



FINTON HOUSE SCHOOL

FIRST AID AND MEDICATION POLICY

This draft policy is currently being reviewed by the Pastoral Team and will be signed off by Governors at the full board meeting in the Autumn Term

Member(s) of staff responsible: Catherine Gomez

Date Revised: January 2026

Governing committee/sub-committee responsible: Risk Management

A copy of this policy is available to all governors and parents via the School website or a hardcopy on request from the School Office. It is accessible to all staff electronically (in the Policy folder on the Staff Admin Drive) and a hardcopy held on file in the Head's Office. This policy applies to all at the School including those in Reception (the EYFS).

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Version	Updates
September 2024	p5 – update to staff training to include KITT training for AAIs p18 – update to include locations of KITT medical boxes p23 - Changes to anaphylaxis protocols to include use of KITT medical boxes.
September 2025	p7 – update recording system to CPOMS p31 – update to first aider training and locations p21 – storage of medicine (updates to include KITTs)
Jan 2026	Updated to include PFA trained staff and dates

Policy Statement

The governing body recognises that whilst every effort is made to ensure that the School environment is safe, through regular and continuous risk assessment, many pupils will at some time require First Aid at school. The School has a duty of care to the pupils while at school, and the governing body wishes to do all that is reasonably practicable to safeguard and promote pupils' safety. This policy applies to all pupils at the School including those in the EYFS and reflects the guidance outlined in the DfES 'Guidance on First Aid' updated Feb 2014. Finton House is a school that operates a no nut policy.

1. Responsibilities of the Governing Body

- a) The Governing body ensures that arrangements are in place to support pupils with medical conditions. In doing so they ensure that such pupils can access and enjoy the same opportunities at school as any other pupil.
- b) The Governors are aware that each pupil with medical conditions is entitled to a full education and have the same rights of admission to the School as other pupils.
- c) The Governing body ensure that the School's policy sets out the procedures to be followed whenever the School is notified that a pupil has a medical condition.
- d) The Governing body ensure that the School consults with health and social care professionals and parents to ensure that the needs of pupils with medical conditions are effectively supported.
- e) The Governors make sure that staff are properly trained to provide the support that pupils need, including training in what to do in an emergency.
- f) The Governing body ensures that arrangements are clear about the procedures to be followed for managing medicines and that written records are kept up to date for all medicines administered to pupils.
- g) The Governors ensure that the School's policy sets out what should happen in an emergency.
- h) The Governors ensure that the appropriate level of insurance is in place and that it appropriately reflects the level of risk.
- i) The Governing body ensure that the School's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.
- j) The Governing body ensure that the arrangements that are put in place are sufficient to meet their statutory responsibilities and ensure the policies, plans and procedures and systems are properly and effectively implemented and reviewed annually.
- k) The Governors ensure there is also a named person who has overall responsibility for policy implementation. This is the Deputy Head together with the Head of Health and Safety, the Bursar. There is also a Governor with overall responsibility for Health and Safety, who is currently Robin Chatwin.

2. Responsibilities of all Staff

- a) To be aware of and understand the School's first aid and medical policy.
- b) To be aware of the potential triggers, signs and symptoms of common medical conditions and to know what to do in an emergency.
- c) To make sure there are no products with nuts or traces of nuts on them in the School or when out of school on a fixture/trip etc. This includes the staffroom.
- d) To know which pupils in the School have a medical condition and those that have a Healthcare plan because their condition is life threatening.
- e) To ensure that pupil, who have emergency medication carry it with them at all times when they go on a school visit, to games or where appropriate out of the classroom etc.
- f) To administer emergency medication when necessary.
- g) To be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- h) To ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in, and understand the impact a medical condition may have on a pupil and make any reasonable adjustments to accommodate this (e.g. that the pupil has appropriate medication or food with them during any exercise and are allowed to take it when needed, and are not forced to take part in an activity if they are unwell.)
- i) To be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, including help to catch up with work when the child has been unwell.
- j) To use opportunities such as PSHEE and other areas of the curriculum to raise pupils' awareness about medical conditions.
- k) To make sure that their personal medical history and requirements are known to the School and if they have any emergency medication or life threatening conditions the Deputy Head is advised. If the member of staff wishes to do this confidentially, then the Head or Bursar should be consulted. If anything changes to their medical needs the Deputy Head must be informed, so if appropriate other staff can be made aware and records updated on the School's database. Should the medication also have the potential to cause side effects, then this should be discussed in advance should alternative provisions or adjustments need to be made for their work. Medication is kept in a locked cabinet at all times to avoid being accessed by pupils.

3. Pupils' Entry to Finton House

On admission of the pupil to the School, all parents are required to provide information on:

- medical conditions
- allergies
- regular medication
- emergency contact numbers
- name of family doctor/consultants
- special requirements (e.g. dietary)

The Deputy Head Pastoral is made aware of any life threatening conditions or allergies by the School Office and the information is stored on Engage, which the class teachers have access to. Parents are asked to confirm whether the information is accurate or anything has changed at the start of the academic year.

For some children with life threatening conditions parents complete and sign a Healthcare plan, e.g. pupils with adrenaline auto-injectors (anaphylactic shock), asthma inhalers, seizure medication (epilepsy) or diabetes. For the administering of other medication, a child's parents complete a form (see Appendix C), which is available from the School Office. This form has to be signed and provide details of medication together with administering information.

If the pupil has a serious medical condition, future parents (prior to entry) or existing parents will meet with the Deputy Head Pastoral to discuss the necessary arrangements. Appropriate staff training and briefing will then take place and if necessary a member of staff allocated to provide specific support. The Deputy Head Pastoral will if necessary consult with health and social care professionals to ensure the pupils' medical condition is effectively supported.

The School Office continuously keeps the pupils' medical details updated on Engage and there is a Pictorial Life-threatening Conditions Register, which the staff can access on the Staff Admin drive in the First Aid folder. A copy is kept secure in the Deputy Head's office for emergency reference. A dietary register with a photograph of the relevant children and their requirements is kept in the School kitchen and on the Staff Admin drive in the First Aid folder. The Deputy Head Pastoral ensures through staff meetings or emails that all staff are up to date with pupils' medical conditions and treatment. When relevant, peripatetic teachers, supply teachers or volunteers are also briefed.

4. Staff Training

All staff are made aware of any pupils' additional medical needs and the systems in place to support them. This information is regularly updated and shared at weekly staff meetings. Staff understand their duty of care to pupils at all times and their responsibility in the event of an emergency.

All employees receive emergency first aid training every three years, which covers any known specific medical need at the School e.g. epilepsy. This would either be three hour face to face training or online via Educare. Adrenaline auto-injector training is provided annually each September for staff by Kitt Medical online and where necessary specific training for individuals or all staff with regard to specific pupils and their medical needs e.g. epilepsy and diabetes.

There are members of staff who have the First Aid at Work Qualification. There is always at least one fully qualified first aider on the School site when pupils are present. Staff working with the EYFS have attended a paediatric first aid course in the last three years covering all topics specified by Ofsted for Early Years (See First Aider List – Appendix F)

5. Parental Consent for First Aid Treatment

Through the Parents' Handbook and a yearly reminder each September via a Finton House Post, parents are advised that staff will sometimes treat any minor accidents such as cuts, grazes and bumps with soap and water, sterile wipes or a cold pack and sunscreen is provided.

Prior written permission is requested from parents for the administration of over the counter medication. Liquid paracetamol, liquid ibuprofen and liquid antihistamine can be administered following parental telephone consent which is recorded on the 'Pupil Taken Ill During the School Day – Administration of Medication' record sheet (see Appendix D) and we will send a copy of this form home documenting the medication administered. No other non-prescribed medicine is dispensed in school.

The signed parental contract requires parents to agree, that in the unlikely event of a child requiring medical attention, after every effort has been made to contact them, a Finton House member of staff will approve the medical treatment necessary on the advice of a qualified medical practitioner. Parents are reminded of this emergency medical procedure when completing a medical form for residential school trips and consent is also requested for the administering of medication for minor ailments if deemed necessary.

6. Administering of Prescription Medicines

Written consent is required from parents prior to the administering of any prescription medicines (see Appendix C for form) in school or on a school trip. The member of staff (usually school secretaries) giving the medicine to the pupil, will check the name, medicine, dosage, expiry date, time/frequency of administration, any side effect and written instructions provided. They ensure that the medicine is provided in the original container as dispensed by the pharmacist and include prescriber's instructions. A record of dosage and the time given is noted. Parents' understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the School immediately. Parents also have to sign on collection of their child's medicine from the School office.

If a pupil refuses their medication, this will be recorded and the parents notified. If a pupil misuses medication either their own or another pupil's, their parents are informed and the pupil is subject to the School's usual disciplinary procedures.

The School Secretaries are fully qualified first aiders and they ensure the correct storage and usage of medication at school. They check expiry dates at the start of each term. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic Year, and whenever required. When a pupil no longer requires the medicine, it is returned to the parents to arrange for safe disposal. Sharp boxes will always be used for the disposal of needles and other sharps.

For pupils with adrenaline auto-injectors, asthma inhalers, seizure medication or diabetes there are separate signed Healthcare plans by parents. It is the parents' responsibility to advise the School if there are any changes. A copy of this form is kept with the pupils' medication and there is a copy saved on Engage in the Pupils file. A copy of the form is also taken on day and residential trips and any off site activities and kept with a member of staff securely at all times. If medication or Healthcare plan is mislaid, the School's Data Protection Compliance Coordinator should be informed immediately. The member of staff should make arrangements to replace any lost items. If possible, make arrangements to recover lost data by contacting any external agencies. The Deputy Head and Head must also be informed.

Most staff have received training on administering an adrenaline auto-injector (a list of those trained is kept in the pupils' adrenaline auto-injector box in the School Office or in their bum bag.) and this is provided annually. In addition, some staff have received specific training on administering seizure medication for an epileptic pupil and when required specific staff receive training on testing blood and administering insulin for diabetes.

In a secure cupboard above the photocopier in the School Office there is a box of medication that staff can access for themselves i.e. Ibuprofen, Paracetamol & Sudafed. The member of staff has to complete the 'Record of Staff Self-Administered Medication' form, which requires them to record date, time, medication and dosage. This record is checked half-termly by the Deputy Head.

7. Procedure to follow if a Pupil is Unwell

If a pupil is unwell during the School day they are sent to the School Office e.g. feel sick or might have a temperature etc. If the Class Teacher does not send them, the Class Teacher is informed and talks to the pupil. A decision is then made on whether the parents should arrange for someone to collect the pupil. All children who are physically sick or have a temperature are sent home. There is a small medical room off the School Office where the pupil can lie down, be treated or examined. There is a washing basin and it is fairly near to the toilet. If the pupil is on a school trip, the Class Teacher will call the parents to advise them, and where possible, arrange collection of the pupil. There is a record kept of any pupil sent home during the School day on Medical Tracker.

8. In the Event of a Minor Accident

The member of staff who is in charge of the pupil at the time of accident administers first aid for minor accidents. Just water or saline should be used to clean cuts and a cold pack may be used for bumps or sprains and strains. A dressing or plaster is used to cover an open cut to prevent infection. We do not use antiseptic cream and arnica.

Listed below are examples of some accidents, which could be termed as 'minor':

- Small cuts or abrasions & nosebleeds (if stops within 30 minutes)
- Vomiting
- Bumps or bruises connected with a fall or a collision.

For minor cuts and grazes brave stickers are placed on usually placed on Lower School pupils and whenever possible, Class teachers endeavour to brief the parents, if a pupil has received an injury during the School day. For all bumps to the head, a dated wristband is placed on the pupil. **For all hearing impaired pupils, the Class teacher, together with the parents, must be informed immediately.** (See 'Life Threatening Conditions' section for information on Concussion.)

If a pupil needs to remove any clothing such as tights etc., they are taken to one of the adult toilets next to the playground on 171 and the sign next to the first aid book is placed on the door, which reads, 'Child Emergency First Aid'. The door is left unlocked. The pupil, wherever possible should remove their own clothing and ideally there needs to be two adults present.

If a **pupil bites** another pupil or adult and if the skins is unbroken the area is cleaned with antibacterial soap and water and no further action is needed. If the bite breaks the skin it is cleaned immediately with antibacterial soap and running water and a dressing/plaster is applied to prevent infection. The parents are advised to seek medical advice that day to treat possible infection e.g. tetanus and hepatitis B.

If a pupil has a **splinter**, a qualified first aider, would remove the splinter, if it is partly exposed and easily removed with tweezers. If splinters are deeply embedded then parents should be consulted and professional medical help sought if necessary. Our policy is not to remove ticks on a pupil, but to ask the parent to come and collect the pupil.

Should a pupil or staff member injure themselves with discarded **hypodermic needles**, which they may have found. The needle would be disposed of safety either in the yellow Sharps bin (in school office) or by contacting the local authority. If someone pricks or scratches himself or herself with a used hypodermic needle:

- wash the wound thoroughly with antibacterial soap and water
- cover with a waterproof dressing
- record it on a Serious Accident Report form / Medical Tracker
- seek immediate medical attention from the St George's A & E department.

All injuries requiring first aid treatment are recorded on CPOMS.

Reporting of accidents to parents (including EYFS)

When a minor accident results in an injury it is dealt with by the member of staff on duty. The injured is triaged and when the injury needs to be brought to the attention of a First Aider trained on a 3 Day First Aid at Work course, parents will be informed (usually contacted by telephone).

For minor cuts and grazes usually brave stickers are placed on Lower School pupils (including EYFS) and whenever possible, class teachers endeavour to brief the parents. For all bumps to the head, a dated wristband is placed on the pupil so parents will be informed via the wrist band of the injury. For all hearing-impaired pupils, the Class teacher, together with the parents, must be informed immediately.

9. Administering and Recording of First Aid in the Event of a Serious Accident

For more serious accidents, the qualified First Aiders should treat the pupil. However, if no qualified First Aider is available then staff must administer first aid in good faith. An accident is defined as serious when qualified medical attention is seen to be necessary.

Listed below are some examples of accidents that could be termed as serious:

- Broken, fractured or chipped bone
- Severe bleeding
- Fainting or falling unconscious
- Deep cut or wound that needs stitches
- Severe asthma attack
- Allergic reaction i.e. anaphylactic shock
- Dislocated joint
- Burns and scalds (fire, sunburn, electric, friction, cleaning/industrial fluids)
- Swallowing cleaning fluids etc.
- Poisons absorbed through the skin or chemicals splashed in eyes
- Bee/wasp stings
- Allergic reactions (nut or other allergy)
- Sporting injuries
- Fire/explosion
- Minibus crash
- Cuts (knife and other sharp instruments)
- Drowning
- Chipped tooth (parents informed and advised to visit dentist)
- Facial cuts/grazes to the face (parents are informed so they are not surprised when they pick up their child)
- A serious knock or bang on the head
- Lifting (back injuries)
- Falls (off apparatus or down stairs etc.)
- Falling objects (shelves etc.) All serious injuries are recorded in ink in the Serious Accidents File, which is held in the School office / Medical Tracker. The Deputy Head or Head countersigns each entry (see Appendix B).

HSE – Reporting School Accidents (Education Sheet No 1) will be referred to and if necessary, the HSE will be advised. The Health & Safety Officer (School Bursar) holds a copy of the guidance.

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) - Details of the nature of injuries, diseases and dangerous occurrences that need to be reported to the HSE (Health and Safety Executive – see <http://www.hse.gov.uk/index.htm>) are held by the Health & Safety Officer (School Bursar).

If a pupil has a serious injury (but not one that requires calling an ambulance e.g. a severe bump to the head or if stitches are thought to be required) the office, first aider or Class Teacher contacts the parent who will take the pupil to A & E. If the parent is not available, a First Aider and another member of staff will accompany the pupil to the nearest A & E Department. They will never take the pupil to hospital in their own car without another adult present. The Head, Deputy Head and School Bursar (Head of Health & Safety) are always informed if a pupil is sent to A & E, needs to visit a doctor/dentist or sent home following an accident.

The School Office makes a follow up call to parents to find out what happened following a visit to A&E or a doctor. The outcome is recorded on the Serious Accident Report / Medical Tracker and the Head/Deputy Head are informed.

10. Procedure to be followed in a Medical Emergency

(Similar procedures are followed for staff. Pupils are made aware of where the defibrillators are kept so they can collect it in emergency and what to do if they are on their own with no other member of staff around in the classroom, cloakroom etc.

1. The Office is immediately informed of the situation and will ensure that the person informing them is provided with a mobile phone to call the emergency services on (999, 112 or 911) so they can be fully brief the emergency services on the casualty(ies) injuries/illness and their status and the mobile phone is taken to the scene. The first aider at the site of the accident is provided with the mobile to enable them to speak directly to paramedics.

If a pupil is sent to inform the office, or the member of staff is in shock it may be necessary for the person in the Office to go to the scene with a mobile phone so they can fully brief the emergency

services on the phone and they will hand over the mobile phone after the call to the first aider or their assistant to ensure contact with the paramedics.

One of the School Office staff must remain in the School Office to deal with any incoming calls e.g. from the paramedics travelling to the scene. The First Aider at the site of the accident is provided with a mobile to enable them to speak directly to paramedics if appropriate.

If a member of staff had a mobile phone at the scene, the call could be made from there but someone would need to be sent to brief the School Office as to what has happened and to ensure parents are contacted.

If at the playing fields or on a trip this may be done by mobile phone from there. The parents, Head, Deputy Head and School Bursar, Head of Health & Safety are then informed.

Information that maybe relayed to the emergency team:

- What has happened, safety of area, location etc.?
- Is the casualty(ies) conscious or unconscious?
- If unconscious and not breathing and thus CPR (Cardio Pulmonary Resuscitation) has commenced. The mobile phone is required to be next to the patient on the loudspeaker so the chest compressions can be shouted out as they are given, so the call handler knows what is happening. A defibrillator should be brought from the ground floor of 171 near the playground exit and maybe used, but CPR continues until the defibrillator 'shocks' the patient and then CPR may have to commence again and not stop until the paramedics instruct us to stop.
- If conscious, what does their breathing sound like?
- Is there any serious bleeding?
- Do they have rash?
- Any rapid swelling of the lips, face, throat or tongue?
- How does the skin feel?
- Are they a normal temperature?
- If the call is about an injury the call handler may ask if the limb is cold, pale or blue, can the patient weight-bear, are there pins and needles in the limb, any bleeding?

2. A qualified First Aider must be called immediately and where possible briefed as to the nature of the incident. An emergency first aid box (kept in the School Office or the Facilities Manager's Office) together with blankets, towels and defibrillator (from ground floor next to 171 playground door or outside DT Room, Emma Thornton Building) should be brought to the site. The First Aider will take control of the situation and brief those present accordingly. One member of staff will be required to record the cause of the accident, as well as details of what has been done, both before and after the First Aider has arrived, as well as keeping an on-going record of the patient's condition in order to brief the paramedics when they arrive.

In the event that no qualified First Aider is available and there is not enough time to call an ambulance you must administer emergency first aid in good faith.

3. Copies of the pupils' medical details will be printed off Engage and handed to the First Aider as soon as possible, together with any Healthcare plans (the information will also be required by the paramedics). The First Aider and the member staff who has kept the record of events will brief the paramedics.
4. The First Aider and the member staff who has kept the record of events will brief the paramedics.
5. As soon as possible, the Finton House Serious Accident Report (see Appendix B) will be completed and signed.
6. The Chairman of Governors together with the Governor responsible for Health and Safety must be informed by the Head if the paramedics are called to the School.7. The 'Health and Safety Executive (HSE) – Reporting School Accidents' (Education Sheet No 1), will be referred to and if necessary the HSE will be advised. The Health & Safety Officer (School Bursar) holds a copy of the guidance.
7. All necessary accidents will be reported within 7 days. All injuries will be reported that lead to an adult or pupil being incapacitated (incapacitated means absent, or is unable to do work that they would reasonably be expected to do as part of their normal work) for more than seven consecutive days as the result of an occupational accident or injury (not counting the day of the accident but including weekends and rest days). The written report is made within 15 days of the accident.

Non-life threatening (could become life threatening)

Choking
 Asthma
 Hyperventilation
 Fainting
 Angina
 External bleeding (cuts, grazes, nosebleeds etc.)
 Internal bleeding (bruising etc.)
 Concussion
 Epilepsy
 Hypoglycaemia
 Burns and scalds
 Eye Injuries
 Fractures
 Sprains and dislocations
 Muscle and tendon strains
 Pain in hand or arm

Life Threatening Conditions

Loss of consciousness
 Shock
 Heart Attack
 Stroke
 Anaphylactic Shock
 Cerebral Compression
 Concussion
 Skull Fracture
 Poison
 Febrile Convulsions
 Severe Bleed
 Punctured/burst lung

11. Details of the A & E Units

Minor Injuries Unit at Queen Mary's, Roehampton – 020 8725 0120

Children's Casualty at St George's, Tooting - 020 8487 6999 or 020 8487 6499 or 020 8725 2666

Clapham Junction drop in Centre - 0300 130 0333

12. Contact with Cleaning Fluids

If in the unlikely event of any of these potentially poisonous materials coming into contact with either adults or pupils, see Finton House COSH Register.

13. Guidance on Spillage of Blood and Body Fluids

All clinical waste is subject to strict controls by the HSE e.g. waste consisting wholly or partly of blood or other body fluids (vomit, urine and excreta), swabs or dressings, syringes and needles. Used adrenaline auto-injectors always go back into the pupils' plastic containers (if no container make sure it is safe in the pupils' bum bag and not likely to puncture anyone) and they then go with the pupil to hospital, but all other such waste is placed in bio hazard bags. Waste can be placed in the special yellow bin just inside the 171 door to the playground. Additional bags can be obtained from the School Office. These bags are collected by the School's sanitary disposal services, who visit the School regularly.

All members of staff, wherever possible wear gloves and a plastic apron when dealing with any body fluids. Paper towels are used to both soak up and clean the area. Disinfectant spray together with detergent is applied to the area for cleaning. Where possible the area is also wiped with a bleach solution (bleach is kept locked in the cleaner's cupboard in the basement) e.g. playground/plastic flooring and tables. Absorbent granules

are available together with a designated dustpan and brush in the Facilities Manager's shed. Spillage kits can also be found in the minibuses and the School Office. For school trips, there is a small spillage kit in each First Aid kit. There is a sick bowl available in the School Office.

Clothing of either the pupil or the adult may become contaminated with blood or body fluids. The clothing should be removed as soon as possible and placed in a plastic bag to go home to be washed. The parents are advised that the clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

14. Disposal of First Aid Waste

There is a yellow bin clearly labelled for the disposal of all waste (spillage of body fluids) just inside the playground doors of 171. The sanitary hygiene company that visit the School on a regular basis empties this bin. There is a Sharps box for any needles in the School Office.

15. Treatment Guidance for Possible Life Threatening Medical Conditions in the School

Pupils in the School currently suffer from allergies, asthma, epilepsy and seizures. Their needs are all recorded on their medical section of Engage / Medical Tracker and on the pictorial register for life threatening conditions. They also all have Healthcare plans completed and signed by parents. If any of these situations arises one of the School's qualified first aiders must be called. However, a member of staff must start medical treatment immediately and follow the pupil's Healthcare plan. For any emergencies resulting from ingestion, inhalation, skin contact or eye contact substances/liquids onsite please refer to Coshh register for first aid treatment of potential poisons.

Anaphylactic shock

(See *Life Threatening Conditions sheet on the Staff Admin drive in the First Aid folder, pupils' individual Healthcare plans on Engage, Department of Health Guidance on the use of adrenaline auto-injectors in schools – Sept 2017 plus Appendix A: Recognition and management of an allergic reaction/anaphylaxis.*)

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food – nuts, dairy, sesame, soya, egg, wheat, fish/seafood or an insect sting or drugs – antibiotics, pain relief or pollens or latex). **It is potentially life threatening and always requires an immediate emergency response.**

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold, asthma), and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food; contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen.

- Food - While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

Symptoms of Allergic reaction:

- Anxiety
- Swelling of lips, face, eyes
- Raised white bumps (hives) or welts
- Abdominal pain, vomiting and diarrhoea
- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Tingling in the mouth, tongue, and itchy throat

- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Signs of shock (pale, floppiness, dizziness, faintness, collapse)
- May become unconscious

Medical Actions:

- Administer an oral antihistamine e.g. Piriton (5ml) or Cetirizine. If problems with breathing get a member of staff who has had training (nearly all staff have) to administer immediately the adrenaline auto-injector (AAI) instead of antihistamine and call 999 or 112 using a mobile phone. If a pupil is having a severe allergic reaction for the first time call for an ambulance and seek advice from them as to whether to administer the Schools 'spare' emergency AAI (see below for more details on 'spare' AAIs).
- The AAI (Epipen, Jext or Emerade) should be administered in the outer upper thigh area of the leg (see below procedure for each AAI) and always administer AAI if swelling round airways etc. Call for an ambulance. If the auto injector has not worked, administer a separate AAI after 5-10 minutes in the other thigh. Make a second call to the emergency services to confirm that an ambulance has been dispatched. Used AAIs should be placed in the pupil's plastic box (usually held in the office) with Healthcare plan to go with them to hospital. Please also note the time AAI(s) was given and write on back of pupils' hand or in the box. Someone should write down exactly what happened and at what time during the incident.
- If a pupil is wheezing and has a salbutamol (Ventolin), give them up to 10 puffs via a spacer.
- If unable to administer an oral antihistamine (due to throat swelling/difficulty in breathing/unconsciousness etc.) before AAI use, you can administer an oral antihistamine such as Piriton once the pupil is able to swallow again following the AAI.

How to administer the different injections (this can be done through clothing).

Epipen

- Remove blue safety cap, stab the pupil's thigh, and hold it in place for 3 seconds. <https://www.epipen.com> (hold in place for 3 seconds)

Jext

- Remove the yellow safety cap and press against thigh for 5 seconds. <http://www.jext.co.uk/> (hold in place for 10 seconds)

Emerade

- No safety cap, but remove lid on needle end and press gently against the thigh for 5 seconds. <http://www.emerade.com/adrenaline-auto-injector> (hold in place for 5 seconds)

A second auto-injector can be administered after 5-10 minutes if symptoms don't improve.

There is a bottle of antihistamine in each first aid bag going off site and the class teacher makes sure that each pupil requiring AAIs carries two at all times in a bum bag or zip pouch and this includes when going on a school trip, fixtures, games lessons or walks around the local area etc. This is because a pupil might require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire. In the bum bag/zip pouch there is a copy of the pupils' Healthcare plan (with photograph) which is signed by parents and includes instructions on how to administer the AAI and a register to record use. A spare AAI is stored in the pupils' plastic box in the School Office, which also contains the pupils' antihistamine medication, and where necessary an asthma inhaler. On this box, there is the pupils' name and inside their Healthcare plan with photograph signed by parents, instructions how to administer the AAI and a register to record use. All staff are trained on how to administer an AAI. The box is kept in the School Office cupboard under the visitor's hatch, as this is near to the playground and dining hall.

Do not use another pupil's AAI on a pupil. The School Administrator, on a monthly basis checks the adrenaline auto-injectors and they are not administered when out of date (unless the UK regulator advises otherwise due to shortages). All parents are required to collect the pupil's AAI at the end of the School year and to bring it back in on the first day of term in September.

The School has two 'Kitts' containing 'spare' adrenaline auto-injectors (0.15 milligrams – for pupils under 6 years and 0.3 milligrams/300 micrograms for pupils age 6-12 years) obtained, without prescription, for use in emergencies, but only to be used on a pupil at risk of anaphylaxis and who currently have an AAI medically authorised. These are located in the lobby of the Reception Building and on the wall in the Hall. Written parental consent has been obtained from all parents to use a 'spare' AAI for their pupil if they hold AAIs in school. There is also a set of 'spare' AAIs in the School Office (in the small cupboards under the reception hatch) with the three emergency 'spare' asthma inhaler kit (containing salbutamol inhaler device and spacer – details for use are outlined below under the heading of Asthma Attack). These can be taken on school trips, fixtures etc. but a spare of each must remain in school at all times. These are signed in and out on the clipboard in the cupboard. Many food-allergic pupils also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

We will only administer the 'spare' adrenaline auto-injector if the pupils' prescribed AAI cannot be administered correctly without delay (for example, because they are broken, out-of-date, not close at hand, have misfired or been wrongly administered). The AAI's we hold in the KITTs are a spare/back-up device and not a replacement for a pupils' own AAIs. Regular check-ups are carried out on the 'Kitt' AAIs and out of date/cloudy pens are replaced.

Asthma Attack

(See school medical register on the Staff Admin drive in the First Aid folder to identify pupils that have asthma or the School database.)

Symptoms of Asthma Attack:

- Difficulty in breathing
- Wheezing & coughing
- Difficulty in speaking
- Chest may feel tight
- Grey-blue skin
- Exhaustion & possible loss of consciousness.

Medical Actions:

- Talk to and calm the pupil.
- Allow the pupil to sit down, leaning slightly forward. (Could be sitting facing the back of the chair and leaning forward.)
- Do not lay the casualty down.
- Use the pupils' inhaler (office cupboard or in desk/bum bag or school generic one). *
- If there is no immediate improvement, continue to give a pupil one puff of their inhaler (usually blue) every 30 to 60 seconds, up to a maximum of 10 puffs.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- Inform parents that the pupil has had an attack.

**The spacer should be washed in warm water after use and left to dry naturally.*

All pupils with asthma inhalers have a signed parental Healthcare plan. If the inhalers are not in the pupils' classroom, they are stored in the plastic containers with the pupils' name in the School Office. The inhaler is accompanied with the pupil's Healthcare plan and a register to record use. Inhalers are carried on all school trips, walks around the local area or down to the playing field by a member of staff or pupils' bum bag. We also have generic inhalers and spacers that can be used only by pupils, for whom written parental consent for use of the emergency inhaler has been given. The pupil has either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The spacer must be thrown away after use and the office notified so more can be purchased. These are stored in the School Office, with Trinity Fields first aid kit and fixtures first aid kits in the PE office. The pictorial register on Staff Admin in the First Aid folder shows those pupils for whom we have permission to use it.

The use of Salbutamol inhaler and spacer is administered as follows:

- Remove caps from inhaler and spacer.
- Shake inhaler and attach to the spacer.
- Place the spacer over the pupils' mouth and press down on the inhaler twice.
- Ask the pupil to breath in slowly and then to breath out through nose.

Febrile Convulsions

Symptoms of Febrile Convulsions:

- Rapidly rising temperature
- Sleepiness
- Convulsions

Medical Actions:

- Administer Nurofen or Calpol immediately
- Call Parents
- Loosen clothes
- Use wet towels to pat body
- If convulsions lay pupil on floor on their back so that the neck is straight and when the fit stops put the pupil into the recovery position.
- If pupil stops breathing call an ambulance and a first aider will commence CPR.

Seizures

(Please see HM's Healthcare Plan for specific details on his Epilepsy)

Symptoms of Seizure

- Violent muscle twitching, clenched fists, and arched back
- Twitching of the face
- Breath-holding
- Drooling at the mouth
- Loss of, or impaired consciousness

Symptoms of Seizure:

- Loss of speech - tries to speak but can't
- Goes very white and looks scared
- Froths at the mouth
- Twitching movements on one side of the face
- May become unconscious

Medical Actions:

- Pupil placed on floor in recovery position
- Allowed to sleep
- Monitor closely and record precisely what happens and seizure length
- During seizure clear away any nearby objects and if possible surround pupil with soft padding.
- Do not let the pupil become chilled or if hot cool pupil with tepid water.
- Once fit has finished place the pupil into the recovery position.
- If fit lasts for more than 5 minutes call for an ambulance.
- f the pupil loses consciousness carry out emergency first aid procedures e.g. check breathing and if necessary give rescue breaths and chest compressions.

Epilepsy UK: <http://www.epilepsy.org.uk/info/seizures/febrile-convulsions>

A YouTube video showing a little boy having a convulsion:

<http://www.youtube.com/watch?v=m4iWcTJW3tU>

Diabetes – Hypoglycemia

(Please see MU Healthcare Plan)

Symptoms of Hypoglycemia:

- Warm, dry skin
- Rapid pulse and breathing
- Palpitations and muscle tremors
- Weakness, faintness or hunger
- Confusion and irrational behaviour
- Fruity sweet breath and excessive thirst

- Drowsiness, deteriorating level of response leading to unconsciousness if untreated.

Medical Actions:

- Help the pupil to sit down and give them a Lucozade or a Dextrose tablet.
- Recheck blood after 5 minutes and if still low give another tablet or drink and recheck again after 5 minutes.
- If condition does not improve call 999/112 for emergency help and monitor and record vital signs e.g. level of response, breathing and pulse. Contact parents.

<http://www.diabetes.org.uk/> & <http://www.diabetes.org.uk/Guide-to-diabetes/My-life/> – A specific website designed for pupils with Diabetes

Concussion

Concussion is a traumatic brain injury and all concussions will be taken seriously, as failing to do so can have serious consequences, including, in extremely rare cases, death. It is generally agreed that most concussions are short lived and full spontaneous recovery is expected. However, although symptoms may resolve within minutes to a few days full recovery often takes longer, sometimes weeks.

Unfortunately, it is often not possible in the initial stages to identify which ones will recover quickly from those that will take longer. Current thinking is that majority (80-90%) of concussion symptoms resolve in around 7-10 days, with some estimates that in around 1/3 the symptoms resolve within 1 - 2 days. It is however widely agreed that pupils and adolescents take longer to recover, and because their brains are still developing, a more conservative approach should be taken with them. There is now good evidence that during this recovery period the brain is more vulnerable to further injury, and if a pupil returns to sport or physical exercise too early before they have fully recovered and have repeated concussions.

Symptoms of Concussion (can appear within a few minutes, hours or few days following a head injury):

- Loss of consciousness (even briefly)
- Confusion and disorientation
- Poor attention/concentration
- Can't recall events prior or after event.
- Answers questions slowly and repeats questions
- Fatigue and tiredness
- Headaches
- Visual problems (blurred vision or double vision)
- Dizziness, appears stunned or dazed, loss of balance
- Irritability/emotional disturbances
- Sad, nervous, more emotional
- Sleep disturbances
- Seizures
- Vomiting

Medical Action:

- Assess if there are any immediate life threatening injuries and if any of the above symptoms for concussion are present call the parents and it may be necessary to call 999/112 for emergency help. Monitor and record vital signs e.g. level of response, breathing and pulse.
- When any of the above symptoms are present, the parents are advised to either seek medical attention or to monitor the casualty for at least 48 hours and to ensure they are not left on their own. Please fill in a serious accident form.
- When none of the above symptoms is present, the pupils' teacher would be informed, a dated wristband placed on the pupil so all staff, and parents know the pupil has had a bang to the head.
- If the accident occurs whilst playing sport e.g. rugby or football (only heading of ball is permitted during a match as per FA rules - <http://www.thefa.com/news/2020/feb/24/updated-heading-guidance-announcement-240220>) they will stop playing and be monitored very carefully until collected by parents and not left on their own. If in school, they will sit quietly in the first aid room.

If a pupil has concussion or suspected concussion we would follow the NHS recommendation that the pupil does no sports or strenuous exercise for at least a week, and avoids contact sports for at least three weeks.

In all cases of concussion as a result of a sporting accident, we require the parents to take the pupil to their GP or A & E. If the recommendation is, the pupil does not participate in sport for a set period of time we require in writing from the professional when it is safe for the pupil to return to sport. If no recommendation from the GP or hospital is given we would follow the above recommendation from the NHS.

The following links provide information regarding concussion and head injuries.

<https://www.nhs.uk/conditions/concussion/>

<https://www.englandrugby.com/participation/playing/headcase>

16. Infectious Diseases

The best way to prevent and manage infectious disease is to:

- Promote immunization and the School follows the NHS Nasal Flu programme for pupils
- Promptly exclude the unwell pupil or member of staff
- Check that effective handwashing is being carried out routinely
- Making sure the environment is kept clean.

We expect parents to tell the School if they are aware of infectious diseases/conditions, and where appropriate the parents in that class/Year Group or the whole school are informed via Finton House Post. If a pupil comes into school with an infectious disease, they are taken to the School Office and the School Secretary calls the parents. Staff members also have a duty to ensure the School is aware if they are unwell or have been diagnosed with an infectious disease. The procedure below is followed for individual infectious diseases/conditions.

We insist the pupil is not in school if he/she is known to be infectious. If in doubt, we seek advice from a medical advisor. In the case of **head lice**, the parents of the pupil are informed and advised that treatment is needed if there are live lice. A letter informs the entire class concerned and the parents are asked to check their child's head for lice or eggs. The pupil is only picked up if the case warrants. In the case of **threadworm**, the same applies and all the pupils in the year group should be made to wash their hands even more thoroughly and to use the antiseptic gel. In each case, the pupil should receive treatment.

If a pupil has **Chicken Pox**, they are required to stay at home from onset of rash (and not developing new lesions). Pupils need to stay away from school until all the spots have formed a scab. This is usually 5 days after the spots appeared. Finton House Post informs the parents in the year group and all staff working in the School are advised. All staff are also informed if there is a case of Measles & Rubella (German measles).

The Health Protection Agency states that it is not advisable to exclude pupils from schools if they have infective **conjunctivitis** but if the pupil has **ringworm**, they are sent home until they have treatment. In cases of Parvovirus or Fifth Disease (**Slapped Cheek**), the pupil needs not to be excluded from school because he or she is no longer infectious by the time the rash occurs. Slapped Cheek is a specific risk to pregnant women. For more details on the above and other infectious diseases, see copy of this document in the First Aid folder on the W drive or hard copies in the School Office and Deputy Head's Office. <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf>

Any member of catering/kitchen staff if suffering from **diseases affecting the gastrointestinal system** (stomach and bowel) and which usually cause diarrhoea or vomiting, or both would be excluded from all food handling activity until advised by the local Environmental Health Officer that they are clear to return to work. All other staff and pupils are advised not to come to school if currently suffering from diarrhoea or vomiting, or both. They should not return to work until 48 hours post last episode of diarrhoea or vomiting. For more details, see government health publication updated 28th December 2018, [Chapter 7: Staff Health](#).

If a vulnerable pupil or adult is thought to have been exposed to a communicable disease, chickenpox or measles in the School setting, parents of that child or adult are informed so they can seek further medical advice from their GP or specialist, as appropriate.

If there were an outbreak of a notifiable disease, e.g. diarrhoea, vomiting, or both, scabies, scarlet fever and impetigo the Bursar (Head of Health & Safety) would contact the local Health Protection Team as soon as we know there is an outbreak to discuss the situation and agree if any actions are needed. PHE South London Health Protection Team, Floor 3C Skipton House, 80 London Road, London, SE1 6LH, phe.slhpt@nhs.net;

slhpt.oncall@phe.gov.uk, Phone: 0344 326 2052 and out of hours for health professionals advise only available from telephoning: 0344 326 2052.

We would also contact the local Health Protection Team immediately if we had a serious or unusual illness and if we suspected infectious illness at the School, but were unsure if it is an outbreak. For example, for the following illnesses:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- Food poisoning
- Hepatitis
- Measles, mumps, rubella (also called German measles)
- Meningitis
- Tuberculosis
- Typhoid
- Whooping cough (also called pertussis)

The [full list of notifiable diseases](#) is available from the gov.uk website and was last updated in Sept 2024. Further information is available from [Meningitis Research Foundation](#) and [Meningitis Trust](#)

The bursar would notify the health protection team of the following:

- Total numbers affected (staff and pupils)
- Symptoms
- Date(s) when symptoms started
- Number of classes affected.

In the event of a national pandemic such as flu, a crisis Management Meeting will be held to review procedures short-term and long-term. See Pandemic Flu policy & Critical Incident policy.

17. Teeth

If a pupil knocks out a tooth or one becomes wobbly due to an accident we telephone the parents to advise them; in case it is an adult tooth or the dislodgement is likely to cause harm/pain. If we suspect it might be an adult tooth, we immediately would pick up the tooth by the crown (without touching the root) and place it in fresh milk. If the accident happens out of school, and there is no milk the pupil would be asked to store the tooth in their mouth between their check and molars. It can be rinsed under cold water for 10 seconds, if it is dirty prior to the pupil putting the tooth in their mouth. An older pupil may be happy to reinsert the tooth into the hole in their mouth. No member of staff would put their hands into a pupils' mouth. If the pupil is unwilling to do this or likely to swallow the tooth it would be placed in a container/plastic bag with the pupils' spit or sterile saline.

If we are unable to contact the parents to advise them that their child needs to be picked up and taken to a dentist we would call 111 or use <https://www.nhs.uk/service-search/Dentists/SW17-7HL/Results/12-0.16585522057533/51.4412231445313/3/0?distance=25> to identify a dentist closest to the School that may be able to help. If after 5pm, we would call the Out of Hours Emergency Wandsworth Dental Service on 020 3402 1333. They will be able to assess the child's needs via telephone and direct us to an emergency dentist we could take the child to.

If on a residential trip or educational day visit not in close proximity to the School, the pupil would be taken to the nearest emergency dentist. The emergency dentist, along with other services such as local A&E will all be established before the trip and recorded on the trip information.

Oral hygiene is promoted throughout the school and especially in EYFS. During the Reception year pupils take part in a session with a visiting dentist and oral hygiene forms part of the PSHEE programme (see EFYS Policy section Topic Understanding the World and Early Learning Goals Exemption Appendix)

18. Location and Contents of First Aid Kits

- Emergency First Aid Kit in the School Office & in Facilities Manager's Office.
- Finton House Trinity Fields Shed
- Science Lab
- Design & Technology Workshop (Emma Thornton Building)

- Art Room
- School minibuses
- Day trip kits stored in the ground floor cupboard in 171.
- Local area trip bags stored in the ground floor cupboard in 171.
- Residential trip kits stored in the ground floor cupboard in 171.
- The PE department have travelling sports' first aid kits for matches and bum bags stored in the ground floor PE store.
- Downstairs staff toilet in Sally Walker Reception Block.

Each kit contains: (bum bags and small local area walk bags contain less items)

- St. John Ambulance guidance leaflet
- Mouth to mouth resuscitation device
- Salient solution
- Sterile eye pad and dressing
- Triangular bandages
- Sterile coverings for serious wounds
- Large, medium and small un-medicated dressings
- Conforming bandage
- Finger dressing with adhesive fixing
- Waterproof assorted plasters
- Sterile wipes
- Foil blanket
- Disposable gloves and sterile gloves in a packet
- Tissues
- Bump your head stickers and wrist bands
- Cold pack
- Blunt ended scissors (not in bum bags)
- Clinical yellow waste bag
- Liquid antihistamine - just take one from the office if going on a day trip & liquid paracetamol/liquid ibuprofen (only administered following parents' permission).

The minibus, playing fields, P.E. Fixture kits also contain:

- Nappy sacks
- Safety pins
- Liquid antihistamine
- Bio Hazard kit

The Residential bags contain all items outlined in A & B plus painkillers, lozenges and anti-histamine, travel sickness tablets, sickness/diarrhoea remedies, sting/bite cream and sunscreen. When residential trips are not taking place these bags are used for day trips and all the above items are removed.

The Emergency First Aid Kits in the School's office and Facilities Manager's office also contains items outlined in A & B plus:

- Pictorial Life-threatening Conditions Register
- A list of suggested procedure in an emergency
- First Aid Treatment for potential poisons at Finton House School.
- Paper and pen for recording details of the cause of the serious incident, what the First Aider does plus the monitoring notes on the patients' condition. These are to aid the briefing of the paramedics on their arrival.
- Cling film

In addition to the first aid kits, the following resources are available:

- In the School Office there is sunscreen, sterile wipes, plasters and cold packs (to be used only when there is a swelling on the affected area).
- In the cupboard in the medical room off the School Office there is painkillers (for staff use); liquid paracetamol, ibuprofen and antihistamine, Aspirin (staff emergency use). There may be in date dehydration, tummy upset medicine, lozenges and travel sickness tablets left over from residential trips.

None of this medication is administered without the prior consent of parents.

19. Persons Responsible for Maintaining the First Aid Kits

The School Administrator checks and restocks the playground first aid kits on a regular basis and supports the Deputy Head Pastoral with the checking of all first aid kits at the end of each term. The School Administrator is responsible for ordering all the resources.

Staff should inform the School Administrator when using items from the kits so that they can be refilled.

20. Storage of medicine

There are five areas in the school that store medicine:

1. Office cupboard 1 is a locked cupboard that stores staff medicine (e.g. paracetamol) and any parent requested ad hoc medicine for children with administration details (request form) and additional medication for use in residential first aid kits.
2. The KITT AAI boxes in the Reception building lobby and the School Hall in the 171 building.
3. First Aid cupboard under the office window is a locked cupboard which contains spare specific medicine e.g. asthma inhalers in a named box with the care plan for specific children, along with the School spare asthma inhalers and generic AAIs for emergency use to children for whom parental consent has already been given.
4. Fridge contains any medicine that requires refrigerated storage along with the administration request form for the individual child.
5. Finton House First Aid kit held at Trinity Fields also contains a spare school asthma inhaler for emergency use for children for whom parental consent has already been given.

21. Sunscreen Use

During the summer months and periods of sunny weather, pupils are asked to come to school with sunscreen on them for the day. The School has sunscreen available for the pupils to reapply under the supervision of an adult. For some EYFS/SEN pupils an adult maybe required to assist with this. We use Ultrasun Super Sensitive High SPF 50+ formula that delivers very high all day protection (UVA 93% and UVB SPF50). It provides extra protection for vulnerable areas such as shins, noses, shoulders etc. Ultrasun is free from oils, emulsifiers and perfume reducing the risk of allergy and making it especially suitable for sensitive skins. However, if parents would prefer their child to bring in their own sunscreen, they may do so. Parents are reminded by the Deputy Head at the start of each academic year that we provide sunscreen for the children to reapply during the School day and if they do not wish their child to do so, to let us know. Children are always encouraged to wear hats and to drink plenty of water.

22. Trips

Risk assessments for trips and educational visits reflect individual medical needs.

Each trip is accompanied by a member of staff, who has attended basic first aid training in the last three years and for EYFS trips by someone who has completed the Early Years Pediatric First Aid training. On residential trips, where there is no fully qualified First Aider on site, a member of staff with basic first aid training will always accompany the trip. Parents prior to a residential trip are sent a copy of the medical details we hold on Engage to check, together with a form (see Appendix D) to sign which requests up-to-date information about the pupils' current condition, their overall health, medication details including information about the medication not normally taken during school hours and permission to approve any necessary medical treatment in an emergency, if the parents cannot be contacted. The parents also complete a 'Request to administer Medication' form. Copy of all these forms together with a pupils' Healthcare plan for any individual pupil are taken by staff on all school trips.

23. Staff Medical Data

As part of the recruitment process all staff complete a medical declaration form and they are responsible for keeping the School informed of their most up to date medical details. The information is entered on Engage. All forms are treated as confidential and filed in staff personal files. If there are any changes the Deputy Head Pastoral or School Bursar should be informed.

As part of every member of staff's induction, the Deputy Head Pastoral takes them through this policy and shows them all the first aid resources before the pupils start term.

24. Curriculum

PSHEE lessons are used to discuss both safe and dangerous drugs and to raise awareness of medical conditions. The pupils also learn basic first aid, which covers what to do in an emergency.

25. Arrangements for Considering Complaints

Please refer to the Schools' complaints policy and procedure for parents.

26. Monitoring and Review of Policy

There is a termly meeting chaired by the Head of Health & Safety in which First Aid is an item on the agenda. The Deputy Head Pastoral reviews the policy when necessary and at least annually. The Head together with the Head of Health & Safety will be responsible for monitoring the implementation of the policy, and reporting annually to a prescribed committee of the governing body.

APPENDIX A. Recognition and Management of an allergic Reaction/anaphylaxis

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, swollen tongue

BREATHING:

- Difficult or noisy breathing
- Wheeze or persistent cough

CONSCIOUSNESS:

- Persistent dizziness
- Becoming pale or floppy
- Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

APPENDIX B. Finton House School Serious Accident Report



FINTON HOUSE
SCHOOL

SERIOUS ACCIDENT REPORT

This report is completed by the employee who saw the accident, or was first on the scene. This report must be given to the Head or Deputy Head on the day of the accident. If the accident occurs offsite, the Head or Deputy Head must be notified of all details by phone, on the day of the accident, and the completed report provided on return to school.

Please complete the name of the person who had the accident, tick relevant box and for a pupil enter their Form:

Employee:

Visitor:

Pupil: **Form:** _____

Name: _____

Date of Accident: _____ **Time of Accident:** _____

Location of Accident:

Details of Accident:

Details of immediate action taken:

Reported to Head

or Deputy Head **by:** _____ **Time:** _____

Emergency Services
phoned by: _____

NA **Time:** _____

Next of kin phoned by: _____ **Time:** _____

Name of next of kin: _____

Details of further action taken (please include any later received outcome information):

What could have been done to avoid the accident occurring or prevent future similar accidents:

Signed by
Reporting Employee: _____ **Date:** _____

**Name of Reporting
Employee:** _____

Signed by Head
or Deputy Head : _____ **Date:** _____

cc Health & Safety Coordinator

Appendix C. Request to Administer Medication



FINTON HOUSE SCHOOL

REQUEST TO ADMINISTER MEDICATION

Pupil's Name:	Class:
Parent's Name:	
Name of Medication:	
First Date of Administration:	Last Date of Administration:
Dosage:	
Instructions for Administration (e.g.: specific time(s), method):	
Expiry Date:	
Storage Details (tick one):	Room Temperature <input type="checkbox"/> Refrigerated <input type="checkbox"/>
Name of Prescribing Doctor:	NA <input type="checkbox"/>
Doctor's Contact Details:	NA <input type="checkbox"/>
Date Dispensed:	NA <input type="checkbox"/>
Any special precautions/side effects:	None <input type="checkbox"/>
Any precautions to take in an emergency:	None <input type="checkbox"/>

This information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer this medication in accordance with the School policy. I will inform the School in writing of any changes to the above information:

Signed: _____ Dated: _____

Medication collected from office by parent:

Medication collected from office by parent:

Signed:	Dated:
---------	--------

Medication uncollected and disposed of by the School Office
Initials & Date:

Date of Administration:	Time of Administration:	Staff Administering:	Comments:

APPENDIX D. Residential Trip Information Form



FINTON HOUSE
SCHOOL

**RESIDENTIAL TRIP INFORMATION
FORM**

Child's Name:

MEDICAL INFORMATION:

Please check the attached sheet for the medical information we currently hold for your child. Then return the **form signed** to the School Office with any necessary amendments marked. It is very important that either the *yes* or *no* is circled for each item.

Please also complete this form and sign it.

Has your child been in contact with any contagious, infectious diseases or suffered from anything recently that may be or become contagious or infectious? Or been on holiday abroad?

YES/NO

If YES, please give brief details.

If your child requires any medication while we are away please give it to a staff member on the day of departure, together with a completed 'Request to Administer Medication Form'. (Forms are available from the office.)

The staff will treat minor ailments such as headaches, grazes and sore throats with arnica, antiseptic cream, Calpol, Strepsils, travel sick pills, and rehydration sachets and Kaolin Mixture for tummy upsets and diarrhoea. They will also apply sunscreen if necessary.

In the unlikely event that your child needs medical attention, every effort will be made to contact you. However, if it is impossible to contact you via the emergency numbers, a member of Finton House staff will approve such medical treatment for your child as is deemed necessary in an emergency on the advice of a qualified medical practitioner.

I am happy for staff to treat minor ailments with the above medication and to approve medical treatment in an emergency.

YES/NO

EMERGENCY CONTACT

Parents Name:

Address:

.....
Day Telephone: Evening Telephone:

Mobile:

The above details must relate to contact details during the actual trip.

ADDITIONAL CONTACT

Name: Address:

.....
.....

Day Telephone: Evening Telephone:

Mobile:

The above details must relate to contact details during the actual trip.

Name:

Signature:

Relationship to child:

Date:

If there are any changes in the medical circumstances between the date on which this form is signed and the commencement of the journey, please inform the Group Leader.

APPENDIX E. Pupil Taken Ill During the School Day – Administration of Medication



FINTON HOUSE
SCHOOL

**PUPIL TAKEN ILL DURING THE
SCHOOL DAY
ADMINISTRATION OF MEDICATION**

Dear Parent

Below is a record of the medication administered to your child at school today.

Thank You.

Date:	
Pupil's Name:	Class:
Reason for Administering Medication:	
Name of FHS Staff Who Obtained Parental Consent:	
Name of Parent Who Gave Consent for Medication:	
Medication Administered:	
Dosage:	
Time of Administration:	
Name of FHS Staff Who Administered the Medication:	

APPENDIX F. First Aider list and locations and First Aid kit locations

Paediatric First Aid trained staff:

First Name	Last Name	Date on certificate	Date renewal needed by
Georgie	Kennedy	10/07/23	11/07/26
Maudie	Shannon	19/12/23	18/12/26
Sasha	Davies	3/1/24	2/1/27
Georgie	Giles	3/1/24	2/1/27
Anthony	Dalton	3/1/24	2/1/27
Joe	Walton	3/1/24	2/1/27
Ida	Manzoeur	3/1/24	2/1/27
Megan	Shaw	25/10/24	24/10/27
Bev	Heffron	27/8/25	26/8/28
Tina	Kent	27/8/25	26/8/28
Sarah	Cooper	26/9/25	25/9/28
Vita	Valatavicutiate	2/10/25	1/10/28
Emma	Saxby	2/10/25	1/10/28
Jonny	Ashby	8/10/25	7/10/28
Catherine	Gomez	14/11/25	13/11/28
Rachel	Cooke	22/12/25	21/12/28
Sam	McKenna	6/1/26	5/1/29
Victoria	Chapman	6/1/26	5/1/29
Clare	Hewitson	6/1/26	5/1/29
Charmaine	Hewitt	6/1/26	5/1/29
Anike	Lawal	6/1/26	5/1/29
Susannah	Moore	6/1/26	5/1/29
Sophie	Grant	6/1/26	5/1/29
Zoe	Olivier	6/1/26	5/1/29
Andy	Dyer	6/1/26	5/1/29
Alisha	Effendi	6/1/26	5/1/29
Lindsay	Doy	6/1/26	5/1/29
Hannah	Evans	6/1/26	5/1/29

Full First Aid at Work (3 day)

First Name	Last Name	Date on certificate	Date renewal needed by
Sandra	Allen	20/02/25	19/02/28
Susan	Harrison	28/10/25	27/10/28

Mental Health First Aiders

First Name	Last Name	Child or Adult	Date on certificate	Date renewal
Nicki	Soames	Child & YP	09/06/25	08/06/28
Catherine	Gomez	Adult	16/10/25	15/10/28
Tanya	Allen	Adult	16/10/25	15/10/28
Mary	Kleczkowski	Adult		

Location of defibrillator
Ground floor next to 171 playground door
Trinity Fields Pavillion (off site)

Location of Kitt Medical AAI sets
Lobby outside downstairs classroom in Reception Building
Side wall of Hall in 171

Location of first aid kits
School Office & in Facilities Manager's Office.
Finton House Trinity Fields Shed
Science Lab
Design & Technology Workshop (Emma Thornton Building)
Art Room
School minibuses
Ground floor cupboard in 171
Ground floor PE store
Downstairs staff toilet in Sally Walker Reception Block
Door to front garden from 169