



QUORN HALL
SCHOOL

First Aid and Medication Policy

Person Responsible:	Headteacher
Last reviewed on:	Date: February 2024
Next review due by:	Date: January 2025
Created:	Date: October 2012
Revisions:	Date/s: October 2013, October 2015, April 2017, January 2019, November 2020; June 2021; June 2022; December 2022: January 2023

Quorn Hall School is part of Newcome Education, which is owned and operated by Cavendish Education.

This policy is one of a series of school policies that, taken together, are designed to form a comprehensive statement of the school's aspiration to provide an outstanding education for each of its pupils and of the mechanisms and procedures in place to achieve this. Accordingly, this policy should be read alongside these policies. In particular, it should be read in conjunction with the policies covering equality and diversity, Health and Safety, safeguarding and child protection.

All of these policies have been written, not simply to meet statutory and other requirements, but to enable and evidence the work that the whole school is undertaking to ensure the implementation of its core values:

- **'Levelling up'** – We want our children to be able to meet appropriate milestones and age-related expectations, socially, emotionally and academically.
- **Thrive not survive** – We want our children to thrive in school and society, not just survive their adverse childhood experiences.
- **Confidence** – Develop confidence in their abilities and self-image/esteem as learners and members of society.
- **Creativity** – Foster individuality and celebrate differences and create a compassionate and accepting environment. Provide tools that give pupils options, voice, and choice in order to enable them to be creative.
- **Competence** – In their ability to self-regulate and interact with different types of people and overcome the challenges and traumas from the past.
- **Character** – Develop resilience so they see failures or negative situations as a learning opportunity by implementing a growth mindset approach.
- **Compassion** – For pupils and the challenging circumstances they have encountered in both their personal and educational lives.
- **Care** – To overtly demonstrate to pupils that adults do care about them and their futures – every day is a fresh start.

While this current policy document may be referred to elsewhere in Quorn Hall School documentation, including particulars of employment, it is non-contractual.

In the school's policies, unless the specific context requires otherwise, the word "parent" is used in terms of Section 576 of the [Education Act 1996](#), which states that a 'parent', in relation to a child or young person, includes any person who is not a biological parent but who has parental responsibility, or who has care of the child. Department for Education guidance [Understanding and dealing with issues relating to parental responsibility \(Sept 2018\)](#) considers a 'parent' to include:

- all biological parents, whether they are married or not
- any person who, although not a biological parent, has parental responsibility for a child or young person – this could be an adoptive parent, a step-parent, guardian or other relative
- any person who, although not a biological parent and does not have parental responsibility, has care of a child or young person

A person typically has care of a child or young person if they are the person with whom the child lives, either full or part-time and who looks after the child, irrespective of what their biological or legal relationship is with the child.

The school employs the services of the following consulting companies to ensure regulatory compliance and the implementation of best practice:

- Peninsula BrightHR
- Peninsula BusinessSafe (Health and Safety)
- Atlantic Data/Due Diligence Checking Ltd (DBS)
- Educare / National College (online CPD)
- SchoolPro (data protection)
- Marsh Commercial (insurance)
- Neotas (Online searches / Social Media checks)

Quorn Hall School is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, pupils and visitors to share this commitment.

All outcomes generated by this document must take account of and seek to contribute to safeguarding and promoting the welfare of children and young people at Quorn Hall School.

The policy documents of Quorn Hall School are revised and published periodically in good faith. They are inevitably subject to revision. On occasions a significant revision, although promulgated in school separately, may have to take effect between the re-publication of a set of policy documents. Care should therefore be taken to ensure, by consultation with the Senior Leadership Team, that the details of any policy document are still effectively current at a particular moment.

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils, and visitors
- Ensure that staff and governors are aware of their responsibilities regarding health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

Our responsibilities

The Senior Leadership Team will:

- 1) Provide the dedicated time and funding to ensure that a generous proportion of the staff team is trained to deliver First Aid. This means that there will be access to a qualified First Aider on site and during planned educational visits, despite variations in staff working patterns and absence. They will also ensure provision for up to three members of staff to be trained in the safe administration of medication, such as pain relief.
- 2) Ensure that all members of staff are aware of which of their colleagues are qualified to administer first aid and that all members of staff know to refer any medical accidents, incidents or emergencies to a qualified First Aider. A list of qualified persons will be reinforced at the beginning of employment during an induction session and a list can be found on the Google Drive Staff timetable and in the main office and first aid room. This list can also be found at the end of this policy, in Appendix 1.
- 3) Check that all floors of Quorn Hall School are supplied with First Aid kits and that these are inspected regularly (See Appendix 2).
- 4) Approve orders that ensure that First Aid Kits and other essential medical supplies are replaced and efficiently stocked at all times. First Aid kits will be supplied for trips, Forest School and Duke of Edinburgh outdoor pursuits.

Members of the Qualified First Aid Team will:

- 1) Attend an appropriate first aid course every three years and follow the latest information and updated guidelines given on the training course.
- 2) Ensure that the medical room is appropriately stocked and ready to receive an injured person.
- 5) Ensure that appropriately stocked first aid kits are placed at the first aid points and other convenient locations, including the minibus.
- 6) Respond to medical accidents, incidents, or emergencies when requested to do so.
- 7) Make an assessment of the situation and use their training to provide appropriate support and treatment.

- 8) Work within their competency, requesting additional assistance (e.g. paramedics) when they judge this to be necessary.

The wider staff team will:

- 1) Familiarise themselves with the list of qualified First Aiders (Appendix 1) and this policy as part of their induction and ongoing work at Quorn Hall School.
- 2) In the event of an accident causing injury, members of staff must ensure that the injured person is being cared for whilst immediately requesting an appointed First Aider using a walkie/talkie/radio.
- 3) Not move the injured person. When the appointed First Aider has made a judgement on whether it is safe to move the injured person, then they may safely be moved to a first aid point such as the medical room.
- 4)

Parents and carers will:

- 1) Ensure that the school has up-to-date information about the child's medical conditions, including any allergies.
- 2) Provide the school with up-to-date contact details of at least two people who can be contacted in an emergency.
- 3) Explicitly give or withhold permission for the administration of pain relief.

Our Procedures

3.1 Administering First Aid:

Only staff with up-to-date training in First Aid should treat sick and injured children. They have been trained to provide the appropriate level of care and to recognise cases when additional, more specialist support may be needed e.g. paramedics, a visit to the walk-in clinic or the local Accident and Emergency centre.

The authorised First Aid Staff are trained to observe hygiene principles and minimise the risk of infection. Disposable gloves, aprons and masks are made available for use. Disposable gloves to be worn by staff. Any spills of blood or vomit will be wiped up and disposed of using a body fluids disposable kit. Excrement will be flushed down the toilet. Disposable gloves should always be used when cleaning up spills of bodily fluids. Floors and other affected surfaces should be disinfected with safe and appropriate cleaning materials.

Major Accident (Child)

If a major accident occurs injuring a child:

- Do not move the child without advice from a qualified First Aider if a child has suffered a fall/slip etc. and is unable to move around. If able to be moved, the child is to be taken to the Medical/First Aid Room.
- The Headteacher or member of SLT should be alerted and will assess the situation with another First Aider and will decide whether the child needs immediate hospital attention or

whether the child can wait for the parent to arrive.

- If the child needs to go straight to the hospital, an ambulance will be called. The parent will be called and arrangements can be made to meet the parent at the hospital. A member of staff will accompany the child to the hospital and stay with him or her until the parent arrives.
- If the child can wait for the parent to arrive then the parent will be contacted and the child made as comfortable as possible. A member of staff must be with the child at all times until the parent arrives.
- The parent can then make a decision as to whether or not to take the child to the hospital.
- A report of the accident will then be recorded on SchoolPod.
- The Head of Compliance and Headteacher will follow RIDDOR reporting requirements.

Minor Accident (Child)

The injury must be assessed by a First Aider:

- A First Aider treats the injury if necessary and appropriate;
- The child is resettled into their room and observed;
- The incident is recorded and parents are informed.

All accidents must be recorded and reported, including minor cuts and grazes.

Even minor bumps to the head must be reported to the parents or carers by phone and followed up with a written note.

Sickness

If the child has any of the following they must be sent home:

- Temperature and any other symptoms of COVID
- Sickness or diarrhoea
- Unexplained rash

The school will expect parents and carers to follow up-to-date guidance for managing the risk of COVID-19.

For many sickness conditions (see chart below) the pupil should remain home until symptom-free for a period of time depending on the condition. The school refers to the latest [Public Health Guidelines](#) regarding illnesses at school and the spread of infection. Guidance included as follows:

Exclusion table Government Guidance last updated 7/12/2022

This guidance refers to public health exclusions to indicate the time period an individual should

not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT) .
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
	Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the	

day of the test.

Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.
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For more information, see [Managing outbreaks and incidents](#).

Diphtheria*	Exclusion is essential.	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local HPT .
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Always consult with your [UKHSA_HPT](#).

Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT .
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For more information, see [Managing outbreaks and incidents](#).

Glandular fever	None	
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Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA_HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice

from their GP or midwife.

Meningococcal meningitis* or septicaemia*

Until recovered

Meningitis ACWY and B are preventable by vaccination.

[Your local HPT](#) will advise on any action needed.

Meningitis* due to other bacteria

Until recovered

Hib and pneumococcal meningitis are preventable by vaccination. Your [UKHSA_HPT](#) will advise on any action needed.

Meningitis viral

None

Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.

MRSA

None

Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.

Contact your [UKHSA_HPT](#) for more information.

Mumps*

5 days after onset of swelling

Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.

Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA_HPT .
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.

Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.
	Exclusion not required for non-pulmonary or latent TB infection.	Your local HPT will organise any contact tracing.
	Always consult your local HPT before disseminating information to staff, parents and carers, and students.	
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

Major accidents injuring an adult:

If a major accident occurs injuring an adult:

- Do not move the injured person without advice from a qualified First Aider if the adult is unable to move around after a fall, slip or other injury. If the First Aider judges it is safe for them to be moved, the injured person should be taken to the Medical/First Aid Room.
- A member of SLT should be alerted and will assess the situation with another First Aider and the adult concerned. Together they will decide whether the adult needs immediate hospital attention or whether it is safe and possible for them to wait for a partner or friend to support them. All staff have emergency contacts recorded on SchoolPod.
- If the adult needs to go straight to the hospital, an ambulance will be called and their emergency contacts informed. A member of staff will accompany the adult to the hospital and stay with him or her until their emergency contact arrives.
- The Head of Compliance and Headteacher will follow RIDDOR reporting requirements.

Minor accidents injuring an adult:

Staff are encouraged to record all work-based injuries and accidents on SchoolPod, which ensures that the Leadership Team is able to identify and manage new or emerging risks.

3.2 Reporting of accidents

- **Accidents regarding pupils:** The first Aider will take appropriate action and then record the accident as soon as practically possible after the incident on Google Forms / Student Accident. [Student Accident Form](#). The Tutor should inform the parent/carer of all accidents at the end of day unless it is a head injury and a call should be made immediately.
- **Under no circumstances should an original handwritten form be given to the pupil/taxi.** If an incident happens at the end of the school day, an email or phone call will be used to communicate the incident to parents/carers. If the medical accident, incident or emergency is deemed to be anything more than minor*, then a senior member of staff shall ring to inform the parents/carers.
- **Accidents regarding staff members:** Staff should record details of any accidents on Google Forms available on Newcome Connect Page.
- **Google Form then generates reports** which ensure that the Leadership Team can identify and manage risks relating to premises or physical interventions.
- The Senior Leadership Team will fulfil the duty to report qualifying injuries, diseases or dangerous occurrences to the Health and Safety Executive (RIDDOR). The school also will fulfil its obligation to notify Ofsted and Child Protection services, in the case of any serious incident, accident or the death of a child while at school.

3.3 Supporting the management of pupils' medical conditions

Upon admission, we ask for comprehensive details of pupils' medical conditions, allergies and

any medication they need to take to help them manage their condition (in or out of school). Current pupils' profiles are updated on SchoolPod whenever we are informed of changes and contain the details of any medical conditions and current medication. Storing the information on SchoolPod ensures that this information is accessible in cases of emergencies e.g. if we need to share information with paramedics.

The school has a small number of staff who have been specifically trained to administer medication safely. For the school to administer medication:

- Parents must give written authorisation and instructions to the school for medicines to be administered to their children together with a copy of the prescription.
- The medicines must be brought to school in a properly labelled container, which states: (a) the name of the medicine, (b) the dosage and (c) the frequency and timing of administration.
- All medication must be in original NHS prescribed packaging with the child's name and doctor-prescribed dosage.

All administration of medication is recorded and any near misses are recorded and monitored.

In the majority of cases, pupils' personal medication will be stored securely by the Receptionist in line with guidelines and administered to them as required by trained staff.

However, if required by an individual pupil, emergency medication such as epipens and inhalers may need to be kept by the class team for swift administration in emergencies. An individual Risk Assessment and Protocol will then need to be approved by a member of the Senior Leadership Team to describe the protocol for storage and usage and additional staff training may need to be arranged. A sample protocol is included in Appendix 3. At the time of generating this policy, Quorn Hall School has no young people registered as being at risk of anaphylaxis.

3.4 Pain relief

Parents and carers are able to give permission for a small group of trained staff to administer liquid or tablet-form pain relief to their child if requested, or needed. The school keeps a supply of both liquid and tablet pain relief securely onsite. Usually, pupils under 12 years of age will be given liquid pain relief and older pupils will be given capsules or tablets with a drink.

If the parent or carer has previously authorised this, the pupil may make a request for pain relief to the safe handling and administration of medicines designated person. If the request comes close to the pupil's arrival at school then, before the dose is given, the safe handling and administration of medicines designated person should check with the parent or carer that a dose has not already been given at home. ALL doses given to pupils MUST follow the guidelines prescribed by the manufacturer of the medication and UNDER NO CIRCUMSTANCES will any variation be allowed. The safe handling and administration of medicines designated person MUST inform the parent or carer of the time of administering the dose and the amount of the dose via text message or email, to ensure that no 'overdose' can occur.

Just prior to administering any medication to pupils, their temperature will be taken using a hand-held digital foreheading reading device and this temperature MUST be recorded on SchoolPod by the trained member of staff. The dose administered and time must also be recorded.

All administration of medication is recorded and any near misses are recorded and monitored.

Off-site procedures

When taking pupils off the school premises for planned educational visits, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Access to parents' contact details

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises. This risk assessment will indicate the named member of staff who is trained in First Aid. At least one member of staff accompanying the offsite educational visits will have had the appropriate First Aid training.

In the case of a pupil leaving the site without permission, the member of staff following them will take a 'Grab Bag' from Reception which includes a mobile phone, enabling them to stay in touch with the school and a basic First Aid Kit.

Monitoring Procedures

The purpose of monitoring is to improve practice, safety and wellbeing, learning from incidents and near misses. Data on accidents, injuries and illnesses requiring First Aid or Medication are reviewed weekly by the Senior Leadership Team so that patterns are identified and risks can be managed. Where improvements can be made to reduce the risk or frequency of accidents, the Senior Leadership Team and Governing Body will then monitor the impact of those actions taken over time to see that the risk is indeed reducing or if further alternatives need to be considered. The Governing Body also requires a termly report in relation to Health and Safety, including any RIDDOR reports.

APPENDIX 1

Staff qualified to give First Aid: Reviewed Feb 2024

Anna Fitzpatrick - St John Ambulance Emergency First aid at work valid until May 2026

Tom Harrup -

Charlotte Anderton

Emma Brookes

Katrina Cartwright

Holly Cording – Epi-Pen Trained

Sally Dicken

Jodie Edwards – First Aider

Jamie Grover – First Aider

Sharon Hulatt – Epi-Pen trained

Donna Jordan - Lower School

Ella Parodi

Aysha Qureshi –Epi-Pen trained

Heidi Ritchie – Epi-Pen trained

Julie Wells – Epi-Pen Trained

Lydia Wells

Staff trained in the safe administration of medication:

Anna Fitzpatrick

Heidi Ritchie

Lois Huse

Nicola McManus

Donna Jordan

Lucy Collington

APPENDIX 2

Locations of First Aid Kits:

Reception/Main Office: Fully equipped/stocked First Aid Kit plus “Grab bag” containing a mobile phone and basic first aid kit.

The Medical Room: Fully equipped with all the stock needed.

The Kitchen: Fully stocked with extra essentials for burns and scalds.

The Food Technology Room: Fully stocked first aid box with extra essentials for scalds and burns.

The Science Lab: Fully equipped with extra essentials for burns, scalds, and eye injuries.

The Lower School Kitchen Area: Fully equipped First Aid Box, stored in the kitchen area.

Room 21 : Small first aid kit.

Forest School - First aid kit readily available in forest school.

Mini Buses - First Aid kit in each Bus.

APPENDIX 3

This sample procedure in the event of Pupil X experiencing an Anaphylactic Reaction assumes that the condition is known to the school and that staff have received specialist training in supporting young people experiencing anaphylaxis and administering adrenaline through a prescribed Epi-Pen.

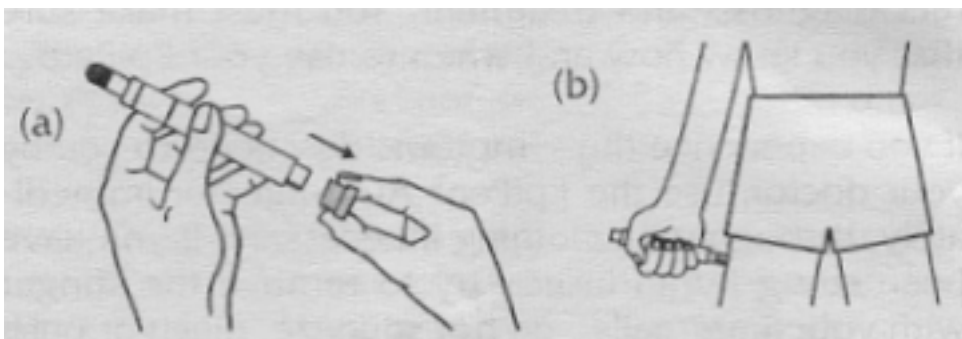
- 1) First Aider or trained member of staff to administer the epipen
- 2) Ask the Receptionist to:
 - Dial 999 and call an ambulance;
 - Give the pupil's name and inform them that they are suffering an Anaphylactic Reaction;
 - Call the pupil's parents and inform them;
 - A second dosage will be given after ten minutes if the ambulance has not arrived and their condition has not improved.

Epi-Pen Treatment – Injectable Adrenaline

Staff working with Pupil X should be regularly trained on anaphylaxis and treatment.

Directions for use are:

- Pull the end off, i.e. the grey cap;
- Hold onto the muscle at the top of the leg, i.e. thigh;
- Aim the pen. It must be placed **OUTSIDE THE THIGH AND LEFT** (see below):



- Press down on the top of the pen: this will click which in turn will push the needle into the leg;
- Count slowly to ten: this allows the adrenaline to be absorbed;
- Withdraw needle, i.e. pull the epipen away;
- Look for a positive response. **YOU CAN INJECT A SECOND DOSAGE AFTER TEN MINUTES IF REQUIRED;**
- Confirm that an ambulance has been called.