



## First Aid Policy

(Whole School Including EYFS)

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<b>Responsible:</b>	Director of Operations		

## **1. Introduction**

- a. The school will endeavour, whenever possible, to support children with medical needs.
- b. The school has a First Aid office from which a Welfare Officer and a qualified nurse work. The School Nurse or Welfare Officer is on duty from 08:00 to 17:30 every day the school is open to pupils and are available to administer first aid, deal with any accidents or emergencies, or help if someone is taken ill. The school also has a number of members of staff who are trained and qualified as First Aiders and Paediatric First Aiders, and are capable of giving first aid if, for example, a pupil is injured during sport or on an educational visit.
- c. The school has a defibrillator that is kept in the School Office.
- d. First aid boxes are placed in all the areas of the school where an accident is considered possible or likely (such as the Sports Hall, swimming pool, Science Lab, DT Workshop and Art Room). First aid boxes are always taken by staff when groups of pupils go out of school on organised trips or to participate in sporting events.
- e. All new pupils (and staff) are given information on where to go for help in the event of an accident as part of their induction into the school. There are first aid notices around the school.
- f. The school keeps records of all accidents and injuries, and has a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimise the likelihood of recurrence.
- g. The school will always contact parents if their child suffers anything more than a minor injury, or if he or she becomes unwell, or if there are any concerns about their health. Parents should not hesitate to contact the school at any time if they wish to discuss any concern that they may have relating to their child's health. The school observes confidentiality in all health concerns.
- h. The Governors and Headmaster accept their responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing First Aid for employees, pupils and visitors within the school.
- i. The Governors are committed to this procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

## **2. Statement of First Aid Organisation**

The School's arrangements for carrying out the policy include the following key principles:

- I. Places a duty on the Governing Body to approve, implement and review this policy
- II. Places individual responsibility on all employees
- III. To report, record and where appropriate investigate all accidents
- IV. Record all occasions where first aid is administered to employees, pupils and visitors
- V. Provide equipment and materials to carry out first aid treatment

- VI. Make arrangements to provide training for employees, maintain a record of that training and review annually
- VII. Establish a procedure for managing accidents in school which require first aid treatment
- VIII. Provide information for employees on the arrangements for first aid.

### 3. Arrangements for First Aid

#### a. List of Qualified First Aiders

An up to date list of qualified First Aid trained members of staff is maintained and displayed in Pre Prep, the School Office, School Kitchen, and staffroom.

#### b. Training

Nominated First Aiders, the School Nurse and Welfare Officer are appropriately trained. First Aid training is the overall responsibility of the Director of Operations and the School Nurse and Welfare Officer who have oversight. HR are responsible for booking staff onto appropriate courses. First Aiders will require refresher training at the appropriate time to ensure that their qualification remains valid. Training course statements and/or certificates are to be held in personnel files and registered on iSAMS. The School Nurse and/or Welfare Officer are to review the lists of trained persons every term to ensure they are in date and refresher training is planned in advance. All first aid certificates are held in the First Aid Office.

### 4. EYFS

See [EYFS Policy](#)

### 5. Staff Taking Medication

Staff must take medical advice if they are taking medication which may affect their ability to care for pupils, and any staff medication must be securely stored at all times.

### 6. Arrangements for Sporting Activities

- a. Games staff supervising activities remotely from the main school buildings are to take a walkie talkie with them in case of emergency.
- b. A first aid kit is taken out to a central point on Oakmead and the Cricket pitch each Games session for administering first aid. In addition, first aid kits are located at the Cricket Pavilion.
- c. In the case of away matches, the School Nurse and/or Welfare Officer prepare specific first aid kits for individuals named on the team list and the member of staff taking the team collects this, and a regular first aid kit, from the School Nurse/Welfare Officer prior to departing.

### 7. Materials, Equipment and Facilities

- a. The location of first aid boxes in the school is as follows:

Kitchen  
Sports Hall

Swimming Pool  
Cricket Pavilion

Astro  
DT Room

Gym	St. George's Hall	School Office
Music Block (small kitchen)	Staff Room	Pre Prep
Science Labs	Oakmead (kitchen)	All Mini Buses

- b. In addition, there are 8 travel kits available for trips and matches. The contents of these boxes vary according to location and will be checked at least every half-term by the School Nurse and/or Welfare Officer. Use of an item from a travel kit should be reported to the School Nurse and/or Welfare Officer so it can be replaced.
- c. The School Nurse / Welfare Officer retain a log of the contents of each first aid box/kit.
- d. The School Nurse and Welfare Officer are responsible for all record keeping on first aid.
- e. In compliance with The Education (School Premises) Regulations 1996, the Governing Body will ensure that a room will be made available for medical treatment. This facility will contain the following and be readily available for use.
  - I. sink with running hot and cold water;
  - II. drinking water and disposable cups;
  - III. paper towels;
  - IV. smooth-topped work surfaces;
  - V. a range of first aid equipment and proper storage;
  - VI. chairs;
  - VII. a couch with water-proof cover, blankets and pillows;
  - VIII. soap and hypoallergenic antiseptic;
  - IX. clean protective garments for First Aiders;
  - X. suitable refuse container (foot operated) lined with appropriate bag for its use;
  - XI. appropriate record keeping systems and facilities;
  - XII. a walkie-talkie; and
  - XIII. a telephone.

## 8. Clinical Waste Management

- a. The legal definition of Clinical Waste is given in the Controlled Waste Regulations 1992 as:

"any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or in the collection of blood for

transfusion, being waste which may cause infection to any person coming in contact with it".

- b. The safe disposal of clinical waste is a shared responsibility of the school nurses and the Head Caretaker. Approved 'yellow' bags must be used for the temporary storage of such waste in clearly defined and safe areas prior to removal from the school by an authorised contractor.

## **9. Procedures for Dealing with a Spillage of Body Fluids**

In the event of body fluid spillage, all pupils and staff are kept away from immediate area and caretaking staff are contacted. Members of the caretaking staff are equipped to deal with and dispose of body spillages in the correct manner, for example, by wearing protective gloves, using sawdust to absorb fluid, disposing of such in a yellow clinical waste bag, and disinfecting the area.

## **10. Procedures for Dealing with Bumps to the Head, Head Injury and Concussion**

### **a. Minor Bump to Head**

A minor bump to the head is a frequent occurrence in children, particularly those of primary school age. If a child has no bruising, swelling, abrasion, dizziness, headache, nausea or vomiting, and the pupil appears well, then the incident will be treated as a 'bump to the head' rather than a 'head injury'.

Treatment in school:

- Pupil to be assessed by a first aider, School Nurse or Welfare Officer
- Observe if pupil begins to display head injury symptoms or first aider is concerned then they will be sent to School Nurse/Welfare Officer for further assessment, if there is no change during the observation then pupil will be returned to normal lessons
- An Accident Form is to be completed and it will be sent home with the pupil. Head injury advice is provided on the rear of the accident form.

### **b. Head Injury – no loss of consciousness**

A minor head injury often just causes bumps or bruises on the exterior of the head.

Other symptoms Include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness and drowsiness

Treatment in school:

- Ice pack to swelling
- Rest
- Observation
- Accident form to be completed. Head Injury advice sheet given to pupil on the rear of the accident form
- Parent notified by phone

- Parents might be asked to collect pupil to take for a medical review

If any of the following symptoms are displayed, the pupil will need to receive immediate medical attention in hospital, if there is a:

- Loss of consciousness/confusion or drowsiness
- Loss of balance or difficulty in walking
- Loss of power in arms/legs
- Clear fluid leaks from nose or ear
- Significant visual disturbance – blurred or double vision
- Severe headache not eased by pain relief
- Vomiting
- Seizure

c. Severe Head Injury – loss of consciousness

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems
- Difficulty in understanding what people are saying
- Balance problems
- Loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears

Treatment in school:

- Suspected neck injury if unconscious. Do not move unless essential to ensure clear airway
- CALL 999 FOR AMBULANCE
- Parent notified by phone
- Accident form to be completed

d. 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 important to recognise that it is not necessary to lose consciousness to sustain a concussion following a blow to the head.

Symptoms may include:

- Headache
- Dizziness
- Feeling in a fog
- May or may not have lost consciousness
- Vacant expression
- Ringing in their ears

- Blurred vision
- Feeling dazed
- Nausea
- Vomiting
- Unsteady on legs
- Feeling 'not quite right'
- Slow reactions
- Difficulty concentrating
- Inappropriate or abnormal emotions – irritability/nervous/anxious
- Confused/disorientated
- Loss of memory of events leading up to and after the concussion
- Sleepiness
- Seeming easily distracted
- Appearing 'slowed down'.

Treatment:

If a head injury occurs during sport the player should be removed from the game and must not resume play

- Rest
- Ice pack
- Observation
- Accident form to be completed
- Parent to be notified

If any of the above symptoms occur the pupil must be seen by a medical professional in A&E, minor injuries clinic or the GP surgery; the School Nurse and/or Welfare Officer will advise on the best course of action. However, if in doubt the pupil should be seen in hospital.

Games/PE staff are to be notified of possible concussion and the pupil should be signed off Games/PE until notification has been received that a pupil no longer has concussion.

If Head Injury occurs outside school time parents must inform the school.

## **11. Responsibilities**

- a. The Headmaster and the Director of Operations will appoint the School Nurse and Welfare Officer.
- b. In general, the School Nurse and Welfare Officer will:
  - I. take charge when someone becomes injured or ill
  - II. look after the first aid equipment, including restocking when required
  - III. ensure that an ambulance or other further professional medical help is summoned when appropriate
  - IV. Record all treatments and advice
  - V. Report to parents; (see Paragraph 14) and
  - VI. Report to the Director of Operations' Office in the event of an injury.

- c. In order to provide first aid for pupils and visitors, the Director of Operations will determine, in addition to the School Nurse and Welfare Officer, how many qualified First Aiders are required (1 x First Aider each for Middle School, Upper School and Pre Prep plus sufficient others to ensure that, wherever practicable, a qualified first aider is available whenever a group of pupils leave the school on an educational or sporting trip dependent upon the size of the group, proximity of destination, and whether the venue has its own qualified first aiders). Notwithstanding the above, appropriately qualified paediatric first-aiders will accompany and support EYFS pupils both in school and on trips (see [EYFS Policy](#) and [Educational Visits Policy](#) for details of off-site trips and EYFS).
- d. In implementing the outcome of the risk assessment, the Governing Body acknowledge that unless the first aid cover is part of a member of staff's contract of employment, those who agree to become First Aiders do so on a voluntary basis.

## **12. Administration of First Aid and Medicines to Pupils**

- a. The school acknowledges that pupils may require medication during the school day as part of either long-term management of a health condition or during a short period of illness/injury. The school will administer medication provided that the parent(s) of the pupil adhere to the following safety guidelines:
  - I. **ALL medication for pupils must be handed in to the School Nurse or Welfare Officer. In the case of Pre-Prep pupils, an adult must hand in all medication to an adult.**
  - II. Drivers and escorts on the bus are specifically instructed NOT to take charge of any medication.
  - III. The parent(s) provided a letter giving written permission with full instructions regarding frequency and dosage to be administered;
  - IV. Parents complete a medicine administration form as a Consent form;
  - V. Medication must be received by the school in the original, intact container or packaging, with the child's name and expiry date clearly visible;
  - VI. The pharmacy label should be clear and not obstructed in any way;
  - VII. Medication should be brought to school by a responsible person, this person will, as much as possible, be the parent. If this is not possible, parent(s) should contact the school nurse in advance of administering the first dose to discuss the medication to be administered.
  - VIII. The 'Administration of Medication to Pupils' form will be sent home with the pupil at the end of the day and must be completed and returned to the school before subsequent doses are administered at school.
  - IX. Medication for Middle and Upper School pupils is kept in the First Aid office.
  - X. Some medication for Pre Prep pupils, such as inhalers and epi pens are kept in red bags in the Pre Prep classrooms.

## **13. Pupils with Special Medical Needs in School – see [SEND Policy](#)**



- a. Pupils with special medical needs have the same right of admission to school as other pupils and cannot be refused admission or excluded from school on medical grounds alone.
- b. Teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.
- c. The prime responsibility for a pupil's health lies with the parent who is responsible for supplying the pupil's medication and should provide the school with correct and up to date information, this includes any paperwork relating to any medical conditions.

d. AIMS

Orley Farm School is an inclusive community that aims to support and welcome children with medical conditions. We aim to provide all children with all medical conditions the same opportunities as others at school.

We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

The purpose of this policy is to set out how the school will meet the medical needs of pupils, covering all circumstances from long term conditions to treatment in emergencies. It is intended to inform staff of their responsibilities in respect of children's medical needs and provide guidance so that they can be considered.

e. DEFINITIONS OF MEDICAL CONDITIONS

Children's medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

f. INDIVIDUAL HEALTH CARE PLANS

For some pupils with longer term or more complex medical needs, the school will create and implement an Individual Health and Care Plan (IHCP). Some pupils may join school with an IHCP already put in place by medical professionals.

An IHCP will include:

- Details of the pupil's condition, its triggers, signs, symptoms and treatments
- Pupils resulting needs, including medication and other treatments
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency

- The role of staff
- Special requirements e.g. dietary needs, pre-activity precautions side effects of medicines
- School trip arrangements

A copy will be given to parents/carers, class teachers and a copy will be retained in the pupil's medical file and in the First Aid office.

g. THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

If it is deemed, after discussion with the parents/carers and pupil, that a pupil is competent to manage their own health needs and medicines, they will be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, pupils may be allowed to carry their own medicines (e.g. Ventolin inhalers) after approval or should be able to access their medicines for self-medication quickly and easily with supervision; these will be stored in the cupboard in the First Aid office to ensure that the safeguarding of other pupils is not compromised.

If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parent(s) should be informed so that alternative options can be considered.

h. ADMINISTERING MEDICATION

The school acknowledges that pupils may require medication during the school day as part of either long-term management of a health condition or during a short period of illness/injury.

The school will administer medication provided that the parent(s) of the pupil adhere to the following safety guidelines:

All medication must be handed into the First Aid office at the start of the day.

The school will administer **prescribed** medication in school, provided a letter giving written permission and with full instructions regarding frequency and dosage etc. has been received or parents have spoken directly to the School Nurse and/or Welfare Officer. Parent(s) will be given a medicine administration form to complete. **Non-prescription** medication, for example, Calpol, may occasionally be administered in extenuating circumstances at the School Nurse's or Welfare Officer's discretion after discussion with parents.

Medication must be received by the school in the original, intact container or packaging. The pharmacy label should be clear and not obstructed in any way.

Medication should be bought to school by a responsible person. This person will, as much as possible, be the parent. If this is not possible, parent(s) should contact the School Nurse/Welfare Officer in advance of administering the first dose to discuss the medication to be administered. A written letter stating all information contained on the 'Administration of Medication to Pupils' form must also accompany the medication. The appropriate form will be sent home with the pupil and must be completed and returned to school.

**In the case of Pre-Prep and Middle School pupils, all medication must be handed in by an adult to an adult preferably to the School Nurse or Welfare Officer. It must not be left in school bags.**

It is the parents' responsibility to ensure medication is in date and to replace as necessary.

No pupil under 16 should be given any prescription or non-prescription medicines without their parents' consent.

The school will keep a record of all medicines administered to individual pupils stating what has been administered, the dosage, date and time administered, and by whom.

i. EMERGENCY MEDICATION

Emergency Auto Adrenaline Injectors and Emergency Salbutamol Inhalers are kept in the First Aid office.

Parents/guardians still need to provide relevant prescribed medication for school.

Emergency medication can only be administered to pupils who have been prescribed these medications. However, if for whatever reason, they do not work or are unavailable at the time they are required, emergency medication will only be administered to pupils for whom written consent has been provided by parents/guardians, unless in specific circumstances where staff have been authorised to administer it by emergency services.

Completed consent forms will be kept with the emergency medication.

j. SCHOOL TRIPS

Risk assessment will ensure special needs of all pupils participating are considered and adjustments made to allow inclusion.

Staff supervising excursions should be aware of any medical need, and relevant emergency procedure. Staff are to provide the School Nurse and/or Welfare Officer with a list of pupils at least 72 hours prior to any trip.

Medical documentation will be carried by the group. A copy will be enclosed with any relevant medication sent from school.

The school has a number of trained first aiders amongst the teaching and support staff and the school will endeavour to ensure a suitably qualified first aid trained staff member attends school trips, wherever practicable, dependent on the size of the group, proximity of destination, and whether the venue has its own qualified first aiders. Notwithstanding this, appropriately qualified paediatric first-aiders will accompany and support EYFS pupils on all school trips (see [EYFS Policy](#) and [Educational Visits Policy](#) for details of off-site trips and EYFS).

k. SPORTING ACTIVITIES

Pupils with medical needs will be encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a student's ability to participate in PE will be included in their health care plan.

l. CONFIDENTIALITY

The school will treat medical information confidentially although an IHCP will be shared with relevant staff in order to keep the pupil safe.

IHCP will be sent with a pupil on all visits and expeditions week.

IHCP will be sent with the pupil if they require hospital treatment and will be shared with the health care professionals.

m. HYGIENE CONTROL

Staff should follow basic hygiene procedures. Staff should use protective disposable gloves and care when dealing with blood or other body fluids and disposing of dressing or equipment.

n. COMMUNICATION

Parents have access to the First Aid Policy through the school website.

Upon joining the school, parents are asked to complete a Medical Questionnaire for their child(ren) requesting information with regards to any medical conditions or allergies their child may have etc.

Upon a child's transfer to Middle and Upper School, parents are requested to complete a Pupil Health Form detailing any changes.

All parents are reminded via the Parent Bulletin at the start of every term, to inform the school of any changes to their child(ren)'s medical needs, allergens, GP details etc.

When a child has a medical condition, the parents of the child will provide the school with a healthcare plan or a letter from the GP. The School Nurse and/or Welfare Officer will discuss the healthcare plan or medical documentation with the parents to ensure its full implementation. Relevant school staff are also informed.

Scheduled medical conditions and medication training for staff delivered by the School Nurse and/or Welfare Officer or external health professionals ensures staff are competent and confident in their ability to support pupils with medical needs.

#### **14. Information on First Aid Arrangements**

- a. The Director of Operations, assisted by the School Nurse and Welfare Officer, will inform all employees at the school of the following:
  - I. the arrangements for reporting and recording accidents;
  - II. the arrangements for first aid;
  - III. those employees with first aid qualifications;
  - IV. the location of first aid boxes;
  - V. outbreaks of diarrhoea and vomiting of staff and/or pupils.
- b. The Director of Operations or their PA is responsible for notifying Citation, the school's Health & Safety Consultants, of any possible reportable accidents. If required, the details for notifying the Health & Safety Executive Incident Contact Centre is HSE Incident Contact Centre, Caerphilly Business Park, Caerphilly, CF83 3GG. Tel 0845 300 9923, Fax 0845 300 9924, e-mail [riddor@natbrit.com](mailto:riddor@natbrit.com). [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm)

- c. Where an employee, pupil or visitor has been injured or becomes ill as a result of a notifiable accident or dangerous occurrence which is a cause of death within one year of the date of that accident, Citation or the HSE must be informed in writing as soon as this is known.
- d. It is also a statutory duty to keep records following enquiries from the DSS concerning claims for any of the prescribed industrial illnesses.

#### **14. Reporting to Parents**

All accidents and injuries are recorded. In the event of an accident or minor injury an Accident Form will be sent home with the pupil. For any major injuries, including head injuries, parents will be informed as soon as possible normally by the School Nurse or Welfare Officer by telephone.

#### **15. Duties of Staff**

- a. All injured or sick pupils in Reception to Year 4 should be directly escorted to the First Aid Office by a teacher/TA or, if the pupil is in Years 5 to 8, by a pupil, teacher/TA.
- b. The School Nurse and/or Welfare Officer records all visits to the First Aid office on the school's MIS, as well as any accidents to pupils occurring off site when a school activity is involved.
- c. These records are to be retained for a minimum of seven years.
- d. Any accidents occurring to staff, parents, contractors or visitors and members of the public on the school site are reported to the Director of Operations' Office and an accident form is submitted on the SafetyCloud2 online platform. The Form is then reviewed by Citation, the school's Health & Safety Consultants.
- e. Any 'significant accidents' occurring to pupils are also recorded on the SafetyCloud2 platform. These are defined as:
  - i. Fractures;
  - ii. Potential reduced or loss of sight;
  - iii. Crush injury to the head or torso (potentially could cause damage to brain or internal organs);
  - iv. Burns (including scalding) which cover more than 1% of the body;
  - v. Loss of consciousness;
  - vi. Road traffic accident (either whilst traveling in school vehicles or caused by road vehicle);
  - vii. Anything requiring subsequent dental treatment;
  - viii. Any significant injury in school caused by equipment, machinery or vehicles that leads to hospital treatment; or
  - ix. Any other injury at school where pupil is taken directly from the scene of the accident to hospital for treatment.
- e. As part of the school's review of accidents, the school will consider any contributing factors such as the way the school activity was organised (e.g. inadequate supervision of a field trip or sporting activity), the way equipment or substances were used (e.g. lifts, machinery,

experiments etc), and the condition of school premises or equipment (e.g. poorly maintained or slippery floors).

- f. A report with regards to accidents and near misses is made to the termly Health and Safety Committee by the Director of Operations.

## **16. Transport to Hospital or Home**

- a. Where the injury is an emergency an ambulance will be called, following which the parents will be called.
- b. Where hospital treatment is required but it is not an emergency, the School Nurse or Welfare Officer will contact the parents for them to take over responsibility for the pupil. If the parents cannot be contacted, then the School Nurse or Welfare Officer may decide to transport the pupil to hospital.
- c. Where the School Nurse or Welfare Officer make arrangements for transporting a pupil from school, the following points will be observed:
  - I. no individual member of staff should be alone with a pupil in a private vehicle
  - II. the second member of staff will be present to provide supervision for the injured pupil
  - III. at least one member of staff will be the same gender as the pupil
- d. Register of Personnel. The School Nurse and Welfare Officer are to maintain a list of all members of staff who are First Aid trained. The list is to be displayed throughout the school and is to contain the following information:
  - I. Names;
  - II. Type of Qualification
  - III. Expiry Date of Qualification
- e. The School Nurse and/or Welfare Officer will update the lists each term after INSET Training.

## **17. Long Term Conditions**

- a. Parents are required to discuss with the School Nurse and/or Welfare Officer any long-term health care needs, for example asthma, epilepsy, allergies and diabetes. This will ensure the school has the necessary medication and the appropriate information is recorded and held on record.
- b. Pupils suffering with asthma are required to have an inhaler/reliever in school, which is kept in the First Aid Officer.
- c. Pupils suffering with allergies who have been prescribed epi-pens are required to have 2 epi-pens in school.
- d. The First Aid Office holds epi-pens and inhalers for emergency use.

## **18. Return to School Following Illness**

- a. If a pupil is ill/unwell he/she should remain away from school until able to fully participate in the school day. In particular if he/she has had diarrhoea or vomiting within the last 48-hour period or if the pupil has had a higher than normal temperature, this must be registering with the 'normal' range for a 24 hour period before returning to school.
- b. If the pupil has any childhood infection such as chicken pox, or any skin infection, return to school should only happen after the infectious period is over. Advice should be sought from the pupil's GP or the School Nurse and/or Welfare Officer who will help as appropriate and follow the guidance on infection control in schools. Parents must inform the school of any infectious diseases that their pupil may have come into contact with.
- c. All pupils in school are expected to participate in all curriculum activities unless provided with a doctor's certificate.