

ABINGDON
HOUSE SCHOOL

First Aid and Medication Policy

Responsible Person: Senior Administrator

Last Review Date: August 2024

Next Review Date: August 2025

Abingdon House School 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 students 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, promoting British values, 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, our '4 Cs':

Character

Creativity
Confidence
Competence

While this current policy document may be referred to elsewhere in Abingdon House 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](#) 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 BrightSafe (Health and Safety)
- Atlantic Data (DBS)
- Educare (online CPD)
- SchoolPro (data protection)

Abingdon House 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 Abingdon House School.

The policy documents of Abingdon House 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.

1 Introduction

This policy is based on the guidance collection [Health protection in education and childcare settings](#).

The guidance collection provides advice on:

- preventing the spread of infections
- which diseases to vaccinate for
- how long to keep children away from school
- managing infectious diseases
- cleaning the environment

2 Understanding infections

In accordance with the guidance [What infections are, how they are transmitted and those at higher risk of infection](#), the school:

- understands the principles of how infections spread - “airborne or droplet spread” (eg respiratory infections) and “direct contact spread” (eg head lice, norovirus) - and uses this understanding to inform
 - the management of the school environment and of students and staff, and
 - the PSHE educational programme
- understands and takes practical account of the fact that some groups may be more vulnerable to infections eg
 - those who are immunosuppressed
 - those who are pregnant
- manages infectious individuals appropriately (see below)

3 The Management of infectious individuals

The school operates a policy of excluding individuals from the workplace while they are likely to be infectious. This is in accordance with the government’s [Children and young people settings: tools and resource](#) and [Managing specific infectious diseases: A to Z](#). The school is clear that this is always a medical

exclusion, and is never to be confused with a disciplinary exclusion for either staff or students.

Where appropriate, the school supports medically excluded students by providing academic work.

The absence from work of medically excluded employees is dealt with in accordance with the school's Staff Absence Policy.

Medical exclusion may cause some people to feel isolated or anxious. In these situations, the school considers signposting them as appropriate to mental health and wellbeing support services:

- [NHS Every Mind Matters website](#)
- [Children's mental health – NHS Every Mind Matters](#)
- [Staff EAP Health Assured Portal](#)

The school takes full account of the guidance:

- [Managing specific infectious diseases: A to Z](#)
- [Specific settings and populations: additional health protection considerations](#)

4 Preventing and controlling infections

In accordance with the guidance [Preventing and controlling infections](#), the school implements the following policy and procedures.

4.1 Hand hygiene

- all individuals have access to liquid soap, warm water, and paper towels. Bar soap is not used
- alcohol hand gel can be used if hands are not visibly dirty; alcohol hand gel is not effective against organisms that cause gastroenteritis, such as [norovirus](#)
- all individuals are advised to [clean their hands](#) after using the toilet, before eating or handling food, after playtime and after touching animals
- all cuts and abrasions are to be covered with a waterproof dressing
- students and staff are educated on why hand hygiene is so important

4.2 Respiratory and cough hygiene

- school rules forbid spitting
- all individuals are actively encouraged to follow [respiratory hygiene and cough etiquette](#)
- students and staff are educated on why respiratory hygiene is so important

4.3 Cleaning

- the school implements an appropriate cleaning regime
- in the event of an outbreak of infection, the school consults and follows the

advice of the local UKHSA health protection team (HPT) in respect of enhanced or more frequent cleaning and / or other adjustments

4.4 Toileting and sanitation

- toilet facilities are provided in accordance with
 - [ISSR Part 5 Paragraph 23](#)
 - [the ISSR Guidance](#)
 - [Standards for School Premises](#)
 - [National Minimum Standards for Residential Special Schools 9.3](#)
 - [National Minimum Standards for Boarding Schools 4.3](#)
- toilet facilities have
 - hand wash basins available, with warm running water
 - a mild liquid soap, wall-mounted with disposable cartridges
 - disposable paper towels next to basins in wall-mounted dispensers
 - nearby foot-operated wastepaper bin
 - toilet paper available in each cubicle
 - sanitary disposal facilities as appropriate

4.5 PPE (Personal Protective Equipment)

- the school provides staff with PPE as circumstances require in the context of dynamic and long-term risk assessments where there is a risk of splashing or contamination with blood or bodily fluids during an activity
- the school does not conduct aerosol generating procedures (AGPs)

4.6 Safe management of the environment

- the school keeps occupied spaces well ventilated
- keeping animals on site
 - dogs in the workplace are subject to the school's Dog Policy
 - pet animals are the formal responsibility of a nominated staff member(s) who acts in accordance with the [Animal Welfare Act 2006](#), ensuring that animal welfare needs are met
 - farm animals are kept and managed in accordance with the school's farm management plan
 - the school does not keep reptiles on campus (as all species can carry salmonella)
- safe management of linen and soft furnishings in school
 - where soft furnishings are used, the school's preference is for furnishings that have a wipeable surface
 - laundry facilities
 - are located separately from food preparation areas
 - have appropriate hand washing facilities
 - have a washing machine with a sluice or pre-wash cycle
 - linen:
 - linen is washed at least weekly and when visibly dirty
 - bedding is allocated to a named person
 - students are not allied access to areas where there is dirty and used linen

- soiled (blood or faeces) clothing or linen are disposed of appropriately
- all linen is washed at the hottest temperatures specified on the fabric
- fresh linen is kept in a clean, dry area separate from used linen
- safe management of blood and bodily fluids are managed in accordance with [Preventing and controlling infections](#), including
 - cleaning blood and bodily fluid spills wearing PPE
 - managing cuts, bites, nose bleeds and bodily fluid spills by nominated first aiders who are appropriately trained.
- safe management of waste including sharps
 - all waste produced is dealt with by a licensed waste management company
- managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)
 - if someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin, the responsible person(s) in the school:
 - disposes of the needle safely in a sharps container
 - washes the wound thoroughly with soap and warm running water
 - covers the wound with a waterproof dressing
 - seeks immediate medical attention or advice from the local accident and emergency department or occupational health provider
 - records it in the accident book and complete the accident form

5 Supporting immunisation programmes

In line with [Supporting Immunisation programmes](#), the school supports the work of School Age Immunisation Service (SAIS) delivering school-based immunisation programmes by hosting the SAIS team and helping them with aspects of the vaccination process, including:

- providing space and time in the timetable for vaccination
- reminding staff and students about the date of the immunisation session(s)
- sharing information leaflets and consent forms with parents or carers
- providing a list of eligible students and their parent or carer's contact details to the SAIS team

6 Review of implementation

The implementation of this Policy is reviewed annually by the school's Senior Leadership Team in consultation with staff and a report is made to the Governance Body.

The school may submit to Cavendish Education proposals for amendments to this Policy.

Legislation and Guidance

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Health and Safety: responsibilities and duties for schools \(April 2022\)](#) which state Pupils should be safe in school and when undertaking out of school activities. The risk management to keep them safe should be proportionate to the nature of the activities.

First Aid Policy, Accident & Emergency Procedure

First Aiders and First Aid Training

Onsite First Aiders:

Mrs Claire Essien
Mr H El-Turk
Mrs K Franklin
Mr J Pennycook
Ms G Tison

Updated training is completed every 3 years.

Training for other staff is provided through Educare.

Nearest A&E Hospitals

0.7 miles: University College Hospital, 235 Euston Road, London NW1 2BU 020 3456 7890

1.0 miles: St Mary's Hospital, Praed Street, Paddington, London W2 1NY 020 3312 6666

2.0 miles: St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH 020 7188 7188

Dial 999 if immediate assistance is needed for a serious accident or incident. Make the call, do not assume that someone else is calling.

Children requiring first aid or children who are sick in the first instance to the School Administrator for appropriate attention in the first aid room.

- There is always at least one first aid trained member of staff in school when students are present;
- All members of staff with first aid training are responsible for the care of children who are unwell or hurt in an accident. One member of staff with first aid training must be on site until all children have left;
- Any accident is to be recorded in the Accident Book which is kept in the School Office;

- Any child who is a cause for concern will immediately have their parents contacted by the Headteacher or the Appointed Person;
- First Aid equipment is kept in the School Office.
First aid boxes can also to be found on the:
1st Floor - Medical Room
2nd Floor - Therapy Room
3rd Floor - Teaching Base
3rd floor - Attic
The School Administrator is responsible for the upkeep of all first aid boxes;
- A first aid box is to be taken on school trips and any activity away from the school premises (e.g. break and lunch park visits).

Hygiene

Disposable gloves are made available for use. They are also in each first aid box.

To prevent the spread of infection, adults will ensure that the following good practices are observed:

Disposable gloves to be worn by staff at all times. 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 are always used when cleaning up spills of bodily fluids. Floors and other affected surfaces are disinfected daily with safe and appropriate cleaning materials.

The Assistant from each class is responsible for cleaning up after a child has been ill, ensuring that hygiene procedures are followed. Disinfectant, protective gloves and cleaning equipment are kept in the School Office.

Sickness

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

- Temperature;
- Sickness or diarrhoea
- Unexplained rash

Any child receiving a bump to the head, the parent is automatically telephoned by the School Administrator. If we suspect a student has conjunctivitis, head lice or other condition that could spread to other children, we will ring home and request urgent intervention by the parents in order to prevent an outbreak at school.

Please note that a child cannot be sent home until the Headteacher or, in their absence, the Deputy, has been consulted. For many sickness conditions (such as diarrhea or vomiting) the student should remain home until symptom free for a period of time (usually 24-48 hours

depending on the condition). The school refers to the [Public Health Guidelines](#) regarding illnesses at school and the spread of infection.

Students With Particular Medical Conditions

Students who have particular medical conditions (i.e. asthma, epilepsy, diabetes etc) have all information pertaining to their condition held on a Medical Form in their personal file. This will cover medication required in school as and when appropriate including information, if appropriate, for ambulance crew to attend the child in an emergency.

Epilepsy

Parents of students with epilepsy will be required to give the school an Epilepsy Plan which is specific to each child. The plan should be drawn up by a medical professional and state the types of seizure the child may have, any early warning signs, an after-care plan, and details of any medication.

If a student has a seizure during school hours the following actions should be completed:

- The member of staff with the student should immediately call the school office and start timing the seizure.
- **An ambulance must be called for a seizure that lasts longer than five minutes or repeats in quick succession.**
- For a seizure that involves any physical actions (i.e. tonic clonic) the class TA should remove the remaining students to another room. They should be reassured that the school knows how to deal with the seizure.
- Whilst the seizure is taking place staff should ensure the safety of the student by moving any obstacles near them, cushion the head where possible and observe them throughout. If possible the student should be reassured that they are being looked after.
- When the seizure has finished the student should be reassured and re-orientated. If necessary the student should be put in the recovery position.
- If the student has emergency medication this should be administered by the school office staff.
- The Seizure Recording Chart should be completed with as much detail as possible. Any staff involved should carry out a debrief of the systems that have occurred.
- After any seizure, parents should be called and the student sent home to recuperate.

Medication will be kept in the school office and checked regularly in line with the medication processes outlined below.

Major Accident to Child

If a major accident occurs the procedure is as follows (protective clothing (gloves) must be worn):

- Do not move without medical advice 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 First Aid Room;
- Notify the Headteacher or Person in Charge (if the Headteacher is not available);
- The Headteacher or Person in Charge 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 hospital, an ambulance will be called. The parent will be called and arrangements will be made to meet the parent at the hospital. A member of staff will accompany the child to 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;
- It will then be the parent's decision whether or not to take the child to hospital;
- A report of the accident will then be recorded in the Accident Book and a copy given to the parent;
- The Headteacher will decide as and when appropriate for the need to refer to following the guidance of RIDDOR (Reporting of Injuries Disease or Dangerous Occurrences Regulations).

Minor Accident to Child

If a minor accident occurs the procedure is as follows (protective clothing (gloves) must be worn):

- The child is taken to the Office;
- The injury is assessed by a First Aider and if necessary the Headteacher or Person in Charge if the Headteacher is not available, is called;
- A First Aider treats the injury;
- The child is resettled in to their room and observed;
- The incident is recorded in the Accident Book and a copy given to the parent.

Any injuries to the head must be dealt with as follows:

- First Aid treatment;
- Class Teacher notified (so they can follow it up in case there are issues later on in the day);
- A phone call home to parents to inform them that an accident with head injury has occurred.

If a child is sent home due to an accident, this must be recorded in the Accident Book in the Secretary's Office.

Very Minor Bumps and Bruises

These must be recorded in the Accident Book in the Secretary's Office.

Parents are informed in writing and by phone call of any injury to the head.

Accidents to Adults

Minor Accidents will be treated as above.

Major Accidents:

- The Person in Charge is notified who will, with another First Aider, assess the situation and decide whether the adult needs immediate hospital attention or whether the situation can be dealt with by the adult concerned;
- If the adult needs to go straight to hospital, an ambulance will be called;
- The adult emergency contact or a person of their choosing or, where necessary, the next of kin (list held in the School Office), will be telephoned and if possible arrangements made for them to meet the adult at the hospital;
- A report of the accident will then be recorded in the Accident Book and a copy given to the adult concerned.

The Headteacher must decide if the matter is reported to Cavendish - following Cavendish Guidelines.

1. RIDDOR

Below is a reminder about the rules for reporting injuries to [RIDDOR](#).

Two things to keep in mind, please:

- If you have any uncertainty, please have a chat with [Stephen](#)
- If you do make a RIDDOR report, please copy [Stephen](#) in to the report at the time of making it

1.1 RIDDOR reporting - adults

Injuries and ill health to people at work

Under RIDDOR, the responsible person must report the following [work-related accidents](#), including those caused by physical violence, if an employee is injured, wherever they are working:

- [accidents which result in death](#) or a [specified injury](#) must be reported without delay (see 'Reportable specified injuries');
- [accidents which prevent the injured person from continuing their normal work for more than seven days](#) (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

The responsible person must also report any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing (see 'Reportable diseases').

You can find detailed guidance about RIDDOR reporting and online reporting procedures at www.hse.gov.uk/riddor/report.htm.

Any **RIDDOR** has to be reported to the board within 24 hrs using the [link](#).

If you are in control of premises, you are also required to report any work-related deaths and certain injuries to [self-employed people](#) that take place while they are working at the premises.

Reportable specified injuries

These include:

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which:

- cover more than 10% of the body; or
- cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness; or
 - requires resuscitation or admittance to hospital for more than 24 hours.

Physical violence

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a [physical injury, not a psychological reaction](#) to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

Reportable occupational diseases

Employers must report occupational diseases when they receive a [written diagnosis from a doctor](#) that their employee has a reportable disease linked to occupational exposure.

These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis, eg from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, eg from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Stress

Work-related stress and [stress-related illnesses](#) (including post-traumatic stress disorder) [are not reportable](#) under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

1.2 RIDDOR reporting - **students**

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- [the death of the person, and arose out of or in connection with a work activity](#); or

- an injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to employees.

If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is **not reportable**.

How do I decide whether an accident to a pupil ‘arises out of or is in connection with work’?

The responsible person at the school should consider whether the incident was caused by:

- a **failure in the way a work activity was organized** (eg inadequate supervision of a field trip);
- the **way equipment or substances were used** (eg lifts, machinery, experiments etc); and/or
- the **condition of the premises** (eg poorly maintained or slippery floors).

So, if a pupil is taken to hospital after breaking an arm during an ICT class, following a fall over a trailing cable, the incident would be reportable. If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity.

This means that many of the common incidents that cause injuries to pupils at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting **where an accident results in a pupil’s death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.**

What about accidents to pupils during sports activities?

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is **whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity**. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable.

Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or

- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

What about accidents to pupils in a playground?

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- the [condition of the premises or equipment](#) was poor, eg badly maintained play equipment; or
- the school had [not provided adequate supervision](#), eg where particular risks were identified, but no action was taken to provide suitable supervision.

Physical violence

[Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.](#)

Other scenarios

Injuries to pupils while traveling on a school bus

If another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR.

However, you do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

Incidents involving pupils on overseas trips

RIDDOR only applies to activities which take place in Great Britain. So, [any incident overseas is not reportable](#) to HSE.

Incidents to pupils on work experience placements

If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

Administration of Medicine during School Hours

From time to time, parents request that the School should administer medicine to children. All medication must be handed into the main office for safe storage.

These requests fall into two categories:

1. Children who require emergency medication on a long term basis due to the chronic nature of their illness (such as asthma or epilepsy) or have medication for ADD, ADHD;
2. Children who are suffering from 'casual' ailments (such as coughs or colds).

Generally, no member of staff will administer medicine to children unless authorised to do so. The Administration Team is responsible for overseeing and authorising the administration of medication.

If a child needs a single dose of medicine at lunchtime, the child must come to the School Office to receive a single dose application. If a parent brings medication into school they have to give written authorisation, with the dose and time the medication is to be given to the student.

If it is unavoidable that a child has to take medicine in school for treatment of a long-term illness, then each individual case will be considered. Teachers are not required to dispense medicines as part of their contracts and any involvement would be purely on a voluntary basis. While students are on site, medication administration will occur in the main office, by the administration team.

For the school to agree to assist in long term medication:

- Parents must give written authorisation and instructions to the school for medicines to be administered to their children. This must include instructions regarding dosage and frequency;
- Prescribed medication must be in original NHS prescribed packaging with the child's name and doctor prescribed dosage;
- Non-prescription medicines should be in their original packaging with written consent and information for administration.
- Medicines will be kept in the School Office in a locked First Aid cabinet and dispensed by the School Secretary. In the secretary's absence the Headteacher would assume this role. Where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance.
- Student medication must be properly labelled in an individual container, which states: (a) the name of the medicine, (b) the dosage and (c) the time of administration;

- Student emergency medication is kept in the main office and taken off site for a trip and any outdoor activities.

Records of daily medication administration are kept in the main office.

School Trips, Residential Trips and Outdoor Activities

If off site for a trip or activity, the office will provide the trip leader with the medication and instructions for administering.

Allergies and Dietary Requirements

If a dietary or medical requirement has been stated on a student's Health Form, the parents are required to complete a Dietary / Medical Form. The School Secretary will distribute these to all new parents at the start of term. Once this has been completed and returned, this will be kept in the Dietary / Medical File in the School Office.

Parents must inform the main office of any changes to allergies or dietary requirements for their child. This paperwork is first completed upon admission to the school, and it is the parent's responsibility to update the school around changes to their child's situation.

A list of students with allergy and dietary requirements is in the office and the kitchen.

Anaphylaxis

Anaphylaxis (nut allergy) is a condition, which appears to be on the increase. It is difficult to diagnose in advance and is often discovered only when a child eats a nut for the first time. For this reason, we ask all parents to observe strictly the following rule:

NO NUTS OR NUT PRODUCTS OF ANY SORT ARE TO BE BROUGHT INTO THE SCHOOL.

Peanut butter is particularly hazardous, as even contact with a person who has eaten peanut butter can provoke a reaction. Please be vigilant about any food coming into school; snacks, lunch, birthday cake, cake sales, etc.

Procedure in the event of an Anaphylactic Reaction

Ask someone to ask the Office Staff to:

- Dial 999 and call an ambulance;
- Give the student's name and inform them that they are suffering an Anaphylactic Reaction;
- Call the student's parents and inform them;
- While awaiting medical assistance, staff will administer the EpiPen;

- A second dosage will be given after ten minutes if the ambulance has not arrived and his/her condition has not improved.

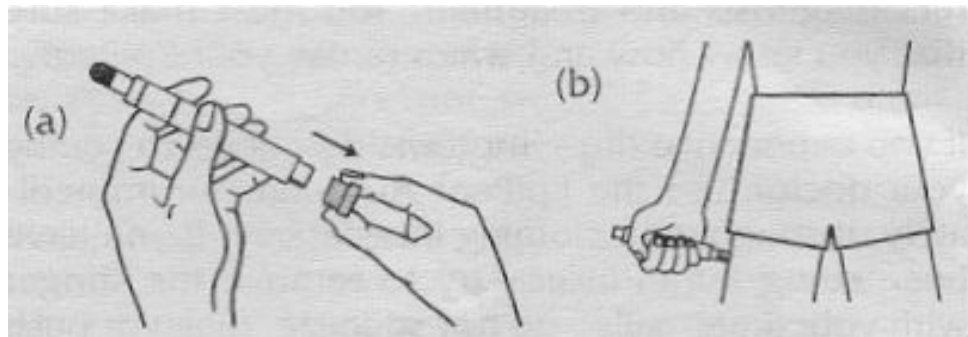
Epipen Treatment - Injectable Adrenaline

Student Epipens are stored in the school office and taken off site for a trip and any outdoor activities.

Staff are 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.

Appendix 1.

**ABINGDON HOUSE SCHOOL
ADMINISTERING MEDICINES – PARENTAL REQUEST FORM**

In order for a child to receive prescribed medicines or over the counter remedies (e.g. antibiotics or anti-motion sickness remedies), the form below must be completed and signed by the child's parent. **Staff cannot administer prescribed medicines without written permission** and any such medicine or over the counter remedy supplied to the school must have been dispensed by a UK licensed pharmacist. The pharmacist's label showing the child's name, date and the prescribed dosage must be visible. In order to make the medicine(s) more readily visible these should additionally be **prominently marked in large capitals** with the child's name. The School will make every effort to comply with a parent's request but cannot accept responsibility should it fail to do so.

To be completed by parent/guardian:

Full name of child (in capitals):

Name of parent/guardian:

Full name of prescribed medicine/lotion:

First dose due in school/day care:

Date:

Time:

Quantity:

Second dose due (if applicable):

Date:

Time:

Quantity:

Subsequent dates on which medicine

is to be administered (if applicable):

Date for last dose(s):

I request the school to administer the doses of the medicine(s) as shown above, supplied, I confirm, by a UK licensed pharmacist.

Date:

Signature: