

MEDICAL POLICY FOR GSAL

(INCLUDES 'FIRST AID' AND 'MEDICINES IN SCHOOL' AND PROVISION FOR EYFS)

ISI Reference	13a, 13c and 13d (both for EYFS)
Rationale for the Policy:	To provide support and direction for all of the medical needs in school inc. first aid (in line with management of Health & Safety at Work Regulations 1992 and 1999), hygiene and infection control and the storage and administration of medicines in school.
Policy aim:	To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
Author:	Lead Nurse H&S Committee/GSAL SLT
Agreed and authorised by:	
Date agreed:	January 2023
To be reviewed:	January 2024 or earlier
Date of review:	January 2024
Category:	Internal/External
Circulation and publication:	All staff/parents/visitors

**The school runs on FREDIE principles:
Fairness, Respect, Equality, Diversity, Inclusion and Engagement**

MEDICAL POLICY FOR GSAL

Introduction

This policy outlines the school's responsibility to provide adequate and appropriate first aid and administer medication to pupils, staff, parents and visitors, and the procedures in place to meet that responsibility. The policy is divided into two sections; **Part 1 "First Aid"** and **Part 2 "Medicines in school"** and reviewed annually.

Contents

Introduction	1
Contents.....	1
Part 1 - First Aid.....	4
Aims	4
Objectives	4
Personnel	4
Procedures	5
Providing information	5
Provision	5
Dialling 999 emergency services guidelines.....	7
Procedure for Reception.....	7
Illness at school	8
Non-emergency situation	8
Emergency situation	8
The procedure for pupils suffering with diarrhoea and/or vomiting.....	8
Coronavirus (COVID-19) – Symptoms may vary according to new COVID variants.	9
Health Protection for schools, nurseries and other childcare facilities Exclusion table	10
Access to first aid bags	12
FIRST AID BAG LOCATIONS.....	12
Outbreak Plan	14
Hygiene/Infection control.....	27
Part 1: Hygiene. How to Prevent Cross Infection.....	27
Part 2: Infection Control - Procedure for dealing with bodily fluids and blood.....	27
Part 3: Disposing of clinical sharps.....	28
Part 4: Managing nappies/Pull-Ups	29
Assessing and reviewing accidents	29
Reporting accidents	29
Record keeping	30
Monitoring	30
Children with Special Medical Needs.....	31
Arrangements for pupils with particular medical conditions	31

MEDICAL POLICY FOR GSAL

The Grammar School at Leeds Health Care Plan	32
Guidelines for adrenaline auto injectors	35
EpiPen guidance	36
Antihistamine guidance	37
The guidelines for Asthma care	38
GSAL Salbutamol inhaler parent consent form.....	39
Automated external defibrillator with The Grammar School at Leeds.....	41
Automated External Defibrillator (AED) guidelines	41
Hands-only CPR	41
COVID-19 advice	42
CPR with rescue breaths	42
Adults	42
Children over one year old.....	42
Placement of AED pads	43
Defibrillation if the victim is wet.....	43
Defibrillation in the presence of supplemental oxygen.....	43
Minimise interruptions in CPR	43
CPR before defibrillation.....	43
Voice prompts.....	43
Food allergies/intolerance	44
Dental injuries.....	47
Pregnancy.....	47
Head Injury.....	48
Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common type of brain injury.	50
Routine Immunisations.....	52
NHS Immunisation guidelines	52
School Trips	53
Sun Care	53
Part 2 - Medicines in school	54
Liaising with Parents.....	54
Prescribed and non- prescribed medicines.....	54
Controlled drugs.....	55
Administering Medicines	55
Self-Management	56
Record Keeping	56
Educational Visits	57
Sporting Activities	57

MEDICAL POLICY FOR GSAL

Storing Medicines	57
Disposal of Medicines	58
Staff Training	58
Co-ordinating Information	58
Confidentiality	58
Appendices	59
Appendix 1 – Full list of current staff trained in First Aid	59
Appendix 2 – Medication consent forms	64

MEDICAL POLICY FOR GSAL

Part 1 - First Aid

Aims

- To identify the first aid needs of the School in line with the Management of Health and Safety at Work Regulations 1992 and 1999.
- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.

Objectives

- To appoint the appropriate number of suitably trained people as 'Appointed Persons' and 'First Aiders' to meet the needs of the school
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Personnel

The principal is responsible to the governors for the health and safety of their employees and anyone else on the premises. This includes teachers, non-teaching staff, pupils and visitors (including contractors). The principal must ensure that a risk assessment of the school is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place. They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.

- The ELT are responsible for putting the policy into practice and for developing detailed procedures within school. They should ensure that the policy and information on the school's arrangements for first aid are made available to parents. Day to day management and responsibility for these areas is delegated to the Lead Nurse.
- All staff are expected to do all they can to ensure their welfare and that of all pupils.
- The Medical Team will (delegated through the Lead Nurse):
 - Take charge when someone is injured or becomes ill.
 - Look after the first aid equipment e.g., restocking the first aid boxes (via Heads of Department as appropriate).
 - Ensure that an ambulance or other professional medical help is summoned when appropriate.
- 'First Aiders' must have completed and keep updated a training course approved by the HSE. Training will be updated every 3 years. This is a voluntary post. They will:
 - Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
 - When necessary, ensure that an ambulance or other professional medical help is called, including one of the qualified medical team when appropriate and available.

'First Aiders' are volunteers. The school will consider the person's:

- Reliability and communication skills.
- Ability to cope with stressful and physically demanding emergency procedures.

MEDICAL POLICY FOR GSAL

- Normal duties. A first aider must be able to attend immediately to an emergency.
- Their normal location while in school and involvement in co-curricular activities is considered when they are appointed.

Procedures

Re-assessment of first-aid provision

As part of the school's annual monitoring and evaluation cycle:

- The ELT, Lead Nurse and Head of Outdoor Learning will review the school's first-aid needs following any changes to staff, building/site, activities, off-site facilities, etc.
- Assistant Head Digital Learning and Professional Development, Assistant Deputy Head (Pastoral and Co- Curricular) and the Lead Nurse, monitor the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.

Providing information

Between them, The ELT, Assistant Head Co-Curricular, Lead Nurse and Head of Outdoor Learning, in liaison as appropriate with the Director of CPD, will:

- Ensure that staff are informed about the school's first-aid arrangements.
- Provide information for new staff as part of their induction programme
- Ensure a first-aid notice board in the staff room is maintained
- Ensure all staff are given information on the location of equipment, facilities and first-aid personnel and that this appears in the staff handbook.

Provision

The ELT, Lead Nurse and Head of Outdoor Learning, Health & Safety Officer, consider the number of first-aid personnel required. Schools are low risk environments, but they consider the needs of specific times, places and activities in deciding on their provision. In particular:

- Fixtures and tournaments
- Outdoor Learning
- School trips and visits
- Science labs
- DT/Art rooms

The First Aid provision at The Grammar School at Leeds: The first aid **team** consists of **registered** nurses, a paramedic and **qualified First Aiders**. A registered nurse is on the Alwoodley site from 08:00 – 18:00 Monday – Friday and also during weekend fixtures in the Autumn and Spring terms. The staff ensure that every student, member of staff and visitor is looked after in the event of an accident/illness, no matter how minor or major, with the appropriate treatment for the individual situation. There is always a member of staff with paediatric first aid training on site at all times and at least one paediatric first aider accompanies EYFS pupils when they are off site.

Primary after school care "GSAL OWLS": first aid will be provided by the after-school staff, with paediatric first aid EYFS provision. A school nurse is on-site for emergencies.

The names and normal location of members of staff who are trained in first aid and the

MEDICAL POLICY FOR GSAL

location of first aid bags throughout the school sites can be viewed on the school database, Main school Reception and Primary School administration office.

There is at least one person qualified in first aid on the school site when children are present during the term.

First aid provision on trips is assessed and provided, as deemed appropriate, through the trips and visits risk assessment process.

Minor injuries will be dealt with by staff who are qualified First Aiders. Staff should not provide first aid treatment for which they have not been trained. In all cases, except for injuries of a very minor or trivial nature, the medical team should be contacted as soon as is reasonably practicable to take over the incident.

In the event that emergency services are required, staff are reminded to inform Reception that they have called for the emergency services.

During the academic holiday period, first aid support is available but limited. If first aid is required during these periods then in the first instance reception should be contacted. The attending first aider will call emergency services if required.

See Appendix 1 list of staff currently first aid trained (including those qualified in paediatric first aid EYFS).

MEDICAL POLICY FOR GSAL

Dialling 999 emergency services guidelines

GSAL School Nurse:

Ext 888

Direct line: 0113 228 5103

If the School Nurse is not available, contact a First-Aider by telephoning Reception, who will have a list available. Use the internal telephone number or radio or send for a member of staff.

School Nurse or First-Aider decides if emergency services should be called. If so, call directly or instruct Reception.

Reception must be informed.

Procedure for Reception:

Ring for an ambulance if School Nurse/First-Aider has not done so and provide detailed information to the paramedic team.

- Is the patient is breathing?
- What address are you calling from?
- What number are you calling from?
- What is the reason for your call?

The Estates Team will inform the Principal that an ambulance has been called to school and the reason why.

A laminated information guide will be at each Reception area; Main School Reception and Primary School.

Send a message back to the School Nurse/First-Aider that the ambulance is on its way. Radio the Estates team leader to ensure a member of staff is allocated to open the staff barrier and then escort the ambulance to the required destination.

Parent to be contacted and informed about the situation, providing details of which hospital the pupil is going to be taken to.

Member of staff who is dealing with the incident needs to ensure that a child who is sent to hospital by ambulance is accompanied in the ambulance by either a parent or guardian if on site, or a member of school staff. The First-Aider does not need to be the member of staff to accompany the casualty to hospital. The member of staff from School must remain with the pupil until a relative/guardian arrives.

In cases of obvious serious injury, the First Aider will be expected to:

- Assess the situation.
- Make the area safe. Give emergency first aid, for which they have been trained and are competent.

MEDICAL POLICY FOR GSAL

- Ensure the school nurse is informed and assesses the injury as soon as possible.
- Get help – summon an ambulance by ringing 999. As soon as possible, inform Reception (dial 0). The receptionist will ensure that a nominated person is asked to guide the emergency services to the nearest convenient point.

All illnesses, injuries and accidents are documented in the Medical Room book, details are also recorded in the pupil's CPOMS database. If medication is administered (via the condition of written parental consent) the pupil's details are recorded in the appropriate drug documentation book and recorded on CPOMS. The accident form on GSAL World must be completed as soon as possible by the member of staff who witnesses the incident or the first person at the scene. Accident forms are located via GSAL World and completed electronically. In the EYFS if a child has an accident or injury the parent will be contacted with details of what has happened and any first aid given on the same day or as soon as reasonably practicable.

Illness at school

Non-emergency situation

Any pupil complaining of illness or who has been injured is accompanied to Student Support Services/Medical Room, for the qualified first aider or School Nurse to inspect and, where appropriate, treat and monitor. Where it is deemed necessary, the parents/guardians will be contacted as soon as possible so that the child can be collected and taken home. Parents/guardians are contacted if there are any doubts over the health or welfare of a pupil.

Emergency situation

Pupils and/or staff will call for assistance as necessary and immediate contact should be made with the emergency services. The school Nurse should be summoned as soon as possible.

In a case, less urgent than an emergency where hospital examination is thought appropriate, arrangements will be made with parents/guardian to transport the pupil to hospital. On some occasions, including situations where after reasonable attempts the parent/guardian cannot be contacted, transport may be provided by a member of staff.

The procedure for pupils suffering with diarrhoea and/or vomiting.

The Grammar School at Leeds follows the Health Protection Agency (HPA) guidelines -

'All cases of diarrhoea and/or vomiting should be regarded as potentially infectious and should normally be excluded, from work, school or other institutional settings, until 48 hours after the person is free from diarrhoea and/or vomiting.'

If a child has been sent home from School with diarrhoea and/or vomiting they must remain at home for 48 hours from the last episode of illness.

Where a pupil has been kept away from School with diarrhoea and/or vomiting they also must be kept at home for 48 hours from the last episode of illness.

MEDICAL POLICY FOR GSAL

Regarding illness and infections, staff should follow the Government Guidance on infection control in schools and other childcare settings and also adhere to the Early Years Foundation stage (EYFS) Statutory Framework 2021.

Coronavirus (COVID-19) – Symptoms may vary according to new COVID variants.

The school's COVID 19 risk assessment has been archived, however the SLT continually monitors the situation and will follow guidance if or when it is issued.

MEDICAL POLICY FOR GSAL

Health Protection for schools, nurseries and other childcare facilities **Exclusion table**

Exclusion table Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis, A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.

MEDICAL POLICY FOR GSAL

Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment.
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.

MEDICAL POLICY FOR GSAL

Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

March 2019

***Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

Access to first aid bags

First aid bags are located in/near every department. Each bag has an easy to break tag attached to the zip to ensure the bag's contents are correctly stocked. All the bags are checked on a monthly basis and if the tag has been removed the bag is replenished and retagged.

The central stocks for medical supplies are situated in the Medical Room. The Estates team checks each first aid bag, situated at central points throughout the school, once a month to ensure tags are secure and not broken. If tag is not in-situ the bag is taken to the medical room for medical supplies to be replenished as required.

The stock check of the central supplies is carried out by the Medical Room staff.

FIRST AID BAG LOCATIONS

Location	First Aid bag number:
Primary School:	
Primary Reception	1
Assembly Hall	12
PE Office	7 & 10
Deputy Head Office (AE)	5
Food Technology	8
Art/DT - middle storage	9
Science Lab	11
Medical room	12
Year 1 Corridor (Bluebell)	17
Phase 3 Office Playground Y6	14
Head of Y5 & 6 office (TW)	14
Nursery Store room - Playground Nursery	15
Reception corridor	16

MEDICAL POLICY FOR GSAL

Staff work room (Y3 corridor)	19
Year 4 Corridor Playground Y4	17
Medical Room Spares / Sport fixture bags / Playground Y5	4 & 20
Empty (not used)	20
Senior School:	
Main rotunda (ground floor)	1
Main rotunda (first floor)	2
ADT Technology room	5
ADT staff room	6
Music department staff room	7
Refectory office	8
Refectory office – External (outside) events	9
Pupil reception area	10
6th form refectory	11
6th form computer room	12
Staff common room	13
Computer services	14
Food Tech 3	15
Food Tech 2	16
Religious studies landing - (corridor)	18
Swimming pool	21
Biology (staff room)	22
Physics (prep room)	23
Chemistry (prep room)	24
Theatre foyer office	27
Squash viewing area	28
Assembly hall (light/sound desk)	29
Weights room	30
Exterior & Other	
School coaches, busses and minibuses	1 bag per bus
PE Department (Senior School)	Responsibility of PE staff
Astro Hut	
3G Storage Hut	
Manor House Lane changing room	
Grounds building	Responsibility of Grounds department

MEDICAL POLICY FOR GSAL

Outbreak Plan

Risk	Who will be impacted?	Control measures	Further required?	action	Responsibility
General protection of individuals from infection	Staff, pupils	<p>Overall risk assessment</p> <p>A comprehensive Risk Assessment (RA) will be put in place, which will be discussed and communicated to staff and will be adhered to.</p> <p>Advice from Government and UKHSA guidelines will be followed and amended as updated.</p> <p>Government advice and UKHSA guidelines will be regularly accessed, assessed and reviewed by the School's Senior Leadership Team.</p> <p>Any proposed changes to the overall risk assessment as a result of changes in government advice or UKHSA guidelines that directly impact school operations will be signed off by the Governing Body (GB), either in full or under delegated authorities.</p> <p>If an outbreak is declared The Principal will call together a critical incident team to plan the school's response.</p> <p>Staff union representatives will be consulted in relation to any changes impacting working conditions.</p> <p>All changes will be communicated to pupils, staff and parents as appropriate.</p> <p>Staff workspaces</p> <p>Staff workspaces will be risk assessed as advised by UKHSA</p> <p>If required, adaptations to workspaces will be made in line with the risk assessments (e.g. relocation of furniture, installation of screens, reduction of capacity etc.)</p> <p>Wherever practicable, and if advised, consideration will always be given to holding meetings via video call or telephone call before holding them in person.</p>			

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further action required?	Responsibility
		<p>Wherever face to face meetings are held they should take place in appropriately sized rooms which allow for social distancing. Rooms considered to be 'too small' will be out of everyday use and only used for a particular purpose. Rooms not in regular use will be locked where possible, to prevent anyone using that space. Windows should be open to aid ventilation. All windows should be left permanently open at a minimal level for the whole time. Classroom doors should be left open to aid ventilation. However classroom doors can be closed for short periods when teaching requirements dictate.</p> <p>When using common rooms, staff must adhere to social distancing requirements.</p> <p>When staff use common rooms, priority should be given to checking pigeonholes, post collection, accessing refreshments.</p> <p>When there is no lesson, doors to high risk areas will lock automatically.</p> <p>Fire procedures</p> <p>Whole school fire procedures will assessed and if necessary updated.</p> <p>The new procedures will incorporate social distancing if required</p> <p>Changes to procedures will be communicated to staff and pupils.</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further action required?	Responsibility
<p>Direct transmission from coughing and sneezing</p>		<p>PPE All school bus users will be required to adhere to processes that are put in place following advice from UKHSA. Pupils and staff should not touch the front of their face covering during use, when putting it on or removing it. Pupils and staff should wash or sanitise their hands immediately on arrival (as is the case for all pupils) and should do so before and after putting face coverings on and off. Pupils will be expected and encouraged to wash or sanitise their hands between lessons.</p> <p>Should temporary face coverings and reusable face coverings be advised by UKHSA, the following should be considered. Some individuals are <u>exempt from wearing face coverings</u>. For example people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability, or if when speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expression to communicate. The same exemptions will apply in education settings, and we would expect teachers and other staff to be sensitive to those needs.</p> <p>Transparent visors will be made available for staff if they wish to use them, although these must be worn with a face mask to maximise protection.</p> <p>Face coverings or screens will be available for Refectory staff who are serving food as social distancing is not always possible, e.g. at the tills.</p> <p>No-one should be excluded from education on the grounds that they are not wearing a face covering.</p> <p>If pupils from Year 3 upwards wish to wear a face covering they need to be able to manage the face covering independently and</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further action required?	Responsibility
		<p>staff will not be able to help them with it. This will be communicated to parents.</p> <p>Staff supervising a child, once they are in isolation with symptoms, will wear gloves, an apron, face covering and face shield.</p> <p>Face coverings cannot be left at school, they must be taken home by the wearer at the end of each day.</p> <p>Single use face coverings must not be reused and must be taken home to be disposed of.</p> <p>Any face coverings found anywhere in school, single use or permanent, will be permanently disposed of, according to the school protocol.</p> <p>Records</p> <p>The school will ask all staff to declare medical conditions which could lead to them being considered clinically vulnerable or clinically extremely vulnerable to the infection.</p> <p>Where staff have declared a medical or other condition which makes them vulnerable, an individual risk assessment will be put in place.</p> <p>Personal risk assessments will be put in place for all staff who have advised the school that they are pregnant,</p> <p>The school will require all staff and pupils to inform the school, including student support services (the nursing team), as soon as possible if they have a confirmed diagnosis of infection.</p> <p>If the school receives confirmation that a member of staff or pupil has a confirmed diagnosis of infection the school will report this as/if dictated by UKHSA and follow their advice to contain the outbreak.</p> <p>Specific scenarios</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further action required?	Responsibility
		<p>Staff who have been advised by NHS that they are clinically extremely vulnerable are expected to attend school. However, they must declare their condition to the school. The school will then carry out a personal risk assessment on that person and where necessary put in place control measures to mitigate any risk</p> <p>Staff or pupils who live with someone who shows symptoms of infection should come to school unless advised by UKHSA otherwise.</p> <p>If a person (either staff or pupil) receives confirmation of infection they must inform school immediately.</p> <p>Staff or pupils who show symptoms before coming to work should inform school immediately and remain at home and seek medical advice.</p> <p>No one should attend school if they show signs of infection. They can only come into school once they have been diagnosed negative by a doctor.</p> <p>The school will if necessary set up an isolation room/area as directed by UKHSA</p> <p>The isolation room will have an external window that can be opened, quick access to an external door and quick access to a toilet that can be cordoned off from the rest of the school, if utilised by a patient showing symptoms.</p> <p>One of the school nurses will assess manage the isolation area.</p> <p>If the nurse confirms that symptoms are present, the staff or pupil will be asked to remain in the isolation area, until they can be picked up.</p> <p>The designated toilet for a person in isolation is the accessible toilet opposite the isolation room.</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further action required?	Responsibility
		<p>If this toilet has been used by someone in isolation it will be locked off until it can be fully cleaned by the estates team, which will be as soon as possible. This will be carried out whilst wearing gloves and aprons.</p> <p>Staff who have come into contact/helped somebody with symptoms do not need to go home unless they develop symptoms themselves. As advised by UKHSA</p> <p>Staff who show symptoms before coming to work should remain at home.</p> <p>Anyone receiving a confirmation of infection should inform the school nursing team immediately.</p> <p>Anyone who has shown symptoms and been sent or gone home will not be allowed back into school unless the UKHSA recommended isolation period has elapsed.</p>		
Indirect Infection from touching contaminated surfaces	All staff, pupils	<p>Arrival into school</p> <p>Normally, school is open between the hours of 07:30 and 17:50 for pupils, Monday to Friday. OWLS after-school provision for primary pupils is open until 18:00. Pupils should not be on site any earlier or later than these times and if they are, a CPOMS incident record should be logged.</p> <p>Pupils will be required to wash their hands or use the hand sanitiser on arrival into school each day. In senior school this should be done on entering the building. There will be designated hand washing sanitiser tables at every point of entry. In primary this will be done as soon as pupils enter the building.</p> <p>Staff should wash their hands or use the hand sanitiser on arrival into school, and at frequent intervals during the school day including before and after using communal facilities or wearing a face covering.</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further action required?	Responsibility
		<p>To avoid crowding in corridors, in the senior school pupils should go straight into their classrooms and wait for the teacher, with the exception of science labs, Food Technology labs, ADT rooms, and any other rooms with similar health and safety measures in place. In primary, pupils should go straight into their classrooms and wait for the teacher, with the exception of when they are supervised by a member of staff.</p> <p>Groups/classes</p> <p>Class and groups sizes will be put in place as dictated by UKHSA. Bubble systems will only be introduced if dictated by UKHSA.</p> <p>Uniform All pupils, with the exception of Sixth Form and Nursery, should be advised to wear the GSAL PE kit to school every day and are advised to wash this regularly. Sixth form can wear GSAL PE kit or smart casual clothing that they would wear on a non-uniform day. Nursery will be advised to wear plain jogging bottoms or leggings and plain tops. Hair beyond shoulder length must be tied back and up.</p> <p>Staff uniform GSAL staff PE kit or other, easy to wash clothing is encouraged. Staff with long hair (shoulder length or longer) must wear it tied back.</p> <p>Organisation</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further action required?	Responsibility
		<p>The timings of the school day maybe be staggered at break and lunch times to reduce traffic at busy times.</p> <p>Staff who supervise breaks should wash their hands before and after the break and pupils will be encouraged to do the same.</p> <p>Corridors will be managed, they will be supervised by members of staff</p> <p>All lifts should only be used by a maximum of one person at a time.</p> <p>Outside play equipment will be kept to a minimum and cleaned after use if shared.</p> <p>Pupils in primary will be allowed to use the fixed play equipment but they must wash their hands before and after each break time.</p> <p>Each Year group in the senior school will have their own designated departure doors at the end of the school day.</p> <p>Refectory</p> <p>The catering service will operate under UKHSA guidance for schools and not the government guidance for the hospitality industry.</p> <p>Separate serving utensils will be in place for each counter to prevent cross contamination.</p> <p>For primary pupils, the salad bar facility will be staffed by the Catering team and salad will be served to the pupils to remove the need for self-service. Salads will be pre-packed for staff and senior school pupils.</p> <p>Perspex screening will be in place at each counter and till point.</p> <p>Tables will be set with appropriate cutlery before each sitting by the Catering team for primary pupils.</p> <p>For senior school pupils and staff, cutlery will be individually wrapped.</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further required? action	Responsibility
		<p>A larger area will be allocated to staff so that social distancing can be maintained during the lunch service.</p> <p>Tabling and seating will be cleaned after each use by the Catering team.</p> <p>Staff producing food in the kitchen will have allocated work areas so that social distancing requirements can be adhered to.</p> <p>Where possible, doors and windows will be opened in the food preparation areas to enhance ventilation.</p> <p>Work areas will be sanitised after each procedure. Disposable gloves and plastic aprons will be available for use, if required, and handwashing protocols will be extended.</p> <p>A one-way system will be observed in the kitchen and servery area as far as is practicably possible.</p> <p>Transport</p> <p>The school will endeavour to offer a bus service, however, provision and process will be amended as directed by UKHSA. These measures will be risk assessed and signed off by the school and the GSAL Transport Limited Board.</p> <p>Pickup and drop-off</p> <p>In primary school, all parents will be asked to drop their children off and pick them up from outside the school building.</p> <p>All parents could be asked to wear masks when on the site and outside their cars. Each bubble will have a designated drop off and pick up point.</p> <p>Senior School parents should not get out of their cars.</p> <p>Operations and facilities:</p> <p>Hygiene</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further action required?	Responsibility
		<p>Pupils will be expected to wash hands or use hand sanitiser on entering school in senior school and when entering school in primary. External sinks are available at the senior and primary school pupil entrances and in the main quad area outside the theatre foyer.</p> <p>Frequent hand washing or use of hand sanitiser will be required throughout the school day.</p> <p>Hand sanitiser dispensers will be placed in every classroom. Staff are expected to wash or sanitise their hand frequently. Hand sanitisers must be kept out of reach of the youngest children, and not used by them.</p> <p>Boxes of tissues will be placed in every classroom.</p> <p>Disposal bags will be placed in each room to accommodate waste tissues. Tissues should not be thrown in the general or recycled waste bins.</p> <p>Estates staff will replace the waste tissue bag each day. Gloves will be worn for this activity.</p> <p>Sanitising wipes will be placed in every classroom, to enable staff to sanitise communal equipment before and after use. Pupils in senior school will be expected to use wipes to sanitise their desks and chairs as they enter the room and again as they leave. In primary, if going into a shared room e.g. music/science room, pupils or teachers, depending on the age of children, will sanitise chairs and tables as they leave the room.</p> <p>Hand sanitising stations will be placed on all corridors, these will be for the use of any staff who do not have ease of access to classroom facilities.</p> <p>Wipes will also be placed in corridors. All staff are encouraged to carry wipes with them as they move around the school, wiping such things as banisters as they go.</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further action required?	Responsibility
		<p>aning</p> <p>Corridors will be cleaned frequently throughout the day, with a particular focus on touch points and a final and full clean at the end of each day.</p> <p>Toilets will be cleaned at regular intervals throughout the day.</p> <p>Standard general cleaning regimes will continue to take place at the end of each school day.</p> <p>If staff have any comments or questions about any aspect of cleaning, they should email cleaning@gsal.org.uk</p> <p>Resources</p> <p>Hard to clean resources such as soft furnishings will either be removed from all classrooms or sanitised after use as far as possible.</p> <p>Soft, hard-to-clean equipment will be removed from all classrooms.</p> <p>All other shared resources should be sanitised after use.</p> <p>Parents</p> <p>Meetings which are required to take place should be conducted via video, telephone, or conference call to minimise the need for direct contact.</p> <p>Should there be a compelling, specific need to meet in person, the meeting should be carried out ensuring that appropriate social distancing is observed at all times.</p> <p>Permission should be sought from a member of SLT for an on-site meeting and the estates' team should be informed of the location and time of the meeting, in order that the room can be appropriately cleaned following its conclusion.</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further action required?	Responsibility
		<p>Visitors Visitors are regarded as high risk and, if appropriate to do so, school will dictate that they be actively discouraged from coming on site. All visitors will be held in reception and not allowed into school in this instance. If it is regarded as absolutely essential that a visitor enters the school, permission should be given by a member of the GSAL SLT.</p> <p>Contractors Contractors provide essential services to the school, including the provision of statutory routines and maintenance and all contractors will continue to be managed in line with the school's Contractor Management Policy. All areas that contractors are required to work in will be cleaned following their visit to prevent contamination.</p> <p>Deliveries Delivery drivers will report as normal to reception via the intercom on the barrier. On arrival at either the Estates or Refectory store, packages will be placed on the floor, GSAL staff will check from a distance, signatures will not be given, proof of delivery (if required by the courier) will be by means of a photograph of package and school door, taken on the driver's phone. All deliveries will be left outside either on cages or pallets until staff move them into the work area. Invoices are left on the order there is one central point for catering deliveries. All other kitchen and dining areas are supplied via this reducing any contacts across the site with any third party.</p>		

MEDICAL POLICY FOR GSAL

Risk	Who will be impacted?	Control measures	Further required? action	Responsibility
Breakdown in wellbeing and Safeguarding process		<p>Face masks and gloves are worn by the staff carrying this out role.</p> <p>External Lets External lets will only be allowed on outside facilities, outside of the hours school is open for pupils, with appropriate cleaning, before and after the event.</p> <p>Cleaning resources Soap dispensers, wipes, hand sanitisers, tissue supplies in classrooms and sanitising sprays will be checked every morning by the estates team. If any sanitising resource runs out during the day, it must be reported to the estates team immediately. Hand sanitising stations will be available at the inside of entrances to school. All staff will be expected to use this facility.</p> <p>Safeguarding & pastoral requirements All safeguarding and well-being support and interventions continue as normal. Form time and PSHE staff to monitor the emotional and mental health of all pupils. Behaviour expectations to be re-established with a focus on consistency and incorporation of new routines.</p>		

MEDICAL POLICY FOR GSAL

Hygiene/Infection control

Part 1: Hygiene. How to Prevent Cross Infection

Basic hygiene procedures must be followed by staff:

Wash your hands before and after treating a casualty;

Wear disposable gloves during any treatment. Gloves are available in each of the First Aid bags

Avoid touching the wound or the part of the dressing that will come into contact with the wound.

There is a risk that blood borne viruses may be spread by blood-to-blood contact. These can only be spread if infected blood makes contact with the blood or blood products of another person.

To prevent against this cross infection:

- Cover your own sores or skin wounds with a plaster/dry dressing; Where gloves are not available either:
 - o Ask the casualty to dress his or her own wound Enclose your hands in a clean plastic bag
 - o Dress the wound and then wash your hands immediately and thoroughly
- Take great care not to prick or cut yourself on any needles or other sharp objects near the casualty;
- Where your eyes, nose, mouth or any wound is splashed by the casualty's blood, wash thoroughly as soon as it is possible;
- Use a mask or face shield for mouth-to-mouth resuscitation if the casualty's mouth or nose is bleeding;
- Dispose of the blood and waste materials safely in a clinical waste bag immediately after treatment is complete
- Medical dressings or equipment should be disposed of in the orange clinical waste bags placed in the yellow clinical bins within the treatment room/medical room.
- To prevent cross contamination if casualty is suffering from vomiting or diarrhoea, they must be excluded from school for 48 hours post last onset of illness.

If after giving first aid, you are concerned that you may have been in contact with infection of any sort, seek medical advice.

Part 2: Infection Control - Procedure for dealing with bodily fluids and blood

Wash your hands thoroughly and put on disposable gloves (gloves are in the first aid bags). Where there is bleeding from the mouth and the casualty requires resuscitation, use a resuscitation facemask, which can be found within the first aid kits.

A dirty wound should be rinsed and wiped under running water, or use an anti-bacterial wipe to ensure the wound is clean, then cover with a sterile gauze;

Elevate the wound above the level of the heart¹ and support with your other hand; clean the

MEDICAL POLICY FOR GSAL

surrounding area with an anti-bacterial wipe, and dry with clean gauze. Remove the sterile gauze and apply an adhesive dressing;

Where the bleeding is more severe, there may not be time to follow the anti-infection procedures.

Cover the wound and immediately apply pressure with your fingers or palm of your hand;
Raise and support the injury above the level of the casualty's heart. Handle the injury gently if you have any suspicion of a fracture;

Apply a sterile dressing over any original pad and a second bandage if the blood starts to seep;
Seek further First Aid assistance as required.

Call for an ambulance as necessary, caution: excessive bleeding may lead to casualty going into shock.

If casualty's condition alters and becomes unresponsive call for help, request for 999 assistance (ensure the Estates Department are available to direct emergency vehicle to location of casualty) and for the Defibrillator to be brought to the casualty, (Defibrillator locations – Senior school: Campanile, Theatre Foyer and Sports department reception desk. Primary school: On the wall outside the school office) then follow procedure:

If breathing, put casualty into the recovery position, and monitor for signs of change.

If no signs of breathing begin CPR: 30 chest compressions followed by 2 breaths, continue cycle until defibrillator arrives. Attach defibrillator and follow the monitor's instructions.

Continue until ambulance arrives. Contact relatives as per school regime.

An Accident Report Form should be completed as per school protocol.

Cleaning up after Spillage of Body Fluids

It is important to clean up as soon as possible after treating a casualty. Whoever deals with the clean-up should continue to wear the disposable gloves and use paper towels with the appropriate cleaning liquid.

In the event of a spillage involving bodily fluids, staff from the Estates department will ensure the area is cleaned appropriately.

All soiled dressings and materials, including the disposable gloves, should be disposed of appropriately in the orange clinical waste bag.

1. If necessary, lay the patient down
2. Ring through to Reception to make that urgent contact

The yellow clinical waste bins are located in the treatment room/medical room in Student Support Services and Primary school. The clinical waste bags are collected by an external clinical waste contractor.

Part 3: Disposing of clinical sharps

Needles for medication:

- diabetes syringe, injection pen or insulin pen for regular insulin injections
- a severe allergy for which you may need to inject adrenaline (epinephrine) from a preloaded syringe or injection pen

A sharps bin is a specially designed rigid box with a lid designed to: dispose of used needles

MEDICAL POLICY FOR GSAL

or sharps securely and safely:

- needles
- syringes
- lancets used with finger-pricking devices
- Used needles
- Used needles must not be bent or broken before disposal, and you must never try to recap a needle

The sharps bins are collected by an external clinical waste contractor.

Part 4: Managing nappies/Pull-Ups

This rarely happens but, where it does, the following applies:

- Staff to wear a disposable apron and gloves (PPE)
- Soiled nappy/Pull-Up and wet wipes to be placed in the clinical waste bag
- PPE to be disposed of in the clinical waste bag
- Clinical waste bag to be collected by the Domestic staff and stored in a secured location prior to being collected by an external clinical waste contractor

Assessing and reviewing accidents

Reporting accidents

Statutory requirements: under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE. (Telephone 0845 300 9923).

The Director of Estates must keep a record of any reportable injury, disease or dangerous occurrence. This must include:

- the date and method of reporting;
- the date, time and place of the event;
- personal details of those involved
- a brief description of the nature of the event or disease.

This record can be combined with other accident records.

The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence).

Involving pupils and visitors:

An accident resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work, i.e., if it relates to:

- any school activity, both on or off the premises
- the way the school activity has been organised and managed
- equipment, machinery or substances
- the design or condition of the premises

MEDICAL POLICY FOR GSAL

HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The principal is responsible for ensuring that this happens, but may delegate the duty to **Director of Estates**. The **Director of Estate's PA** will then report the incident to HSE and also to our insurers.

Record keeping

Statutory accident records

The principal must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. (See DSS The Accident Book BI 510).

School's central record

This can be combined with the RIDDOR record and the Accident Book, providing all legislation requirements are met. The School **must** ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:

- The date, time and place of incident.
- The name (and class) of the injured or ill person.
- Details of their injury/illness and what first aid was given.
- What happened to the person immediately afterwards. (e.g.: went home/back to class/hospital).
- Name and signature of the first aider or person dealing with the incident.
- They must have in place procedures for ensuring that parents/guardians are informed of significant incidents. All serious or significant incidents will be reported to the parents/guardians by sending a letter home with the child or by a telephone conversation.

Monitoring

Accident records can be used to help the Principal and Health and Safety Committee to identify trends and areas for improvement. The Committee will examine whether a future, similar incident could be avoided and what procedures, if any, could be put in place to reduce the likelihood of a recurrence. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

MEDICAL POLICY FOR GSAL

Children with Special Medical Needs

Emergency medicines such as inhalers and adrenaline pens are readily accessible for the individual pupil. They are located in the school nurse's office and are in individual boxes, labelled with the child's name, form and photograph.

Checks are made, termly, on the date of expiry and parents/guardians are notified of medicines coming to the expiry date.

Medicines are stored in a central place, for each section of the school and are clearly labelled with the child's name and date of expiry.

Arrangements for pupils with particular medical conditions

All GSAL parents/guardians are asked by the Data Manager to complete a pupils "Health Care Plan". This information ensures each individual pupils health needs are cared for within the school environment. The information is stored onto the individual pupil's file on the SIMS data, allowing staff access to vital information to ensure a holistic health care approach within school. It is the pupil's parents/guardian's primary responsibility to ensure health needs are updated with accurate information regularly. When a medical condition presents for the first time during the school year or between data checks it is the parents' /guardian's responsibility to inform the school nurse. The Data Manager will send a Health Care Plan for the parent/guardian to complete. The Health Care Plan will be scanned onto the pupils SIMS data. It is the parents'/guardian responsibility to ensure the Health Care Plan is kept up-to-date if medical condition alters.

When a pupil is receiving regular medical treatment, the school works in conjunction with the hospital Care Plan and parent's guidance, for example diabetes, dialysis, oncology, epilepsy, allergies and other specialised medical conditions.

Before each school trip, expedition and activities, the group leader discusses pupil's health and specific needs with the school nurse. The group leader will collect pupils prescribed medication and return the items once the groups are back in school after the trip.

Nut allergies - The school endeavours to be a nut free product environment. Pupils may not bring into school or take on a school trip any food products that contain nuts.

MEDICAL POLICY FOR GSAL

The Grammar School at Leeds Health Care Plan

The Grammar School at Leeds



Pupil Health Care Plan

Please complete the health care plan with relevant medical conditions which may require treatment while in school. Given the potentially serious nature of medical conditions we ask you to complete your contact details here so that they can be checked against those already held in the school systems.

This form should be returned to the school office where the relevant information will be logged securely and shared with the relevant staff.

PERSONAL DETAILS

Pupil's Surname:

Pupil's First Names(s):

Date of Birth:

Name of siblings in the family:

First Priority Contact Name:

Relationship to pupil:

Telephone No: (Work and/ or home):

Mobile Telephone No:

Second Priority Contact Name:

Relationship to pupil:

Telephone No: (Work and/ or home):

Mobile Telephone No:

Third Priority Contact Name:

Relationship to pupil:

Telephone No: (Work and/ or home):

Mobile Telephone No:

MEDICAL POLICY FOR GSAL

The Grammar School at Leeds

PERSONAL HISTORY

1. Please provide details, if any, of past illnesses, hospital admissions, operations, injuries, congenital defects or deafness which may be relevant to your child's welfare within school:

2. Please describe your child's current medical conditions/allergies? Please state signs and symptoms, the triggers and severity:

3. Please provide information about your child's medical daily requirements during the school hours (e.g. diet/exercise/medical regime):

4. Please describe how an emergency situation presents for your child, and the action to be taken if this occurs:

MEDICAL POLICY FOR GSAL

The Grammar School at Leeds

5. Is your child on any regular medication or requires medication related to the condition in an emergency? (Please tick) ☐ Yes ☐ No

If **yes**, please give details of daily requirements during school hours, stating the medication and dose:

THIS SECTION MUST BE COMPLETED BY PARENT / GUARDIAN

I understand that this information may be shared, where appropriate, with relevant personnel including emergency services. This may include photographic identification of your child, purely for medical safety.

*Please note that this health care plan needs to be updated annually or when any change occurs. It is important that parents inform school of any alterations regarding medical needs as soon as possible to ensure correct health care is provided. The parental consent for the emergency use of a Salbutamol inhaler may be withdrawn at any time in writing. Otherwise, renewal of parental consent will be discussed during the care plan review, which may be conducted with parents via telephone or email.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Relationship of Parent/Guardian to pupil: _____

Date: _____

MEDICAL POLICY FOR GSAL

Guidelines for adrenaline auto injectors

The Grammar school at Leeds follows the Government guidelines for the use of emergency adrenaline auto-injectors in school. Since 1st October 2017, schools in England are allowed to purchase adrenaline auto-injector (AAI) devices for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.


Emergency adrenaline auto-injector boxes can be located in the following locations: Student Support Services – On the left wall as you enter

Refectory – On the wall as you enter the kitchen

Senior School Food Tech prep-room – On the far wall near the sinks Primary School – In the medical Room office


Pupils are prescribed AAI's by their doctor. It is recommended that a pupil has 2 AAI's within school. For Senior School it is recommended that 1 auto-injector is kept securely in an unlocked cupboard in Student Support Services and the other to remain with the pupil - the pen should have the pupils name clearly visible. In Primary School, the AAI's are stored securely in an unlocked cupboard in the Medical room office. It is the parent's responsibility to ensure their son/daughter's AAI has not expired and for the adrenaline auto-injector and the allergy action plan from the hospital is up-to-date.

EpiPen guidance



RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

Allergy Action Plan



bsaci
improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1) _____

2) _____


Child's Weight: _____ Kg

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
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)



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

AIRWAY:

BREATHING:

CONSCIOUSNESS:

Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

Difficult or noisy breathing, wheeze or persistent cough

Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

- Lie child flat. If breathing is difficult, allow to sit
- Give EpiPen® or EpiPen® Junior
- Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

- Stay with child, contact parent/carer
- Commence CPR if there are no signs of life
- If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

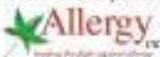

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with:

©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013


This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____


Date: _____

Antihistamine guidance



RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

Allergy Action Plan



bsaci
improving allergy care


THIS CHILD HAS THE FOLLOWING ALLERGIES:


Name: _____

DOB: _____

Photo

Emergency contact details:

1)  _____

2)  _____


Child's Weight: _____ Kg

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
- Give antihistamine: _____
- Contact parent/carer _____ (if vomited, can repeat dose)



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 / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

- Lie child flat. If breathing is difficult, allow to sit
- Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- Stay with child, contact parent/carer
- Commence CPR if there are no signs of life

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional Instructions:


If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This BSACI Action Plan for Allergic Reactions is for children with mild to moderate allergies, who need to avoid certain allergens.

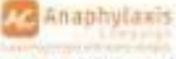
For people with severe allergies (and at risk of anaphylaxis) there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These are available at www.bsaci.org

For further information consult NICE Clinical Guidance CG115 Food allergy in children and young people at <http://guidance.nice.org.uk/CG115>

Produced in conjunction with:



Allergy UK
Leading the fight against allergy
www.allergyuk.org




Anaphylaxis UK
Leading the fight against anaphylaxis
www.anaphylaxis.org.uk

©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____


Date: _____

MEDICAL POLICY FOR GSAL

The guidelines for Asthma care

The Grammar School at Leeds follows the Government guidelines for the use of emergency salbutamol inhalers in school. The inhaler can be used if the pupil's inhaler is not available (for example, because it is broken, or empty), the inhaler is used via a spacer to ensure individual hygiene. The Human Medicines (Amendment) (No.2) Regulations 2014 states: **"The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication"**. Parental consent documentation for the use of Salbutamol inhalers within school is sent to each parent via the Data Manager, the returned consent form is scanned onto the individual pupil's SIMS database.

Emergency Salbutamol inhaler boxes can be located in the following locations: Student Support Services – On the left wall as you enter
Primary School – In the medical room office

External school trips: An emergency Salbutamol Inhaler is included in the trip medication bag.

Signs and symptoms of an asthma attack.

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)

What to do 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

Immediately help the child to take two separate puffs of salbutamol via the spacer

If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

The child's parents should be contacted after the ambulance has been called.

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

MEDICAL POLICY FOR GSAL

GSAL Salbutamol inhaler parent consent form

PUPILS WITH ASTHMA

Guidance on the use of emergency salbutamol inhalers in schools

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for the use of emergency inhaler has been given who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as a reliever medication. Written consent is a requirement requested by the Department of Health. The consent form can be found on the last page and must be separately signed.

The school inhaler can be used if the pupil's prescribed inhaler is not available (e.g. because it is broken, empty, etc.). Please note that the school inhaler is not to be used as a regular form of medication as a replacement for the pupil's own prescribed inhaler.

Asthma Medication

It is the parents' responsibility to keep the school up to date with medical information and to provide medication, which is within expiry date.

Any known triggers: _____

Reliever: (Please circle which inhaler is used) Salbutamol Terbutaline

Preventer: (Please circle which colour inhaler is used) Brown White Red Orange

Inhaler kept in school medical area: (Please circle) Yes No

Volumatic spacer device kept in school medical area: (Please circle) Yes No

Normal peak flow: _____ (if known)

MEDICAL POLICY FOR GSAL



THE GRAMMAR SCHOOL
AT LEEDS

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER WITHIN SCHOOL

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day, or one is kept in the school medical room.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.
4. I am aware that the school Salbutamol inhaler is to be used in an emergency and not as a regular form of medication.

Child's name: _____

Class/Form: _____

Signed: _____ Date: _____

Name (print) _____

Parent's address: _____

Telephone: _____

E-mail: _____

MEDICAL POLICY FOR GSAL

Automated external defibrillator with The Grammar School at Leeds

These guidelines aim to provide clear and simple instructions for the use of the AEDs available at The Grammar School at Leeds.

The AEDs can be found in five locations around the GSAL campus.

The Campanile/pupil reception – on the wall opposite the office by pupil entrance

The Theatre foyer – On the wall near the exit to the Courtyard the Sports Department Reception area

Primary School – On the wall outside the school administration office

External – 3G Changing rooms

All the AEDs are kept in alarmed unlocked cabinets and accessible for all emergencies. They are kept fully equipped and they are checked regularly. The defibrillator situated on the 3G changing rooms is located in a coded cabinet. During the school day, the code can be accessed via Main school reception. During out of hours, the defibrillator is registered with “The National Defibrillator Network” when dialling 999 the ambulance service will provide the caller with the code number for the cabinet.

If an AED is found to be faulty an engineer will check the machine. Each AED has 2 sets of pads clearly labelled **ADULTS** or **PAEDIATRICS**. Standard AED pads are suitable for use on children older than 8 years.

In the UK approximately 30,000 people sustain cardiac arrest outside hospital and are treated by emergency medical services (EMS) each year. Every minute without CPR and defibrillation reduces someone’s chance of survival by 10 per cent (British Heart Foundation UK Factsheet August 2019).

Automated External Defibrillator (AED) guidelines

The Resuscitation Council (UK) recommends strongly a policy of attempting defibrillation with the minimum of delay in victims of ventricular fibrillation / ventricular fibrillation cardiac arrest. Sequence of actions when using an automated external defibrillator, the following sequence applies to the use of both semi-automatic and automatic AEDs in a victim who is found to be unconscious and not breathing normally:

Hands-only CPR

To carry out a chest compression:

Place the heel of your hand on the breastbone at the centre of the person’s chest. Place your other hand on top of your first hand and interlock your fingers.

Position yourself with your shoulders above your hands.

Using your body weight (not just your arms), press straight down by 5-6cm (2-2.5 inches) on their chest.

Keeping your hands on their chest, release the compression and allow the chest to return to its original position.

Repeat these compressions at a rate of 100 to 120 times per minute until an ambulance arrives or you become exhausted.

When you call for an ambulance, telephone systems now exist that can give basic life-saving

MEDICAL POLICY FOR GSAL

instructions, including advice about CPR. These are now common and are easily accessible with mobile phones.

COVID-19 advice:

If there is a chance the person who is unwell has COVID-19, place a cloth or a towel over their mouth and nose and do hands-only CPR until an ambulance arrives.

CPR with rescue breaths

If you've been trained in CPR, including rescue breaths, and feel confident using your skills, you should give chest compressions with rescue breaths. If you're not completely confident, attempt hands-only CPR instead (see above).

Adults

Place the heel of your hand on the centre of the person's chest, then place the other hand on top and press down by 5-6cm (2-2.5 inches) at a steady rate of 100 to 120 compressions per minute.

After every 30 chest compressions, give two rescue breaths.

Tilt the casualty's head gently and lift the chin up with two fingers. Pinch the person's nose. Seal your mouth over their mouth and blow steadily and firmly into their mouth for about one second. Check that their chest rises. Give two rescue breaths.

Continue with cycles of 30 chest compressions and two rescue breaths until they begin to recover or emergency help arrives.

Children over one year old

Open the child's airway by placing one hand on the child's forehead and gently tilting their head back and lifting the chin. Remove any visible obstructions from the mouth and nose.

Pinch their nose. Seal your mouth over their mouth and blow steadily and firmly into their mouth, checking that their chest rises. Give five initial rescue breaths.

Place the heel of one hand on the centre of their chest and push down by 5cm (about two inches), which is approximately one-third of the chest diameter. The quality (depth) of chest compressions is very important. Use two hands if you can't achieve a depth of 5cm using one hand.

After every 30 chest compressions at a rate of 100 to 120 per minute, give two breaths.

Continue with cycles of 30 chest compressions and two rescue breaths until they begin to recover or emergency help arrives.

MEDICAL POLICY FOR GSAL

Placement of AED pads

The Zoll AED pad is a single piece fitting, incorporating two electrodes and a central CPR pad. The adult and paediatric pads are clearly labelled within the AED case. The adult pads are suitable for children over the age of 8.



The victim's chest must be sufficiently exposed to enable correct pad placement. Chest hair will prevent the pads adhering to the skin and will interfere with electrical contact. Shave the chest only if the hair is excessive, and even then, spend as little time as possible on this. Do not delay defibrillation if a razor is not immediately available.

Defibrillation if the victim is wet

As long as there is no direct contact between the user and the victim when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock. Dry the victim's chest so that the adhesive AED pads will stick and take particular care to ensure that no one is touching the victim when a shock is delivered.

Defibrillation in the presence of supplemental oxygen

There are no reports of fires caused by sparking where defibrillation was delivered using adhesive pads. If supplemental oxygen is being delivered by a face mask, remove the face mask and place it at least one meter away before delivering a shock. Do not allow this to delay shock delivery.

Minimise interruptions in CPR

The importance of early, uninterrupted chest compressions is emphasised throughout these guidelines. Interrupt CPR only when it is necessary to analyse the rhythm and deliver a shock. When two rescuers are present, the rescuer operating the AED applies the electrodes while the other continues CPR. The AED operator delivers a shock as soon as the shock is advised, ensuring that no one is in contact with the victim.

CPR before defibrillation

Provide good quality CPR while the AED is brought to the scene. Continue CPR whilst the AED is turned on, and then follow the voice and visual prompts. Giving a specified period of CPR, as a routine before rhythm analysis and shock delivery, is not recommended.

Voice prompts

The sequence of actions and voice prompts provided by an AED are usually programmable

MEDICAL POLICY FOR GSAL

and it is recommended that they be set as follows:

- deliver a single shock when a suitable rhythm is detected;
- no rhythm analysis immediately after the shock;
- a voice prompt for resumption of CPR immediately after the shock;
- a period of 2 min of CPR before further rhythm analysis.

GSAL recognises the need for training in first aid; recognised members of staff in all areas of departments attend first aid courses every three years. Staff qualifications and training dates are kept on the school computer system to ensure regular updates are maintained. Training is provided by suitable external organisations

Food allergies/intolerance

The Grammar School at Leeds recognises that some pupils can suffer a severe or moderate food allergy or food intolerance, with potential serious consequences and in some instances may even be life threatening. GSAL is committed to pupil safety and being an “allergy and nut aware” environment.

GSAL is not able to guarantee a completely allergen free environment, but it does endeavour to minimise the risk of exposure by hazard identification, instruction and information, both within the catering and teaching environments. This will encourage self-responsibility to all those with known allergens to make informed decisions on food choices and to provide help and assistance for our younger pupils. It is also important that the school has clear plans for an effective response to possible emergencies, therefore we request that medical information is updated regularly on the pupil Health Care Plan by parents/guardians. Pupils who have food allergies, the information is shared with the relevant staff to ensure the medical needs are managed appropriately.

Food Allergy: A food allergy is when the body's immune system reacts to specific food, mistakenly treats proteins found in food as a threat. Although allergic reactions are often mild, they can be very serious, potentially life threatening. Symptoms of food allergic reaction include; tingling or itching in the mouth, itchy red rash, swelling of the face, mouth, tongue or other areas of the body, difficulty swallowing, wheezing or shortness of breath, feeling lightheaded, nausea, vomiting, stomach ache or diarrhoea. The symptoms of a food allergy may develop rapidly, within a few minutes or up to an hour after consuming the food, requiring antihistamine or auto-adrenaline injection.

Food intolerance: A food intolerance is not the same as a food allergy. A food intolerance is the difficulties of food being digested and having an unpleasant physical reaction, such as bloating, stomach ache, diarrhoea, skin rashes and itching, symptoms developing over a period of time, potentially several hours after eating and generally not life threatening.

If a pupil has a food allergy which is triggered by contact or airborne, as well as ingestion, consideration is given to where the pupil sits in the classroom and in the Refectory. Subject lessons which may involve activities preparing food or tasting foods, staff will take food allergies into account and make modifications where possible to allow dietary participation.

MEDICAL POLICY FOR GSAL

It is important to ensure that allergies and intolerances are treated equally, the symptoms to the individual can be both life threatening and uncomfortable. GSAL aims to minimise the risk of a food induced reaction to a person who is known to have a food allergy or an intolerance to food within school and works in accordance to all of the Government food guidelines; the General Food Law 2020, The Food Safety Act 1990 and Food Safety and Hygiene (England) Regulations 2013.

The common causes of allergies are related to the 14 major food allergens:

MEDICAL POLICY FOR GSAL

1. Celery
2. Cereals containing gluten (such as barley and oats)
3. Crustaceans (such as prawns, crabs and lobsters)
4. Eggs
5. Fish
6. Lupin
7. Milk
8. Molluscs (such as mussels and oysters)
9. Mustards
10. Sesame
11. Soybeans
12. Sulphur dioxide and sulphites
13. Tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)

Catering Department: The Catering Department holds dietary information about all the ingredients and external catering suppliers used. The Cook Safe Manual can be viewed electronically, as well as viewed manually on request. Food is manually labelled, identifying ingredients that may pose a risk to allergy sufferers, in accordance to the daily menu, and pre-packed products have the manufactory ingredients listed on the packaging, enabling informed choices to be made. All of the catering staff complete the Food Safety allergy awareness course and the Food hygiene and safety course, pupils are encouraged to ask the catering staff for advice and support to minimise the risk of consuming known food allergens specifically to their health needs. Rigorous food hygiene is maintained to reduce the risk of cross contamination. The Catering team are in constant contact with suppliers regarding information about their product ingredients.

Parental responsibilities: To ensure GSAL is able to maintain pupil safety, the school relies upon recent medical information, therefore it is important that school is kept updated with any changes in allergy management with regards to clinic summaries, re-testing and new food allergens. Parents are requested to ensure all allergy medication is supplied, in-date and replaced as necessary (Auto-adrenaline pens, inhalers, antihistamine).

Pupil responsibilities: It is important that pupils are aware of their allergies and symptoms. Age appropriate, pupils are encouraged to take increased responsibility for managing food choices to reduce the risk of a potential allergic reaction. Pupils must not share food with other pupils. Pupils must not bring in food that contains nuts or has nut-based products.

School staff: To minimise potential product risks to allergy reactions, staff must purchase confectionery for prizes and other 'treats' only via the school's Catering Department.

Primary pupil treats from home: To minimise potential product risks to allergy reactions, parents are advised to contact the class teacher prior to bringing the items into school, food items must be distributed at the end of the day by the class teacher, so children can take them home and the product is checked with an adult before consuming.

MEDICAL POLICY FOR GSAL

Cake sales/bringing in cakes for birthdays: Cake sales are a popular way of raising funds for the many charities that school supports. We do not want to restrict sales. However, particular care has to be taken when holding these events. Parents are requested to avoid using any nut-based ingredients. Both home baked and shop bought products should be accompanied by an ingredients' list. Anyone wishing to organise a cake sale must contact the appropriate school Year Group Administrator at least 1 week prior to holding the sale. The school's Health and Safety Officer will be informed and available to offer guidance, signs and labels that must be followed and used.

Dental injuries

If a tooth has been knocked out, it is important to act quickly. Following the NHS guidelines (April 2018), an adult tooth can usually be saved and re-implanted. If the knocked tooth is a baby tooth, most dentists will not re-implant due to the fact that this may cause damage to the adult tooth growing underneath. If it is not known whether the tooth is an adult or baby tooth, put the tooth in milk or the person's own saliva (spit into a container) as soon as possible, this will preserve the tooth.

What to do if an adult tooth has been knocked out:

1. Hold it by the white bit that sticks out of the gum (the crown). Do not touch the root.
2. Lick it clean if it's dirty, or quickly rinse it in cold running water for no more than 10 seconds.
3. Try to put it back into the hole in the gum. **If it does not go in easily:**
 - put it in milk
 - put it in saliva – by spitting into a container hold it in your cheek until you see the dentist – but do not have younger children do this in case they swallow it
4. If it goes back in, bite down gently on a clean cloth (gauze) to hold the tooth in place.
5. Always keep any broken pieces of tooth, place in milk or saliva.
6. Always seek professional advice as quickly as possible, either via A&E or the dentist.

Pregnancy

The school confidentiality policy for sharing reports of pregnancy by pupils is through professional judgement, which is required when considering disclosure of information about a child under 16 years of age. The overriding consideration for the safeguarding team must always be the best interests of the child. A child under 16 may be mature enough to understand what is involved in their proposed treatment (that is, the child is Gillick competent). If so, they are also likely to be able to make a decision about the extent to which information relating to that treatment can be provided to others, who may include their parents.

Ordinarily, the individual's wishes will be respected if they do not want their parents to know. However, every reasonable effort will be made to persuade the child to involve their parents or guardians. These procedures must always take into account the organisation's responsibility to safeguard the pupil and promote their welfare.

If information is disclosed to a Gillick-competent child's parents or guardians against their wishes, the child should be told before disclosing the information. This applies in all but very

MEDICAL POLICY FOR GSAL

rare cases. Any decision to disclose must be in the child's best interests and you must be prepared to justify your decision.

Head Injury

The guidelines for assessing a pupil following a minor head injury

A head injury is defined as 'any trauma to the head other than superficial injuries to the face' *NICE Head Injury Guidelines 2014*.

Minor head injuries are common in children and do not usually cause any serious problems. They are often caused by a blow to the head and in the school environment this is usually due to a fall or sporting activity or impact with a person or object.

Procedure:

When a pupil sustains a head injury, a member of staff must remain with the pupil while the School Nurse or First Aider is called to assess the pupil's injuries

An ice pack must be applied immediately to a bump/bruise

If the head injury is an open wound, apply a pressure bandage

If the pupil can be moved, a member of staff must escort the pupil to Student Support Services/Medical Room. Alternatively, the School Nurse or First Aider will come directly to the pupil.

Pupil must be observed for 20 minutes

If no signs or symptoms have developed after full assessment and being observed for 20 minutes, pupil may return to lessons

The School Nurse or First Aider must inform the pupil's teachers of the injury to ensure they remain vigilant for any signs or symptoms developing after the incident throughout the day. Following a head injury, the School Nurse or First Aider must telephone the pupil's parents/guardian to discuss the injury and after care. In Senior School, the pupil's subject teachers will be informed via SIMS Register.

If symptoms alter and become severe an ambulance will be called (and parents kept informed).

An accident form must be completed by the member of staff who witnessed the incident or who was on duty at the time of the injury. Accident forms are located via GSAL World and completed electronically.

In Primary School pupils are given a Bumped Head sticker to ensure other members of staff and pupils are aware that an injury has occurred. Parents are informed of the injury by telephone (alerted to the NHS Head injury advice sheet on "My School Portal", "Medical Support Documents" if unable to contact parents/guardian they are emailed with the above information.

The injury and pupil's details are recorded in the Medical Documentation book and on the pupil's CPOMS data.

The pupil is also highlighted on SIMS registers for all staff to see that the pupil is recovering from a head injury. Pupil name will be highlighted in red on SIMS class registers where applicable.

The Grammar School at Leeds ensures that pupils who experience *one or more* of the signs

MEDICAL POLICY FOR GSAL

and symptoms listed below after a bump, blow, or jolt to the head or body should be advised to seek medical advice either via the GP/hospital for further clinical assessment to diagnose possible concussion/injury.

Common minor symptoms after a head injury: -

- Bump or bruise on the exterior of the head post applying an ice pack. Nausea or vomiting once soon after the injury.
- Problems with memory
- Mild headache, younger children may show only irritability. Mild dizziness or stunned
- Alteration in pupils Change in personality
- Loss of appetite – do not force food but ensure good fluid intake. Increased tiredness.
- Lack of concentration.
- Answers questions slowly/repeats questions Confused about events pre/post hit, bump, or fall

Minor head injuries should not require treatment and most children make a full recovery; however, the signs and symptoms of concussion can take time to appear and can become more noticeable during concentration and learning activities in the classroom. For this reason, all staff must remain vigilant and take the appropriate action in reporting any pupil concerns to the school nurses, who will ensure the pupil seeks a hospital review.

- Complains of severe headache or visual disturbance.
- Two or more bouts of vomiting.
- Becomes steadily sleepy or very difficult to wake up.
- Appears confused.
- Cries continuously/becomes irritable and cannot be consoled.
- Becomes unconscious for either short or extended period of time.
- Has a seizure or fit (when the body suddenly moves uncontrollably).

Concussion following a head injury (sports/non-sports related) is unable to be seen and some pupils may not experience or report symptoms until hours or days after the injury. Most young people with a concussion will recover quickly and fully. But for some, concussion signs and symptoms can last for days, weeks, or longer.

If a pupil sustains a head injury of any severity, the school follows the NHS advice for “Head injury and concussion” (April 2018) and the “Return to play guidelines” (September 2018):

- Pupils are advised not to return to school until feeling better
- Not to play contact sports for at least 3 weeks*. This will be recorded via SOCS

*Pupils participating in sport post injury to the head (sports related or non-sports related) will always be at the school's discretion.

The guidelines for assessing a pupil following a sports related head injury

Ask the pupil what has happened if conscious, if not, get information from bystanders.

Do not move if unconscious or possibility of broken limbs/back injury. Is there any blood? Oozing from the ears?

MEDICAL POLICY FOR GSAL

Assess conscious level by talking to pupil? Are they aware of time and place etc.?

If pupil is unconscious or unable to respond to questions, immediately call 999 stating where and what has happened.

Check eye pupil reaction with torch – are eye pupils equal in size and reacting to light? If not, call ambulance.

Do they have a headache? Any bruising can be treated with an ice pack to reduce swelling. Sit quietly until feeling less shaky. Give paracetamol if appropriate.

If no symptoms following injury and after a period of rest, discharge from medical room if happy with condition and give out RFU “Headcase” guide to concussion advice sheet. Contact parents to inform them of the injury.

The Grammar School at Leeds follows the RFU guidelines for concussion.

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common type of brain injury.

All the sports teachers and associated sports staff have completed a sports first aid qualification and the RFU concussion course. The following guidelines are adhered to: Common Early Signs and Symptoms of Concussion

Indicator	Evidence
Symptoms	Headache, dizziness, 'feeling in a fog'
Physical Signs	Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions
Behavioural Changes	Inappropriate emotions, irritability, feeling nervous or anxious
Cognitive Impairment	Slowed reaction times, confusion/ disorientation, poor attention and concentration, loss of memory for events up to and/or after the concussion

(Ref IRB 2013)

Anyone who complains of headache, poor concentration, tiredness and/or nausea who has had an injury outlined above should be suspected of having concussion. They should stop playing sport (if not already done so). If symptoms worsening, they MUST seek medical attention.

Anyone who has concussion (or repeated injury to the head) MUST NOT play for 2 weeks (adult) or 3 weeks at least (if under 19 years old). They should then have a graded return to play (GRTP) when symptoms have subsided. This begins with gentle exercise, moving onto harder training and finally, if symptoms do not return, to contact play. GRTP follows strict guidelines administered by Head of Rugby and laid down by Rugby Football Union. Rugby coaches have all been issued with pocket Concussion Recognition Tool TM.

Helpful websites:

www.englandrugby.com/my-rugby/players/player-health/concussion-headcase

Published Sept 2018

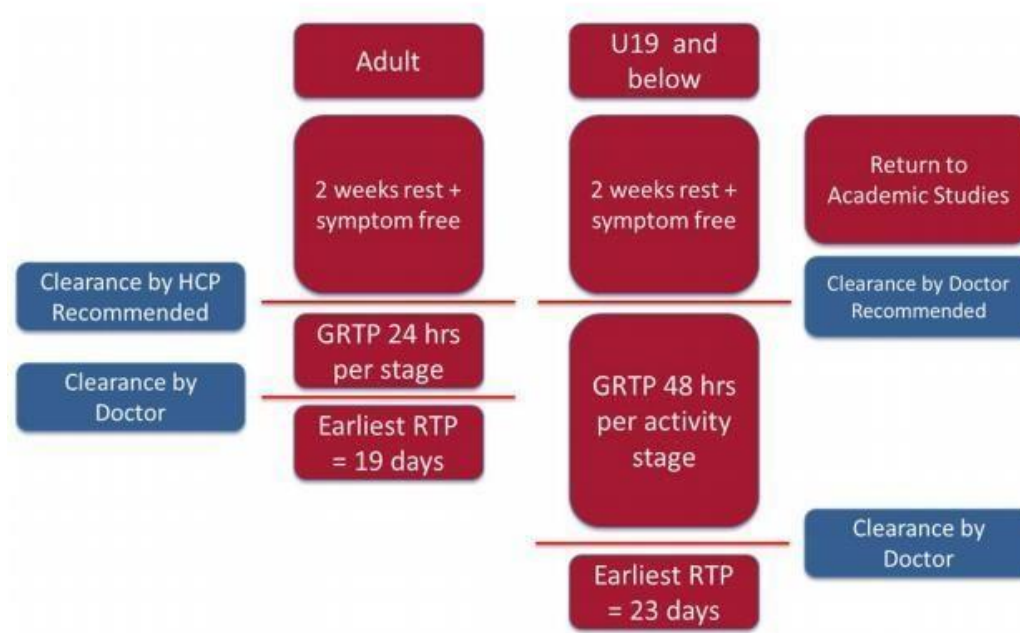
MEDICAL POLICY FOR GSAL

Graded Return to Play



What should players do to return to play (RTP)?

The routine return to play pathway is shown in the diagram below:



A player's age is deemed to be their age as at 1st September.

MEDICAL POLICY FOR GSAL

Routine Immunisations

The Grammar School at Leeds works in conjunction with the Leeds School Immunization Team and Harrogate School Immunization Team who come into school to vaccinate relevant year groups according to guidelines stated by the Department of Health. If a parent requires information regarding vaccinations, they can contact the immunization team directly:

Leeds Community Healthcare NHS
Foundation Trust School Immunisation Team
Child Health
Willow House
St Mary's Hospital
Green Hill Road
Leeds
LS12 3QE 0113 3055224

Harrogate and District NHS
School Immunisation Team
Lancaster Park Road
Harrogate
North Yorkshire
HH2 7SX
01423 885959

NHS Immunisation guidelines

The routine immunisation schedule				from Spring 2016
Age due	Diseases protected against	Vaccine given and trade name		Usual site ¹
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB) ²	MenB ²	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Meningococcal group C (MenC)	MenC	NeisVac-C	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	MenB ²	MenB ²	Bexsero	Left thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
One year old	Hib and MenC	Hib/MenC booster	Menitorix	Upper arm/thigh
	Pneumococcal (13 serotypes)	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO ³ or Priorix	Upper arm/thigh
	MenB ²	MenB booster ²	Bexsero	Left thigh
Two to six years old (including children in school years 1 and 2)	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ⁴	Fluenz Tetra ³	Both nostrils
Three years four months old	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO ³ or Priorix	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm

MEDICAL POLICY FOR GSAL

School Trips

Day Trips, Overnight Trips and Residential Trips require staff to be aware of any special, medical and/or dietary needs for the students in their care. The primary responsibility for providing this information is with the parents/guardian of the students,

For Day and Overnight Trips parents/guardian are asked to respond to the questions asked in the parental letter and consent form.

For Longer Residential Trips the paperwork includes a customized form for parents to complete in detail and with respect to:

Special, medical and dietary needs, pre-existing medical conditions, Consent for urgent medical treatment, in the language of the country/ies to be visited.

A First Aid bag and medication bag is taken on all trips. Residential Trips are, in the first instance, required to have a certificated first aider as a member of the party. Where that is not practically possible, the circumstances are risk assessed with the Assistant Head Co-Curricular and appropriate arrangements and provision are made. A paediatric first aider accompanies EYFS pupils during school trips.

Leaders of all trips are required to report any significant accident during the trip, to do likewise upon return for accidents and near misses. Leaders of Residential Trips are expected to complete a written report within two weeks of return. The accident form must be completed as soon as possible by the member of staff who witnesses the incident or the first person at the scene. Accident forms are located via GSAL World and completed electronically.

Sun Care

Pupils will be encouraged to bring sun cream into to school and to apply this. All Senior School pupils have access to inside common rooms to provide shade. Canopied seating is available in some Primary School play areas. Primary school pupils (EYFS) are encouraged to provide named bottles of sun cream which will be kept in school to be applied during the school day. Staff will assist Nursery pupils with the application of sun cream.

MEDICAL POLICY FOR GSAL

Part 2 - Medicines in school

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example, children with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack. Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

Parents have the prime responsibility for their child's health and should provide school with information about their child's medical condition.

This medicine policy will provide staff, parents and students a sound basis for ensuring the correct and safe administration of both prescribed and over the counter (OTC) also known as homely remedy medicines at The Grammar School at Leeds.

The Grammar school at Leeds follows the Government policy "Supporting pupils at school with medical conditions" and also adheres to the Early Years Foundation (EYFS) stage Statutory Framework 2021.

Liaising with Parents

The school promotes on-going communication with parents in order to ensure that the specific medical needs of all pupils in our care are known and met. Parents/guardian must inform the school Nurse if their child develops a medical condition which will require either prescription or non-prescription medication to be taken at School and of any changes to the medication required.

Parents/guardian are asked to complete a Health Care Plan highlighting individual health care needs within the school environment, particularly those with long-term or complex health requirements. Parents/guardian are asked to inform the school if the health needs alter and require an up-to-date health care plan.

Staff at the School will not administer any medication to a pupil without obtaining prior written permission from his or her parents/guardian.

Where parents/guardian have provided written permission for medication to be administered, staff will document each and every occasion that any medication was given. In primary, including the EYFS, parents will be informed when medicine has been administered and the time it was given on the same day or as soon as reasonably practicable.

Prescribed and non-prescribed medicines

Medicines should only be taken in school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. It is to be noted that medicines prescribed three times a day, the first dose can be taken in the morning before coming to school, the second dose at school before lunch as per prescribed time and the third at bedtime. Prescribed medication required 4 times a day, the

MEDICAL POLICY FOR GSAL

first dose can be taken in the morning prior to coming to school, second dose at school before lunch as per prescribed time, third at home after school (if a pupil is remaining at school for an afterschool activity this dose can be administered with prior notice) and the fourth dose at bedtime.

Staff shall not administer any medication that has not been consented for or prescribed for that particular pupil by a doctor, nurse or dentist.

Staff may only administer non-prescription medication such as analgesia if the parents/guardian have already provided their written consent for this to happen in relation to specific medicines and only if there is a health reason to do so. The dose given to any child needing non-prescribed medication must be in line with the age of the child and will be clearly stipulated on the manufacturer's guidelines on each box/bottle.

Medicines should always be provided in the original container as dispensed by a pharmacist, have the child's name and date of birth clearly labelled and include the prescriber's instructions for administration and dosage. The medication must be written in English and be passed as safe to use therefore included in the British National Formulary (BNF) list of medications. Staff administering medication will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medicine to the pupils. **Medicines that have been taken out of the container as originally dispensed should never be accepted and no changes to dosages can be made.**

Controlled drugs

Controlled Drugs are stored in a secure, lockable cabinet within a lockable cupboard and administered according to instructions from a medical practitioner

The balance remaining should be checked on every new prescription inputted by 2 registered nurses or nurse and first aider.

Documentation of the controlled drug must be maintained to ensure correct dosage is administered and the correct amounts remain in the original packaging. 2 registered nurses or nurse and first aider must both sign the documentation.

Collecting the controlled drug to take home - must be signed for by the parent/guardian stating that they are removing the medication from school.

Disposal of unused controlled drugs should be returned to the pharmacy by the parent.

Administering Medicines

All parental consent forms and other documentation regarding administering medication to pupils during school time can be found on the "My School Portal", "Medical Support Documents".

If a parent/guardian would like a medicine, which can be bought over the counter, to be administered, should it be required, written consent must be obtained by completing the Form "Parental request for School to administer non-prescriptive medication" and returned the form to the School Nurse or Data Manager.

MEDICAL POLICY FOR GSAL

If a pupil requires further medication other than an over-the-counter medicine, no pupil will be given medicines without the parent's/guardian's written consent. "Parental request for School to administer short term prescribed medicines (e.g., Antibiotics)" form must be completed and returned with the medicine to the school Nurse, the information will be logged appropriately onto the pupil's SIMs data and the medication will be locked in a medicine cabinet situated in the Medical Room.

Pupils will be asked to attend the Student Support Services/Medical Room to receive their medication.

Medication prescribed for one pupil should not under any circumstances be given to another pupil.

In extreme emergencies e.g. anaphylactic reaction, certain medicines can be given or supplied without the direction of a medical practitioner, for the purpose of saving life, for example, the administration of an Auto Adrenaline Injector

If a member of staff is in doubt about any procedure, the medication should not be given, but checked with the parents/guardian, School Nurse or other health professional before taking further action.

Medication should be delivered to the Student Support Services/Primary School Medical Room, where it will be logged appropriately for the individual pupil and locked in a medicine cabinet.

Medicines will be administered, as per regime stated on the parent consented forms, by the school Nurse or the delegated member of staff, unless there are special circumstances preventing this.

When a medicine is administered to an individual pupil, it is documented within the particular drug book to ensure relevant records can be provided to parents on request. In addition, as stated above, parents of children in primary including the EYFS will be informed when medicine has been administered and the time it was given on the same day or as soon as reasonably practicable.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent/guardian. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made.

If a pupil is to take responsibility for their own medication, this should be indicated by the parent on the pupil's Healthcare Plan and / or the "Parental Request for Senior School to administer Medicine" Form and / or GSAL Pupil's Personal Details Form, so that the information can be transferred on to the school database.

If children can take their medicines themselves, staff only need to supervise.

If a pupil refuses to take their medication, the school is not empowered to force them to do so.

Record Keeping

Any medication administered will be written in the appropriate medication book and also

MEDICAL POLICY FOR GSAL

logged onto the individual pupil's profile within school data system CPOMS, the name of the medication, dose, and time given and by which member of staff will be documented.

Pupils' medical information is stored on the GSAL database and is updated at least annually, it is important for parents/guardians to inform school as soon as possible if medical needs or emergency contact details alter throughout the year to ensure the school is kept updated.

Where a medical condition presents for the first time during the school year, the relevant information is gathered by the school Nurse, pupil's Form Tutor or Head of Year and then communicated to all relevant parties.

Educational Visits

It is good practice for children with medical needs to participate in safely managed visits and reasonable adjustments may need to be made to enable children with medical needs to participate fully and safely on visits. The arrangements for these children will be incorporated into the trip risk assessment.

Staff supervising excursions should always be made aware of any medical needs and relevant emergency procedures, by parents, prompted by the pre-trip letter to them.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration.

No Pupil will be given medicines without parents/guardian written consent confirming which medicines can be administered during the external trip.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines, such as asthma inhalers.

Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Storing Medicines

Staff should ensure that the supplied medication is clearly labelled in the original packaging in which they were dispensed, together with the prescriber's instructions for administration with the name of the child and date of birth, the name and dose of the medicine and the frequency of administration. Any unlabelled medications or medication removed from its original container will be either returned to parents or destroyed.

Medicines are always securely stored in accordance with individual product instructions. Spare emergency medication such as reliever inhalers and adrenaline pens will be kept in Student Support Services/Primary School Medical Room and clearly named for the individual pupil.

Large volumes of medicines should not be stored. Staff should only store, supervise and

MEDICAL POLICY FOR GSAL

administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.

Where a child needs two or more prescribed medicines, each should be in their original packaging. Parental consent is required for each medication.

Staff should never transfer medicines from their original packaging. Medication arriving into general stock must be recorded to enable audit trail.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term.

If parents do not collect medicines, they should be disposed of via the clinical waste sharps bin and securely closed to ensure safe disposal.

Staff Training

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child, will have access to appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

Staff, including support staff, who need to deal with an emergency, will need to know about a child's medical needs.

The school is responsible for ensuring, under an employer's policy, that work experience placements are suitable for students with a particular medical condition. A risk assessment may be needed before a young person with health needs is educated off-site or has work experience.

Co-ordinating Information

The Head of Year, pupil's tutor and School Nurse can be the first contact for parents and staff, and will liaise with external agencies.

Staff receiving medical information about a pupil has responsibility for sharing this information with the school Database Manager and relevant staff to ensure the pupils medical needs are maintained appropriately.

Confidentiality

Medical information must be treated confidentially. The Principal, the Senior Deputy Head (Pastoral), and/or the school Nurse should agree with the child, where appropriate, or otherwise the parent/guardian, who else should have access to records and other information about the pupil.

MEDICAL POLICY FOR GSAL

Appendices

Appendix 1 – Full list of current staff trained in First Aid

Forename	Surname	Main Location	Qualification	Date of training	Length	Expiry Date	Training Provider
Aidan	Lumb	Senior	1 Day Emergency First Aid at Work Training	21 August 2021	3 Years	21 August 2024	Highfield Qualifications
Kate	Nash	Senior	1 Day Emergency First Aid at Work Training	16 December 2021	3 Years	15 December 2024	Royal Life Saving Society UK
Tom	Bodley	Senior	1 Day Emergency First Aid at Work Training	16 December 2021	3 Years	16 December 2024	Royal Life Saving Society UK
Emily	Binks	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Edward	Chappelow	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Nicholas	Hele	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Adrian	Knowles	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Mark	Pett	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Richard	Reading	Whole School	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Myfanwy	Tekchandani	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Andrea	Walker	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Alicia	Walker	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Victoria	Wilde	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd

MEDICAL POLICY FOR GSAL

Laurence	Wilkinson	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Amy	Yuasa	Senior	1 Day Emergency First Aid at Work Training	06 June 2022	3 Years	06 June 2025	QUALIS Training Ltd
Phillip	Arthur	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Joe	Bentley	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Maria	Collins	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Mike	Dearden	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Janice	Maynard	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Ray	Peacock	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Laurel	Rees	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Scott	Reynolds	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Pippa	Sidwell	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Phillip	Wickham	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Clare	Willey	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Dan	Williams	Senior	1 Day Emergency First Aid at Work Training	08 June 2022	3 Years	08 June 2025	QUALIS Training Ltd
Mark	Donohue	Senior	1 Day Emergency First Aid at Work Training	17 June 2022	3 Years	17 June 2025	QUALIS Training Ltd
Hana	Oldman	Senior	1 Day Emergency First Aid at Work Training	17 June 2022	3 Years	17 June 2025	QUALIS Training Ltd

MEDICAL POLICY FOR GSAL

Gwen	Veitch	Senior	1 Day Emergency First Aid at Work Training	17 June 2022	3 Years	17 June 2025	QUALIS Training Ltd
Lee	James	Senior	1 Day Emergency First Aid at Work Training	04 September 2022	3 Years	04 September 2025	Highfield Qualifications
Chris	Dodd	Senior	16-Hour Outdoor First Aid Course	04 October 2022	3 Years	04 October 2025	ITC First Aid
Bethany	Andrews	Senior	2 Day Emergency First Aid at Work Training	21 August 2022	3 Years	21 August 2025	Highfield Qualifications
John	Bagshaw	Senior	2 Day Outdoor First Aid: Cert N - AC/04/050721	06 July 2021	3 Years	06 July 2024	A Cavill
Alex	Pull	Senior	2 Day Outdoor First Aid: Cert N - AC/04/050721	06 July 2021	3 Years	06 July 2024	A Cavill
Karen	Burns	Primary	2 Day Paediatric First Aid Training	12 July 2022	3 Years	12 July 2025	QUALIS Training Ltd
Sandip	Dhaday	Primary	2 Day Paediatric First Aid Training	12 July 2022	3 Years	12 July 2025	QUALIS Training Ltd
Vikki	Jackson	Primary	2 Day Paediatric First Aid Training	12 July 2022	3 Years	12 July 2025	QUALIS Training Ltd
Tania	Mantilla	Primary	2 Day Paediatric First Aid Training	12 July 2022	3 Years	12 July 2025	QUALIS Training Ltd
Susan	Marsden	Primary	2 Day Paediatric First Aid Training	12 July 2022	3 Years	12 July 2025	QUALIS Training Ltd
Jatinder	Notay	Primary	2 Day Paediatric First Aid Training	12 July 2022	3 Years	12 July 2025	QUALIS Training Ltd
Vidia	Showan	Primary	2 Day Paediatric First Aid Training	12 July 2022	3 Years	12 July 2025	QUALIS Training Ltd
Lyndsay	Bromby	Primary	2 Day Refresher First Aid at Work Training	08 July 2021	3 Years	08 July 2024	QUALIS Training Ltd
Jacqueline	Gale	Senior	2 Day Refresher First Aid at Work Training	08 July 2021	3 Years	08 July 2024	QUALIS Training Ltd
Paula	Kidd	Senior	2 Day Refresher First Aid at Work Training	08 July 2021	3 Years	08 July 2024	QUALIS Training Ltd

MEDICAL POLICY FOR GSAL

Tina	Nutt	Senior	2 Day Refresher First Aid at Work Training	08 July 2021	3 Years	08 July 2024	QUALIS Training Ltd
Rowan	Reed-Purvis	Senior	2 Day Refresher First Aid at Work Training	08 July 2021	3 Years	08 July 2024	QUALIS Training Ltd
James	Veitch	Senior	2 Day Refresher First Aid at Work Training	08 July 2021	3 Years	08 July 2024	QUALIS Training Ltd
John	MacKenzie	Senior	3 Day Emergency First Aid at Work Training	18 December 2021	3 Years	16 December 2024	Royal Life Saving Society UK
Reba	Badkin	Primary	3 Day First Aid at Work Training	24 June 2022	3 Years	24 June 2025	QUALIS Training Ltd
Samuel	Colligan	Whole School	3 Day First Aid at Work Training	24 June 2022	3 Years	24 June 2025	QUALIS Training Ltd
Bronte	Hirst	Senior	3 Day First Aid at Work Training	24 June 2022	3 Years	24 June 2025	QUALIS Training Ltd
Linda	Kitley	Senior	3 Day First Aid at Work Training	24 June 2022	3 Years	24 June 2025	QUALIS Training Ltd
Simon	Knowles	Senior	3 Day First Aid at Work Training	24 June 2022	3 Years	24 June 2025	QUALIS Training Ltd
Alison	Palenski	Primary	3 Day First Aid at Work Training	24 June 2022	3 Years	24 June 2025	QUALIS Training Ltd
Jon	Tyndall	Senior	3 Day First Aid at Work Training	24 June 2022	3 Years	24 June 2025	QUALIS Training Ltd
Craig	Whish	Primary	3 Day First Aid at Work Training	24 June 2022	3 Years	24 June 2025	QUALIS Training Ltd
Emma	Drake	Primary	3 Day First Aid Training	01 September 2020	3 Years	01 September 2023	QUALIS Training Ltd
Jo	Piggott	Primary	3 Day First Aid Training	01 September 2020	3 Years	01 September 2023	QUALIS Training Ltd
Christine	Wilson	Primary	3 Day First Aid Training	01 September 2020	3 Years	01 September 2023	QUALIS Training Ltd
Lawrance	Hunter	Senior	4 Day Emergency First Aid at Work Training	19 December 2021	3 Years	16 December 2024	Royal Life Saving Society UK

MEDICAL POLICY FOR GSAL

Hannah	Nichol	Senior	5 Day Emergency First Aid at Work Training	20 December 2021	3 Years	16 December 2024	Royal Life Saving Society UK
Martin	Knowles	Senior	Emergency First Aid at Work	16 December 2021	3 Years	15 December 2024	Royal Life Saving Society UK
Charlotte	Glass	Senior	Emergency First Aid at Work Training	16 December 2021	3 Years	15 December 2024	RLSS
Paul	Morris	Senior	First Aid at Work	06 May 2022	3 Years	06 May 2025	First on scene
Georgina	Oates	Primary	Full Paediatric First Aid Training	01 May 2021	3 Years	01 May 2024	Tigerlily First Aid Training
Charlotte	Priestley	Senior	IQL Level 2 Award in Pool Lifeguarding, Intervention, Supervision and Rescue. First Aid, Illness and Injury Management in a Pool Environment	31 January 2022	3 years	30 January 2024	RLSS
Courtney	Moss	Senior	Level 3 Award in Emergency First Aid at Work	24 July 2022	3 Years	24 July 2025	Highfield Qualifications
Katie	Halls	Senior	Outdoor First Aid: Cert N - 07022-07260	29 July 2021	3 Years	29 July 2024	T Cain
Mike	Scott	Senior	Outdoor First Aid: Cert N - AL/20220126/16954	26 January 2022	3 Years	26 January 2025	Lakes
Stewart	Cousins	Senior	Outdoor First Aid: Cert N - LFA/20200121/27104	20 January 2020	3 Years	20 January 2023	Lakes

MEDICAL POLICY FOR GSAL

Appendix 2 – Medication consent forms



Non-prescriptive medication consent form

If you would like your child to be given certain non-prescriptive medication as required whilst at school, you must complete the parental consent form below.

Even if you do not give consent, please complete the relevant sections below and return this form to the School Nurse.

Please inform the school immediately in writing, if you wish to remove authorisation for administering any medication.

I **do / do not** give consent for the School to administer non-prescriptive medication if needed, to my child _____ (full name)

- Please **initial** in each box the items that you are happy to be administered to your child and sign the consent below.

Homely remedy medication (Medication which can be bought over the counter)	
Paracetamol (tablet/liquid)	
Ibuprofen (tablet/liquid)	
Antihistamine (tablet/syrup)	
Antihistamine cream	
Antacid (tablet - Senior School only)	
Simple Linctus (cough syrup – Senior School only)	

I give permission for my son/daughter to receive the listed items with the exception of those I have not initialed.

I hereby accept that it is the responsibility of the parents to alert the school immediately of any changes or amendments to the original submission of this form.

Signed

Date.....

MEDICAL POLICY FOR GSAL



Non-prescriptive medication consent form

If you would like your child to be given certain non-prescriptive medication as required whilst at school, you must complete the parental consent form below.

Even if you do not give consent, please complete the relevant sections below and return this form to the School Nurse.

Please inform the school immediately in writing, if you wish to remove authorisation for administering any medication.

I **do / do not** give consent for the School to administer non-prescriptive medication if needed, to my child _____ (full name)

- Please **initial** in each box the items that you are happy to be administered to your child and sign the consent below.

Homely remedy medication (Medication which can be bought over the counter)	
Paracetamol liquid	
Antihistamine syrup	
Antihistamine cream	

I give permission for my son/daughter to receive the listed items with the exception of those I have not initialed.

I hereby accept that it is the responsibility of the parents to alert the school immediately of any changes or amendments to the original submission of this form.

Signed

Date.....

MEDICAL POLICY FOR GSAL



THE GRAMMAR SCHOOL
AT LEEDS

PARENTAL REQUEST FOR SCHOOL TO ADMINISTER SHORT TERM PRESCRIBED MEDICINES (E.G. ANTIBIOTICS)

NAME OF CHILD		Class		Date of birth	
Medical condition or illness					
MEDICINE					
Medicine name /type (as stated on container)	Note: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY AND STATE THE PUPIL'S NAME AND DATE OF BIRTH.				
Date dispensed		Expiry date			
Dosage amount and method		When to be given			Self-administration YES / NO
Side effects	Are there any side effects which the school needs to know about? YES /NO (If YES please provide details)				
Procedures to take in an emergency					
CONTACT DETAILS					
Name		Relationship to child			
Daytime telephone number 1.		Daytime telephone number 2.			
Address					
Name of G.P.		Telephone number			
REVIEW					
Review date / End of medication date		To be initiated by (Name of member of staff)			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to administer medicine in accordance with the school policy.

- I hereby accept that it is the responsibility of the parents to alert the school immediately of any changes or amendments to the original submission of this form.
- I understand that I am responsible for bringing the medication to school and collecting or disposing of it.

Name of Parent /Guardian: _____

Signature: _____ Date: _____

Please return the completed form with the medication to the School Nurse.