction in some people. This can be a minor response such as localised itching or a severe response known as anaphylaxis or anaphylactic shock. Anaphylaxis is potentially life-threatening and often explosive in onset, with symptoms ranging from mild flushing to upper respiratory obstruction and collapse.

Jext/Epipen Auto Injectors and Ventolin inhalers are located in:

- 71a, medical room
- Horsefair House
- Sports Hall Office
- Refectory
- Lower Close Pavillion
- Lower School First Aid Room
- 3 stations placed at stages along the Lower School corridor
- Redmayne First Aid Suite (See appendix 2)

Jext/Epipen Auto Injectors and Ventolin inhalers for children in the Lower School are stored safely in the first aid room.

Responsibilities in Relation to Allergies

Parents responsibilities

- On entry to the School parents should inform the Health Officer, via the medical questionnaire, of any history of allergy, highlighting previous severe allergic reactions, and any history of anaphylaxis.
- Parents who identify an allergy issue with their children will be sent a BSACI Allergy Action Plan for completion. They must sign to say they understand and are happy with the care it stipulates.
- Parents are responsible for ensuring any required medication (Jext/Epipen Auto Injector, inhalers, and any specific antihistamine – Cetirizine or similar is always kept on site) is supplied, in date and replaced, as necessary.
- Parents will ensure that adrenaline injectors used by pupils are Jext/Epipen Auto Injector. These are the devices that staff have received training on.
- Where food allergy is a major concern, the Head of Welfare will arrange a meeting with the Catering Manager to make a plan to reduce potential exposure.
- If an episode of anaphylaxis occurs outside school, the Health Officer must be informed. Parents are requested to keep the Health Officer up to date with any changes in allergy managements with regards to clinic summaries or re-testing and new food challenges.

Pupil responsibilities

- Pupils in the Senior School must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening and what they should do if detected.
- Pupils in the Lower School may be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening but this may not always be the case and could be dependent on the age of the pupil and the complexity of their allergy.
- Pupils will go straight to see the Health Officer if they think they have come into contact with something they are allergic to. Parents should make sure pupils understand this. If the pupil cannot get to the Health Officer, and it is deemed an emergency, then nearby adults should dispense an Jext/Epipen Auto Injector and the Health Officer/Head of Welfare will be called.
- All senior school pupils must carry two AAI's on their person at all times, along with a copy of their Allergy Action Plan and any additional medication recommended in that plan. They should be competent to use them when in school or on an out of school activity.

The responsibilities of the Health Officer

- Once aware of an allergy the Health Officer should ensure that a BSACI Allergy Action Plan is completed and that sufficient emergency supplies are kept on site.
- A meeting should take place between the Health Officer, parents and pupil, preferably before entry to the School, so they can discuss the plan and the individual pupil needs in school. The Catering Manager / Head of Welfare will be involved if appropriate.
- Spare Jext/Epipen Auto Injector should be kept in the Lower School medical room, these will not be pupil specific. There are also three stations placed at intervals in the Lower School corridor where spare Jext/Epipen Auto Injectors are stored along with a Ventolin Inhaler.
- The Health Officer will maintain an up-to-date allergy list for all staff to access, this will be uploaded onto the Staff Hub under medical. The Health Officer will share any updates to the list with the Refectory and the Sports Department as they occur. In addition, the allergy will be highlighted on the pupil's iSAMS record.
- Pupil specific allergy / anaphylactic BSACI Allergy Action Plans are kept both on iSAMS and in the Health Officer's room, detailing the action to be taken in an emergency. These will also be uploaded onto the School Hub.
- AAI's in school are positioned around the site as previously stated, these will be checked half termly by the health officers to ensure they are in date and fit for purpose.

Individual staff responsibilities

Staff must be aware at all times of the pupils in their care (regular or cover classes) who have known allergies and must supervise any food-related activities with caution. All leaders of Out of School Visits must ensure they carry all relevant emergency supplies. This includes Out of School Visits, games and sports fixtures.

Wider school community responsibilities

Please note that the School is not a nut-free environment. The School's aim is to keep the School as a controlled allergy zone.

- The catering department is aware of all individual pupil allergies that the School has been informed about and provides clear labelling to all food served in the Refectory at all times.
- Parents need to clearly label food which is sent into school and may be consumed by those other than their own child.
- Pupil awareness of allergies is raised at assemblies and within the classroom.
- Basic training is provided to all staff annually through INSET.

- The School are compliant with Natasha’s Law (introduced October 2021) to ensure that all Pre-Packed for Direct Sale (PPDS) foods are labelled appropriately, showing the name of the food, and the ingredients list includes emphasising in the ingredients list any of the 14 allergens used in the product, as required by food law. Please refer to Catering Contractor for further details on how labels are prepared and allergens within PPDS Foods are managed.
- Neither Norwich School nor its catering suppliers, buy nuts of any variety or products that contain whole nuts and no nuts are added to food which is prepared by Norwich School or its catering supplier. Many of the foods purchased by Norwich School or its catering supplier state that “they may contain traces of nuts that have been produced in a factory which also uses nut products.”

Emergency Action Plan for Allergic Reaction

Treatment

The priority should be the removal of the allergen. Remove stings or environmental causes. Wash with water where appropriate. For ingested allergens, rinse mouth thoroughly with water and spit out. Never induce vomiting. Call the Health Officer if pupil is on the School site. Use of antihistamines via syrup or tablet is effective for mild reactions and is recommended as the first step in any reaction.

Management of an anaphylactic episode

- Symptoms of severe allergic reaction
- Swelling of the throat and mouth.
- Difficulty in swallowing or speaking.
- Difficulty in breathing due to severe asthma or throat swelling.
- Hives anywhere on the body.
- Generalised flushing of the skin.
- Abdominal cramps, nausea and vomiting.
- Sudden feeling of weakness, faintness caused by sudden drop in blood pressure.
- Collapse and unconsciousness.

If symptoms occur in an undiagnosed individual call the emergency services and, while waiting for their arrival, remove the allergen where possible and stay with the casualty to reassure them. Call the Health Officer who will advise on the telephone and arrive as soon as possible.

- If the casualty is conscious and breathing – place in a sitting position, leaning forward.
- If the casualty is unconscious and breathing – place in the recovery position.

- If the casualty stops breathing resuscitation should be carried out while awaiting the emergency services. CPR should be given.

When symptoms of anaphylaxis are seen in a known sufferer:

- Remove the allergen where possible, i.e. a sting or any remains of food in the mouth (and rinse mouth).
- Stay with and reassure the casualty.
- Send for the Health Officer, Head of Welfare or another member of staff to come with the emergency medication from the central location and the health care plan, if possible
- Follow the instructions given on the treatment plan. It is most likely that it will advise you to give an antihistamine such as Cetirizine first, and then, if symptoms do not improve or if the casualty displays breathing difficulties, to administer the Jext/EpipenAuto Injector containing adrenaline. Follow the dosage instruction on the BSACI Allergy Action Plan for the oral antihistamine.
- If at any time the casualty exhibits difficulty in breathing or respiratory symptoms that worsen after giving the oral antihistamine, difficulty in swallowing or speaking, or if there are signs of becoming weak or collapse, administer the Jext/Epipen Auto Injector immediately.
- You can help the casualty administer the Jext/Epipen Auto Injector or administer it yourself. Remember to give the adrenaline pen sooner rather than waiting if you are concerned. Adrenaline will do no harm but may save a life if given appropriately. Follow the instructions below for using an Jext/Epipen Auto Injector.
- Whenever an Jext/Epipen Auto Injector is used, an ambulance must be called, stating an anaphylactic episode. This is very important as the effect of the adrenaline may only be temporary.
- Stay with the casualty and observe the response to the Jext/Epipen Auto Injector until the emergency services arrive.
- While waiting for their arrival, place the casualty who is conscious and breathing in a sitting position, leaning forward to aid breathing, and the casualty who is unconscious and breathing in the recovery position.
- Be prepared to resuscitate if necessary (think about clearing area immediately). If the casualty stops breathing, resuscitation should be carried out while awaiting the emergency services. CPR should be given, and the defibrillator machine brought with haste by the Health Officer.
- Inform the parents at the earliest opportunity.
- Make sure the used Jext/Epipen Auto Injector and the health care plan go with the casualty to hospital.

- A member of staff will need to accompany the pupil to hospital and stay until parents arrive.

Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK (United Kingdom))

Norwich School recognises that asthma is a widespread, serious, but controllable condition. Best practice is to ensure that students with asthma can access their inhalers immediately. We welcome all pupils with asthma and aim to support these children in participating fully in school life.

Management responsibilities

The Head of Welfare oversees the management of asthma within the School, but the Health Officers are responsible for ensuring the day-to-day administration of care.

A register of all pupils who suffer from asthma is produced annually by the School's Health Officers. This is updated over the course of the year if the School are alerted to a new diagnosis of asthma by parents.

Parental / student responsibilities

As a school we require that children with asthma have a personal asthma action plan which can be provided by their GP practice nurse or their asthma specialist. Parents must ensure this is shared with the School. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them individually. It should include details of the child's asthma triggers, plus details and doses of their preventer medications alongside details and doses of their reliever inhaler, what to do if their child's asthma is getting worse and what to do if their child is having an asthma attack.

The most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g., stopping exercise). As per Department of Health Guidance, they would not usually require the child to be sent home from school or to need urgent medical attention.

In the Lower School, parents must provide the School with the personal asthma action plan, the reliever inhaler and spacer prescribed in a plastic box, and this will be kept on a high shelf in the child's classroom for emergency use and games/trips.

In the Senior School, parents must provide the School with an up-to-date personal action plan. Students are required to carry their own asthma plan and prescribed treatment. It is the responsibility of students in the senior school to ensure they always carry their asthma supplies on them for games and any off-site activities / excursions.

They are encouraged to attend the health officer's office in 71a if they feel their asthma is worsening during the day or they are struggling to breathe.

Staff responsibilities

Should a student from the lower school be attending games or a trip off site, then it is the responsibility of the teacher in charge of the activity/excursion to ensure their emergency box is taken from their classroom for the length of activity / excursion and then returned at the end to the high shelf in the child's classroom. All staff will be aware of the students in their class who have pre-existing medical conditions.

As a school we are aware of the guidance, 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015), which gives guidance on the use of emergency salbutamol inhalers in schools.

The document can be found at [Emergency asthma inhalers for use in schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/442222/emergency-asthma-inhalers-for-use-in-schools.pdf)

Norwich School also keeps a supply of emergency salbutamol inhalers around the School site, as indicated in this policy.

The Health Officers will be responsible for ensuring all supplies provided to the School are in date and fit for purpose. They will contact a student's parent should they require new medication. They will also ensure the School's supplies are in date and fit for purpose.

Training

Staff require regular asthma updates. These will be undertaken on designated INSET days, either online or presented by the Head of Welfare / external asthma specialist.

Emergency Action - Asthma Attacks

The School recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache) If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below.

The Guidance goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (repeat 1 puff to 5 breaths or 20 seconds per dose with mask)
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours, the parents should be made aware, and they should be seen by their doctor/nurse. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Cannot speak /short sentences
- Symptoms getting worse quickly
- Appears exhausted
- Has a blue/white tinge around lips
- Has collapsed

When Asthma is affecting a Pupil's Education

Norwich School is aware that the aim of asthma medication is to allow people with asthma to live a life uninterrupted by their condition. Therefore, if we recognise that asthma is impacting on the pupils' lives, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms.

However, Norwich School recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Management of Infectious Disease

If it is suspected that a pupil or member of staff has an infectious disease (a vomiting bug for example) they should go home immediately and not return to school for at least 48 hours after the last sign of symptoms.

Guidance by Public Health England is followed regarding infection control for various conditions. The guidance, which can be found here, Managing Infections Diseases sets out when and for how long children need to be excluded, when treatment/medication is required and where to get further advice.

Pandemic Announcement

The School is aware of the risk that a medical pandemic could be declared at any time. If a pandemic is announced the School's Senior Management Team will meet and the critical incident policy will be invoked.

The School will monitor and follow the advice of national and local bodies in relation to the pandemic.

If the decision to close the School is taken the procedure set out in the criticalmajor incident policy will be followed.

Reporting of Accidents

The School requires staff, pupils, and visitors to report all accidents which occur on the School site or while off-site on activities which are organised by the School. The School also requires near misses to be reported, even when no injury results from them. The School defines a near miss as an event not causing harm, but that has the potential to cause injury or ill health.

The School has an accident reporting form which can be obtained from 71a, via the Health Office. Accident forms must be used for reporting incidences involving staff and visitors. For any incident involving pupils, the Return2Play platform must be used and access to this is via a tablet in either the Lower School or Senior School Medical Rooms.

The report will normally be made by the adult who witnessed the accident. In practice this means that staff should complete a report for any pupil or visitor who is in their care whilst on the School site. The pupil or visitor, where needed, may be involved in filling out the accident report. Staff who are involved in an accident should complete their own accident forms. All reports should be submitted to the Health Officers by the end of the next school day following the day on which the accident occurred. Any serious accident/incident should be communicated by telephone or in person to the Assistant Bursar or Bursar even if at an unsocial time.

Parents must be informed of any injuries to their child; it is the responsibility of the witnessing staff to ensure parents/guardians are made aware.

The Health Officers will review all accident reports and follow-up with staff where necessary. The Health Officers will review all accident report forms to determine if the School is required to report the incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The flow charts shown in Appendix 3 will help to determine this. The Health Officer will bring all reportable incidents to the attention of the Assistant Bursar immediately after receiving the form and not longer than 24 hours.

The Health Officer will bring to the attention of the Assistant Bursar any accidents which is believed to require immediate action by the School to prevent further accidents taking place.

Document control

Document title:	First Aid and Medical Provision Policy
Prepared by:	Head of Welfare / Assistant Bursar
Authorised by:	Health and Safety Committee
Published location(s):	<ul style="list-style-type: none"> ▪ Norwich School Website ▪ Norwich School Hub
Other internal policies / documents referenced:	<ul style="list-style-type: none"> ▪ NLS Early Years Foundation Stage (EYFS) Provision ▪ Out of School Visit Handbook ▪ Games Procedures Booklet ▪ Data Protection Policy ▪ Major Incident Policy
External documents referenced:	<ul style="list-style-type: none"> ▪ The Health & Safety (First Aid) Regulations 1981 ▪ BS-8599-1 – First Aid Kit Contents ▪ Glasgow Coma Scale (GCS) ▪ BSACI Allergy Action Plan ▪ Natasha’s Law (2019) [The Food Information Regulations (2014) with the statutory Instrument, Food Information (Amendment) (England) Regulations 2019] ▪ Department for Health Guidance for schools in England on using emergency inhalers. ▪ The use of emergency salbutamol inhalers in schools from the Department of Health (March 2015) ▪ The Equality Act 2010 ▪ Department for Health Guidance: Health protection in education and childcare settings ▪ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
External Weblinks referenced:	<p>Emergency asthma inhalers for use in schools - GOV.UK</p> <p>www.gov.uk</p> <p>Managing Infections Diseases</p>

APPENDIX 1: Standard Contents of Norwich School First Aid Kits

Contents of First Aid Kits	Small	Large / Sport	Vehicle
First Aid Guidance leaflet	1	1	1
Medium Dressing 12cm x 12cm	6	8	1
Large Dressing 18cm x 18cm	3	4	2
Triangular Bandage 90cm x 90cm x 127cm	3	4	2
Conforming Bandage 7.5cm x 4.5m	2	2	0
Finger Dressing 3.5cm x 3.5cm	3	4	0
Assorted Waterproof Plasters	60	100	30
Eye Pad and Bandage No.16	3	4	2
Safety Pins (pack of 6)	2	4	2
Saline Cleansing Wipes	30	40	10
Microporous Tape 2.5cm x 5m	1	1	0
Revive Aid Mouth to Mouth Resuscitator	1	2	0
Emergency Thermal Blanket	2	3	0
Hydrogel Burn Dressing 10cm x 10cm	2	2	0
Small Tuff Cut Scissors Black 6"	1	1	1
Large Powder Free Nitrite Gloves (pair)	9	12	1

All contents will be BS-8599-1 compliant.

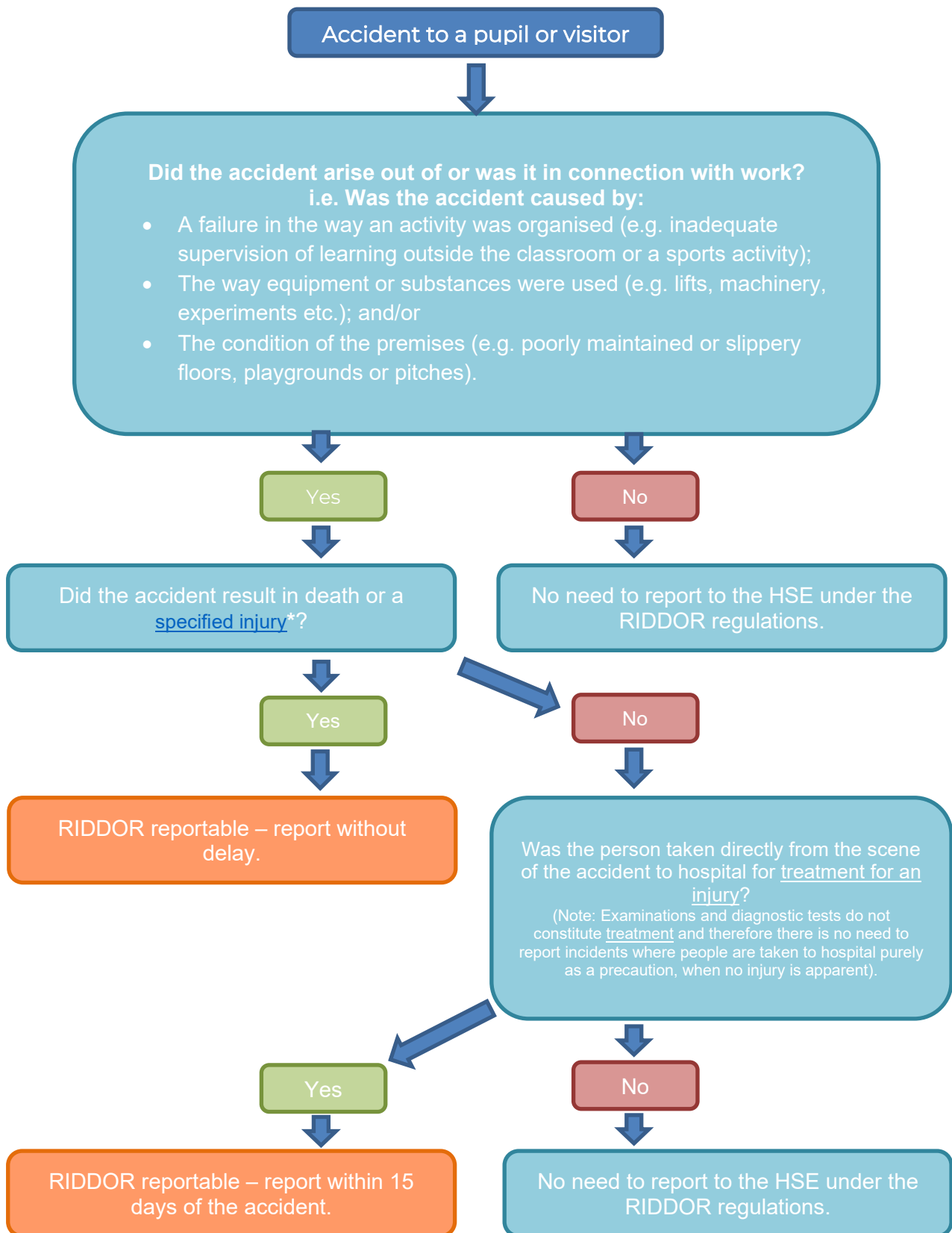
APPENDIX 2: Location of AEDS

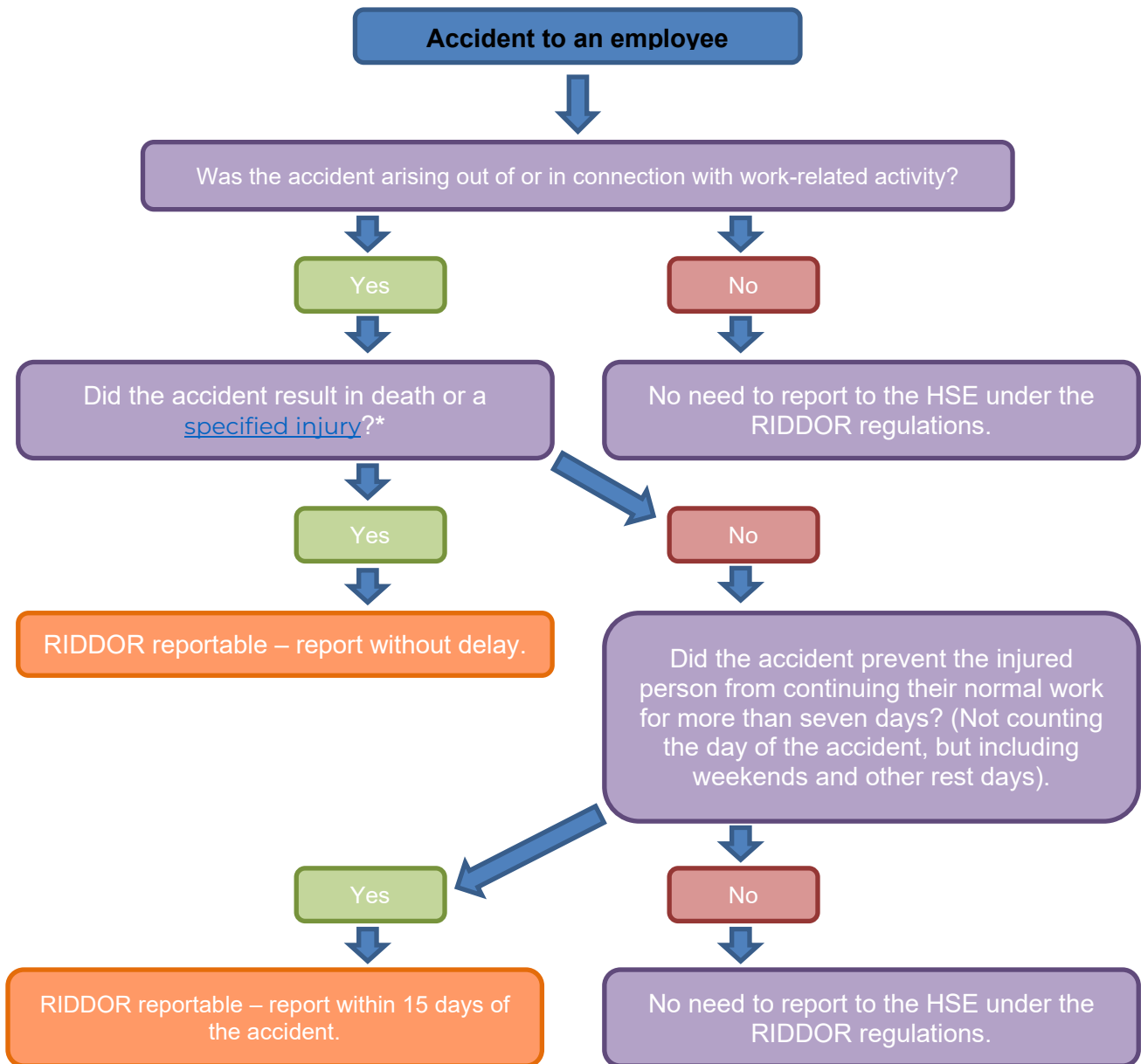
Available on request from the Health Officer.

Building	Exact location (room)
71a The Close	Medical Room
Refectory	Inside Servery beside Kitchen door
Horsefair House	Main Lobby
Daynes Sport Centre	Sport Office
Lower School	First Aid Room
Infants Building	Outside on main building near Infants gate
Redmayne Playing Fields	Main Pavilion
Norfolk Club	Squash Courts

AED also located at 12 The Close, ring 999 for access code.

APPENDIX 3: Flow Chart To Determine RIDDOR Reporting





Reportable specified injuries:

- Fractures, other than to fingers, thumbs and toes;
- Amputations;
- Any injury likely to lead to permanent loss of sight or reduction in sight;
- Any crush injury to the head or torso causing damage to the brain or internal organs;
- Serious burns (including scalding), which: – cover more than 10% of the body; or – cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- Any loss of consciousness caused by head injury or asphyxia;
- Any other injury arising from working in an enclosed space which: – leads to hypothermia or heat-induced illness; or – requires resuscitation or admittance to hospital for more than 24 hours.

