



First Aid Policy

(Includes Asthma, Seizure, Diabetes & Severe Allergic Reaction Policies)

Including EYFS and Boarding Provision

January 2025

Beachborough School – First Aid Policy		
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Policy Statement

Beachborough School has a duty to provide an adequate and appropriate first aid provision to pupils, staff and visitors. For the purpose of this policy, first aid is defined as the help given to an injured person until professional medical treatment is available. The arrangements described in this policy are in place to meet the school's responsibilities in accordance with Health and Safety (First Aid at Work) regulations 1981 (amended 2013) and are based on the results of a suitable and sufficient risk assessment carried out by the school. The school has referenced the DfE guidance on First aid in schools when preparing and reviewing this policy.

Aims

To ensure the school has a competent, timely and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury both on the premises and for off-site activities. This policy is applicable to all areas of the school, including EYFS and Boarding.

Objectives

To appoint the appropriate number of suitably trained people as First Aiders to meet the needs of the school.

- To provide relevant training and to monitor the training needs of staff, as an ongoing process.
- To provide and maintain sufficient and appropriate resources and facilities, including a specific room for First Aid treatment.
- To keep staff and parents informed of the First Aid arrangements in place.
- To keep accident records and to report relevant information to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Responsibility

The Governing Body and Leadership Team are responsible for the site wide safety and that responsibility includes the first aid, based on an assessment of the risks presented by activities across the school site and, where pupils are involved, outside the site. Specifically, the school has a duty to provide staff, visitors and pupils with the following information:

- The name, number and locations of First Aiders
- The number and location of first aid boxes
- Arrangements for dealing with first aid incidents for all the site users
- Arrangements for dealing with emergencies
- Arrangements for off-site activities and trips.

Parents are responsible for providing the school with full information of their child's medical history and ensuring that the school has up to date information regarding the health of their child, including any medications prescribed or taken regularly. Parents must ensure that the school holds details of at least two up-to date emergency contacts, who can be contacted in the event of an emergency or when a child is required to be sent home from school due to illness or injury. Emergency contact details are held on a central database, accessible to staff at all times.

Parents are responsible for collecting their children in a timely manner if, in the professional opinion of our medical team, they should be sent home. If a child is being sent home, it is only for the safety and wellbeing of that child and other children in the school. The school will fully support the decision of the medical team.

Further Reading

This policy needs to be read in conjunction with other Beachborough School policies, including:

- Beachborough Health and Safety Policy
- Beachborough Medicine Administration Policy
- Medical Matters – Beachborough Parents' Guide
- Other specific policies which may relate to a pupil's condition
- Medicines Act 1971 (Amended 2010)
- Managing Medicines in Schools and Early Years Settings – D.f.E.S and D.o.H. – March 20

1. First aid needs assessment

First aid provision must be adequate and appropriate in the circumstances. The school ensures that sufficient first aid equipment (first aid kit), facilities and personnel are always available.

A first aid needs assessment has been undertaken by the School Bursar and the School Nurse. This assessment has considered the circumstances of the workplace, workforce and the hazards and risks that may be present (See Appendix A).

In assessing the first aid needs at Beachborough School, the following have been considered:

- the nature of the activities which take place
- the potential hazards and risks (including specific hazards requiring special arrangements)
- the nature and size of the workforce
- the work patterns of the staff
- holiday and other absences of those who will be first aiders and appointed persons
- the organisation's history of accidents
- the needs of travelling, remote and lone workers
- the distribution of the workforce
- the remoteness of any of the sites from emergency medical services
- whether employees work on shared or multi-occupancy sites
- first-aid provision for non- employees (e.g. members of the public).

2. Staff Providing First Aid Cover

The School Nurse is on site during most of the core school day throughout term time. They are responsible for providing First Aid cover to pupils, staff, parents and visitors to the school and is based in the medical room. During school hours, the medical room is covered by the School Nurse and medical room assistants.

The medical room can be contacted by telephone or Radio channel 3 (available in the front office or staff room). The School Nurse is responsible for ensuring that all members of staff are aware of, and trained to provide care for, pupils who have the risk for a potential medical emergency, such as an asthma attack, seizure or anaphylactic reaction, and training is provided to all staff during inset days throughout the year. Information on these pupils is recorded on iSAMS and an individual welfare plan created and shared with relevant teaching and support staff. Any additional training requirements that arise during the year that are identified through discussions between the Bursar and School Nurse, in line with the risk assessment, are approved via the Health and Safety committee. In addition, there are qualified First Aiders working across the school site. Staff are classified as First Aiders if they have a valid First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) qualification. See Appendix B for full list of First Aiders.

Although under the updated regulations 2015 the HSE no longer oversee the first aid training criteria, the school will still follow the advice and apply 'best practice' by following their standards and holding regular refresher training for staff.

In addition to First Aiders, the school has a number of staff who hold a current paediatric first aid certificate, to satisfy EYFS requirements (See Appendix B).

An up-to-date list will be displayed in the medical room, front office, staff rooms and aftercare hub.

All staff who are qualified to provide First Aid must be prepared to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. They must ensure that an ambulance is called

if necessary, or other professional medical help is requested. Staff and pupils are aware that if a member of the medical room team is on duty, they will attend in the event of an accident.

At all times First Aiders must operate within their competencies and should not attempt any skills which they are not trained or confident in. First Aiders must identify themselves to the patient and verbally explain that they are able to treat them and request their consent to do so. Where the patient is unconscious, consent will be implied.

3. First Aid Equipment and Facilities

A medical room is available for anyone requiring medical treatment. A locked medical cabinet and locked medical fridge is available for storing medications. There is also a washbasin located in this room.

The requirement to hold a first aid box in an area or department will be determined by the risk assessment. This will consider the nature of the activity and staff in the area who are trained to use the equipment. All First Aid boxes are clearly labelled and easily accessed. If the location of the box is not clearly visible an additional sign, for example on the cupboard door, is displayed. See Appendix C for list of First Aid Box locations.

First Aid and sporting injury bags for staff to take off site for school trips and sporting fixtures are kept in the medical room and checked by medical room staff.

First aid bags and boxes will be stocked with the minimum contents as outlined by the HSE. They will only contain equipment that staff have been trained to use and relate to the activity taking place. No medication is held in a first aid box.

The school has a responsibility under HSE legislation to ensure that pupils, employees and visitors are aware of the location of first aid boxes and First Aiders. First aid boxes and signage should be green and white complying with the Health and Safety at Work (Signs and Signals) Regulations 1996.

The School Nurse and Medical Room staff are responsible for checking and replenishing First Aid bags and boxes, however staff are responsible for communicating if they have used anything to enable this to be completed quickly.

4. First Aid Procedures

In School (term time)

EMERGENCY

- If a situation is thought to be life threatening or very serious then an ambulance must be called immediately. This can be done by the first person on the scene ringing 999. Further assistance should then be sought. It is important that the medical room, front office and Head be made aware (this may be done by other staff or the person making the 999 call). A member of staff should wait outside the main entrance to direct the ambulance to where the injured party is, this will usually be a member of the front office.

NON-EMERGENCY

- Any pupil complaining of illness should be sent to the medical room where they will be seen by the Medical Room staff. If urgent help is required, the medical team should be contacted via phone, radio, or a messenger sent to the medical room.
- First Aiders will deal with minor injuries within their personal competency, referring the injured person for additional assistance if required. More serious injuries should be referred to the medical room, or a member of the medical room team should be contacted and asked to attend.
- The school recommends that, unless it cannot possibly be avoided, a member of staff should not administer first aid without a witness (preferably another member of staff).
- All Staff at school are expected to use their best endeavours, particularly in emergencies, to secure the

welfare of pupils. Whilst a non-first aider can provide basic assistance in an emergency, their primary role should be to secure the scene, comfort the injured person, and get help from a qualified person.

In School (term time - boarding)

EMERGENCY

If a situation is thought to be life threatening or very serious then an ambulance must be called immediately by ringing 999. It is important that the Head or resident member of the Leadership team, who is on call, is made aware. A member of staff should wait outside the main entrance to direct the ambulance to where the injured party is.

NON-EMERGENCY

- Any pupil with a long-term chronic condition will have an individual welfare plan kept on file within the boarding house.
- Any pupil complaining of illness should be seen by the Residential Boarding team - who are responsible for the first aid provision outside of the school day.
- If a boarder is taken ill during the day, parents should be contacted to arrange collection from school as soon as possible. Whilst waiting, the ill child will be supervised in the Medical Room.
- If a boarding child is taken ill overnight and is suffering from an infectious illness such as diarrhoea and vomiting, parents should be contacted to arrange collection from school as soon as possible and they should be moved to the isolation room within the boarding house where they will have access to a dedicated bathroom. The boarder will be looked after until parents arrive to collect.
- If a child is taken ill overnight and a member of staff or members of staff are awake with that child for a significant amount of time overnight, then provision will be made for that member of staff's duties to be covered the next day.

In School (non-term time)

- The medical room is not staffed during the holidays. Support staff working during the holiday periods will be made aware of which First Aider is on duty. Any member of staff complaining of illness should contact a First Aider or 999 in an emergency.

Out of School

- The Medical Room staff will inform the relevant staff who are responsible for taking the children off site, of any pupils with allergies/adrenaline devices/medical conditions etc. The staff member responsible for the trip should ensure that they have the correct medication – i.e., Inhalers, adrenaline device and the member of staff should have received training from the medical room to administer the required medication.
- A member of staff should take a mobile phone and first aid kit with them on every school trip.
- A risk assessment must be carried out prior to departure; emergency procedures must be part of this risk assessment.
- If a serious injury occurs during an offsite injury, the emergency procedures must be put into action. If the member of staff has any serious concerns, they must call an ambulance without delay. The attending member of staff should immediately inform the school (medical room) of the situation and ensure the school is kept updated.
- The Medical Room must be informed if a pupil has received first aid.

5. Calling an Ambulance

If an ambulance needs to be called, it is the attending member of staff or First Aider's responsibility to ensure that this is actioned without delay. This is done by ringing 999 and stating:

Ambulance required at Beachborough School, Westbury nr Brackley NN135LB

WHAT3WORDS MAIN ENTRANCE = regress.payout.that

WHAT3WORDS MILL LANE ENTRANCE = templates.elders.other

- Exact location within the site of the person needing help
- Caller's own name, and contact details

- Name of the person needing help
- A brief description of the person's symptoms (and any known medical condition)
- Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil
- Don't hang up until the information has been repeated back to you.

Once an ambulance has been called, the front office staff should be informed, and clear directions given to the scene of the incident. A member of the front office staff should wait outside to direct the ambulance crew on arrival. The Head / Bursar must be informed as soon as possible if an ambulance is called to site.

The First Aider on scene must not leave the casualty; it is their responsibility to stay with the casualty until they are safely in the ambulance, or a member of the medical team have taken over. They should have the necessary information available to brief the ambulance crew on the circumstances of the incident, any treatment given and any pre-existing medical conditions of which the ambulance crew should be aware.

If an ambulance is called for a pupil, someone from the school must accompany the patient if parents are not present. Parents are to be called as soon as possible to inform them an ambulance has been called.

If an ambulance is called for a member of staff, the First Aider or a designated member of staff may accompany them to hospital if necessary. The next of kin will be contacted by the appropriate member of the Senior Leadership Team or Human Resources.

6. Illness Policy and infection control / hygiene

Prior to entry to the school, the parent of each child is to complete a Health Form. This is reviewed by the School Nurse who is responsible for maintaining a list of children with medical conditions or problems. The School Nurse will share this information where appropriate.

Any child who has vomited or had diarrhoea will be sent home and should not come back into school until they have been clear of symptoms for 48 hours. This is in line with Public Health England guidelines which state that '48 hours exclusion from school for diarrhoea and vomiting is recommended'.

Beachborough school uses 38 °C to determine "fever". A pupil must be fever free for 24 hours before returning to school. When a pupil no longer has any fever (without the help of medicine), the 24-hour countdown can begin (one complete day). When this 24-hour period is up, the pupil can return to school. If a child returns to school before this time, they will be sent home.

The school's policy for timings related to infectious diseases can be found in Appendix D. Parents must inform the medical team of any infectious diseases so that the community can be made aware.

It is essential that before treating any pupil hands are thoroughly washed either with anti-bacterial soap, which is provided in all school dispensers, or an alcohol hand gel. When dealing with body fluids, including vomit or treating an open wound, disposable gloves must be worn to protect the first aider from infection. When clearing spilt body fluids from floors, gloves and a protective apron must be worn, and the correctly coloured mops and buckets used together with the appropriate anti-bacterial cleaning chemicals and spill kit. Any contaminated items should be disposed of in the clinical waste bins / bags.

7. Medical History of Pupils (including nut and food allergies)

Prior to joining the school, parents must complete a medical information form detailing their child's medical history. This is reviewed by the School Nurse and any medical history is recorded onto the pupils iSAMs record. All pupils with a medical need will have an individual care plan created by the school nurse and agreed by parents. This care plan is available to relevant staff and will accompany a pupil on any off-site trips and fixtures. Parents are responsible for keeping the School Nurse updated with any change to their child's medical needs, including medication.

All Staff are made aware of any children suffering from any potentially life-threatening conditions such as diabetes, epilepsy, asthma or allergies which could give rise to anaphylactic shock. Staff are trained regularly on these conditions and the actions required in the event of an emergency. Adrenaline devices are kept in the Dining Room with an additional device being kept either in the Medical Room or Boardman building depending on which area is most appropriate for that child. The Catering staff have lists of all children with dietary issues or allergies, this is reviewed and updated regularly.

The Food Tech Department is kept updated at all times of any children with allergies or intolerances. They will contact parents as necessary if an adaption to a particular recipe is needed.

In recent years, the number of children with nut allergies has risen. Whilst some reactions are severe, others may be less life threatening and create a rash, swelling or increase in temperature. All children with any level of nut allergy must be made known to the School Nurse by their parents.

Beachborough is a nut-free school. Children must not bring any food/snacks into school without prior authorisation. In summer months the school will provide suncream for all pupils to use, as many brands of suncream contain nuts.

Children may also have allergic reactions to other food types, notably beans, shellfish and dairy products. In a consistent and successfully proven management system, the allergies are recorded and staff informed. The form teachers and on-duty teaching staff as well as catering staff are responsible for ensuring that Pre-Prep Children are not exposed individually to food they must not have. Nursery, Kindergarten and Pre-Prep children wear a lanyard to identify themselves to staff.

As children grow older and progress through the school, they are encouraged to take responsibility for their food intake. This includes suitable food groups of protein and carbohydrates but also to avoid meals if unsuitable for them. This responsibility is shared with the catering staff, teaching staff, medical team and parents.

8. Medication

Prescribed medication

Prescribed medication may be administered by the medical team or relevant staff members with the permission of the parent. If a child needs to take medication whilst at school, the parent/carer must complete the relevant medication consent form (available online via the parent portal) and hand the medication to the medical room. All medication must be in original packaging showing the named prescription label and dosage instructions. If medication is in tablet form in a blister pack this must not be cut as this can obscure the medication name and expiry date. Half empty blister strips that are intact are acceptable.

Prescribed medicines are only to be given to the child to whom they are prescribed and having received a completed parental consent form (see Medicine Administration Policy for more details).

Non prescribed medication / Over the counter medication

Non prescribed medication may be administered by the medical team or relevant staff members with the permission of the parent. By signing the consent form, parents agree that the relevant staff may administer the

medication(s) as authorised by the parent on the consent form, to their child.

Homely Remedies

The medical room keeps a supply of medicines that would be usually found at home or used by parents (Homely remedies) such as Calpol, Nurofen, Kwells (for motion sickness) and Germolene.

Parents are asked to provide consent for this on their application forms and once this has been provided, it means the medical team, boarding team or member of suitably trained staff on a school trip, can administer these medicines if necessary. Parents will be made aware of any medication their child receives the same day or as soon as reasonably practicable (see Medicine Administration Policy for more details).

9. Minor Incidents or Illness

Any child sustaining an injury or suffering illness whilst at school will be treated by a First Aider or member of the medical team who will then inform the parents or carers of any treatment given as soon as reasonably possible. If a child needs to be sent home from school, he/she will remain in the Medical Room or classroom with a member of staff until collected by a parent or carer. The child should be collected from school as promptly as possible and signed out in the school office.

10. Accidents during sports fixtures / games / swimming

First Aid cover is provided for all teams, both home and visiting. The medical team will contact the destination school to make them aware of any children with medical issues or allergies. The lead games staff responsible for the team will be provided with the appropriate information and any medication a pupil requires whilst off site.

If a serious injury is suspected, the below should be followed and medical attention should be sought.

- The Teacher in charge of game/referee to stop match immediately.
- Players who are concussed - if only for a moment - should be assessed pitch side and appropriate medical treatment should be sought.
- Unresponsive casualties must have an ambulance called.
- The lead games teacher is responsible for the injured pupil until the arrival of the School Nurse or trained First Aider.
- Only after the School Nurse or first aider is satisfied, should the staff member allow the game to restart (if appropriate).

All Games staff must be aware of the return to play guidelines (see Appendix E) and consult with the School Nurse when considering whether a child who has suffered a concussion should restart sporting activities. Specific information relating to head injuries can be found in the school's Head Injury policy.

Any serious injuries or asthma attacks that occur during sports must be reported to the medical team and parents will be informed as soon as possible. Parents must always be informed if a child requires an ambulance. If contact with parents is not made and a child must be taken to hospital as the result of an injury or accident, a member of school staff will accompany and stay with the pupil until a parent arrives.

11. Recording of Incidents or illnesses and communication to parents

It is essential that accurate information of any first aid treatment is recorded. First Aiders must ensure that the following information is recorded for any incident:

- Name of casualty
- Time and date of incident
- Nature of injury / complaint
- Treatment given / offered
- Any observation about the incident / areas
- Any follow up advice

All accidents no matter how small must be documented and recorded. In the Boardman a first aid book is completed and reported to parents in line with EYFS guidelines and the medical team input this information onto iSAMs. In the Manor House all incidents are recorded in the daily log and entered onto the pupil's iSAMs health record. Parents will then be contacted by SMS text message or telephone call. Injuries to visiting children are recorded in a special incident book kept in the large green first aid kit and a copy is given to their appropriate teacher for the parents.

In line with EYFS guidelines, parents are informed of any medical treatment, including administration of medicines as soon as possible and a record kept of when this information was shared. (Refer to Administration of Medicines policy for further information). See section 12 below for further information on reporting of accidents.

In line with EYFS guidelines (3.63) the school will notify Ofsted / CMA of any serious accident, illness, or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

All records are archived in line with regulatory requirements.

12. Accidents

In accordance with the Health and Safety General Policy, the Bursar is responsible for reporting any notifiable injuries, diseases or dangerous occurrences under the direction of the Reporting of Injuries and Dangerous Occurrences Regulations (RIDDOR 2013). The employer must keep a record of any reportable injury, disease or dangerous incident. This must include:

- Date
- Time
- Personal details of person affected
- Location of accident
- Nature of event
- Treatment required

Reporting of accidents

- Members of staff have a duty to alert the Bursar to incidents where:
- First aid has been administered due to an accident
- An accident has occurred because of the way in which the school operates, managed or organised
- An accident that is a result of equipment / machinery failure or exposure to substances subject to COSHH regulations
- An accident occurs because of the physical design or condition of the school premises
- A physical assault that requires first aid treatment
- Any casualty is referred or taken to hospital after the event

All accidents no matter how small must be recorded and documented. This also applies for incidents / near miss events that must be monitored as part of the School Health and Safety Management system. The HSE Accident Book is kept in the Medical Room.

- The Bursar must report the following incidents to the HSE under RIDDOR:
- Death
- Specific injuries
- Over 7-day incapacitation of a worker
- Accidents resulting injuries where a member of the public is directly taken to hospital for treatment.
- Occupational diseases
- Dangerous occurrences

Examples of Major injury are:

- Fracture, other than to fingers, thumbs and toes
- Amputation
- Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Any burn injury (including scalding) which covers more than 10% of whole-body surface or causes significant damage to eyes, respiratory system or other vital organs.
- Any degree of scalding requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia

The HSE must be notified of fatal and major injuries and dangerous occurrences without delay (within 24 hours via the HSE website or by telephone). This action will be undertaken by the Bursar.

The Head Teacher will be notified of all HSE reported incidents/accidents; this includes any RIDDOR reportable accidents that involve contractors on site. The Bursar must be notified of all accidents reported to the school involving contractors working on site.

13. Health and Safety

Several risks are inherent to all those involved in dispensing first aid and therefore all staff must take precautions to avoid cross infection and follow basic hygiene procedures. Single-use disposable gloves are provided within first aid boxes. Additionally, First Aiders should ensure that they have access to hand washing facilities both before and after attending to the first aid situation.

Blood Borne Virus (BBV)

The school has a duty of care to all employees to protect them against risks involved from their work activity. When dealing with a casualty the First Aiders must wear protective gloves (provided in the first aid kits). This will give increased protection against direct contact with bodily fluids/blood. As an additional precaution any open wounds should also be covered. If blood or bodily fluids have been spilt on the floor, then staff should wear gloves and clean the area using paper towels and a disinfectant solution or the appropriate spill kit. The waste should be placed in the yellow 'Biohazard' bags (in the first aid kits and spill kits) and then placed in the yellow waste bins located at the Medical Room. If there is a risk of contact with clothes during this process, then disposable aprons should also be worn. Any soiled dressings or materials used to clean an open wound should also be disposed of in the yellow hazard bags. After the clearing up process First Aiders should always wash their hands - this is good practice even if there has not been any contact with bodily fluids or blood. If the First Aider is at all concerned about cross infection after dealing with a casualty, then they should seek advice from the Medical Room staff. Such incidents must be reported as a near miss incident to the Bursar.

Control of Substances Hazardous to Health Regulations (COSHH)

The school operates under the guidance of the Control of Substances Hazardous to Health Regulations (2002) and must ensure that the correct procedures are maintained. All staff must adhere to standard hygiene procedures while administering first aid, for the protection of themselves and the pupil, as outlined above. All clinical waste will be disposed of through the correct routes; this includes items used out in the field by First Aiders and soiled equipment used by the Medical Room. Yellow bio-hazard bags are available in all first aid boxes. 'Sharps' boxes are available for the disposal of sharp medical equipment used by the Medical Room or boarding.

14. Responsibility/Monitoring and Review

It is the responsibility of the attending First Aider or relevant member of staff in charge of the activity when the injury occurred to ensure that the correct documentation is filled out. If in doubt the Bursar should be notified for advice on reporting and the correct forms to be used.

The HSE accident forms are kept in the Medical Room, and it is the responsibility of the School Nurse to ensure that these records are correctly maintained. Details of any accidents/injuries should also be recorded on ISAMS by the medical team.

The Bursar holds accountability as the Responsible Manager to fulfil the obligations of this title. Accident reports/statistics will be made available to the Head Teacher and the Governing Body through written reports. Accident statistics will be presented to the Health and Safety Committee in a written report, at least every term. The Head Teacher will be made aware of all RIDDOR incidents/accidents as soon as they are reported.

This First Aid Policy will be reviewed annually by the School Nurse and Bursar and other relevant staff members. The policy and any subsequent changes will be made available to all Beachborough school staff.

15. Severe Allergic Reactions Policy

Beachborough School is an inclusive community that aims to support pupils with allergies, ensuring they participate fully in all aspects of school life. The school recognises that allergy is a widespread and potentially serious condition. An allergic reaction including anaphylaxis occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. A systemic reaction means it affects several of the body systems at the same time - anaphylaxis is overwhelming and life threatening if left untreated.

The school is aware that pupils with allergies need access to their antihistamines and immediate access to their Adrenaline Auto-Injectors (AAIs) if they have anaphylaxis to a known trigger.

- All staff must be aware of how to manage a life-threatening allergic reaction (Anaphylactic Shock), and staff training is provided annually during one of the INSET days.
- A Medical Care Plan must be written in conjunction with the parents detailing the specific care to be given should the child have an anaphylaxis at School. All children with allergies will have this recorded on the school iSAMS system for school staff to access as necessary.

Medication

- Pupils must always have access to their own adrenaline devices.
- School will supply branded green backpacks for children to store their prescribed emergency AAIs and non-

emergency medicines i.e. antihistamine and inhalers if necessary.

- Boardman children's bags will be kept in their classrooms and Manor House children's bags will be kept in the medical room.
- Pupils should always have access to a minimum of 2 devices.
- Staff must ensure that any pupils who suffer from anaphylaxis, who are leaving school for matches/trips/etc MUST have their AAI, antihistamines and any other prescribed medications for their allergies with them.

The Human Medicines (Amendment) Regulations 2017 now allow schools in the UK to buy AAIs without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAIs are broken, or out-of-date. Beachborough has generic adrenaline devices for all pupils with known anaphylaxis stored in the medical room, main dining room and boardman kitchen.

ANAPHYLAXIS EMERGENCY ACTION PROCEDURE

1. Stay with the pupil and give reassurance.
2. Send for the closest AAI
3. Administer AAI
4. Dial 999 and state anaphylaxis in a child
5. Request a paramedic ambulance
6. State name, address, and access to the school

Ambulance required at Beachborough School, Westbury nr Brackley NN135LB

WHAT3WORDS MAIN ENTRANCE = regress.payout.that

WHAT3WORDS MILL LANE ENTRANCE = templates.elders.other

IMPORTANT: All EMERGENCY PENS MUST ONLY BE GIVEN TO THE PRESCRIBED NAMED INDIVIDUAL.

Post adrenaline device administration

- Stay with the child until the ambulance arrives do NOT stand child up.
- Commence CPR if there are no signs of life.
- Phone parent/emergency contact.
- If no improvement after 5 minutes, give a further adrenaline dose using a second AAI.
- Give a full handover of events to the Ambulance crew.
- Inform the Head / Deputy Head and the parents as soon as possible.
- Anyone who has had an adrenaline device administered must be taken by the Ambulance to hospital and be accompanied by an adult, regardless of the circumstances.

All staff involved in the administration of an adrenaline device must:

- a. Complete an accident form.
- b. Be given time to be sensitively de-briefed about the situation.
- c. Ensure the parents organise an adrenaline device replacement as soon as possible.

16. Asthma Policy

Beachborough is an inclusive community that aims to support pupils with asthma. Pupils are encouraged to take full part in all activities at school. Beachborough recognises that asthma is a widespread, serious but controllable condition which affects the airways to the lungs causing shortness of breath, cough, tightness in the chest and wheeze.

- All staff must be aware of how to manage an asthma attack and staff training is provided annually during one of the INSET days.
- A Medical Care Plan must be written in conjunction with the parents detailing the specific care to be given should the child have an asthma attack at School. All children with asthma and/or allergies will have this recorded on the school iSAMs system for school staff to access as necessary.

Medication

- Pupils must always have access to their own inhalers.
- School will supply plastic zip bags to keep inhalers and/or spacers in.
- Boardman children's bags will be kept in their classrooms and Manor House children's bags will be kept in the medical room.
- Staff must ensure that any pupils who suffer from asthma, who are leaving school for matches/trips/etc MUST have their inhalers with them.

Emergency asthma inhaler kit

On the advice from the UK's Commission on Human Medicines Committee, following an evaluation of risks and benefits, it has been recommended to the Department of Health to allow schools to hold a salbutamol asthma inhaler for emergencies.

Beachborough has emergency kits that are kept in the Medical Room Inhaler Cupboard for use in an emergency. These kits are also included with first aid kits for away matches, school trips etc. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The kit contains a log (which needs to be completed if the inhaler is used) and a list of all children who the school know have been prescribed inhalers. Any child who is given the emergency inhaler must be recorded and the parent informed.

The content of the emergency inhaler kit is as follows:

- Salbutamol Inhaler
- 1 x spacer
- Log to record the children's names and usage
- List of children on prescribed inhalers

For further information, please read Medicine Administration Policy.

Parents have a responsibility to:

- Inform the School Nurse or medical team if an asthma diagnosis has been made and what medication is prescribed.
- Fill out relevant consent forms (Prescribed medication and emergency salbutamol – available via link on

parent portal)

- Inform the School Nurse or medical team of any changes to treatment plan or any problems with asthma when pupil not at school.
- Update the school after any Consultant/Hospital visits.
- Ensure pupil has medication and it is in date when they return to school after holidays.
- Inform School Nurse or medical team if inhaler is no longer required or asthma diagnosis has changed e.g. child has grown out of symptoms.

17. Seizure and Epilepsy Policy

Seizures are often symptoms of another health problem e.g. diseases, fever, temporary medical condition, neurological or neurosurgical. After the person is treated the seizures do not usually occur again. Epilepsy is a chronic (ongoing) series of seizures which can develop at any age. Seizures reoccur frequently and often without known cause. Beachborough is an inclusive community that aims to support pupils with seizure disorders or epilepsy and pupils are encouraged to take full part in all activities at school, where possible. Beachborough recognises that seizure and epilepsy are a serious but controllable condition. Prior to a pupil starting at Beachborough with a history of seizures or epilepsy, the parents must meet with the School Nurse to discuss how their child can be cared for in the school environment.

- All staff must be aware of how to manage a seizure and staff training is provided annually during one of the INSET days.
- A Medical Care Plan must be written in conjunction with the parents detailing the specific care to be given should the child have a seizure at School. All children with seizures or epilepsy will have this recorded on the school iSAMs system for school staff to access as necessary.

Medication

If any medication is required to be taken at school, then the relevant consent forms must be completed (link available on parent portal) and the medication taken to the medical team by parents.

Emergency Medication

Certain types or frequencies of seizures will require an emergency medicine to be given, should the seizure last for 5 minutes or more (usually Buccal Midazolam). Not all individuals who have either condition will routinely be prescribed this, as it depends on the type and regularity of their seizures. If the emergency medicine is required, an ambulance should be called using 999 and parents informed.

It is the parent's responsibility to replace the emergency medication when it has expired or has been used.

Procedure for the administration of emergency medication

The emergency medication will be stored in line with controlled drug guidelines and appropriate consent forms will be completed by parents.

If the pupil is prescribed emergency medication and the seizure fits the guidance in the medical care plan, then administer following the guidelines on the packet. If there is any concern about whether to administer contact 999 and further guidance will be given.

It will require two members of staff to administer emergency medication. The emergency medication should take effect within a few minutes.

18. Diabetes Policy

Beachborough School aims to support pupils with diabetes to ensure they can participate fully in all aspects of school life. School recognises that diabetes is a long-term medical condition where the amount of glucose in the blood is too high because the body is unable to use it properly. Prior to a pupil with diabetes starting at Beachborough the parents must have met with the School Nurse to discuss how their child can be cared for and supported in the school environment. Pupils past medical history and details of condition will be recorded on the schools iSAMs system for school staff to access as necessary.

- All staff must be aware of how to manage specific pupils' diabetes and staff training is provided annually during one of the INSET days.
- A Medical Care Plan must be written in conjunction with the parents and the child's Diabetic Nurse, detailing the specific care to be given. All children with seizures or epilepsy will have this recorded on the school iSAMs system for school staff to access as necessary.

Medication

- Pupils will always have immediate access to their emergency diabetic kits and medication.
- A medical fridge for storage of insulin is provided in the medical room.
- A privacy screen is available for any pupil needing to administer insulin

For more information on the storage of medication please see the schools Medicine Administration policy.

Sharps

Diabetic medication and monitoring necessitate the need for the use of Sharps. All Sharps should be disposed of in a 'sharps' box stored in the medical room, following the schools Clinical Waste Risk Assessment.

Parents responsibility:

- Inform the medical room of any changes to their child's diabetic care plan.
- Update the school after any Consultant/Hospital visits.
- Ensure pupil has an adequate supply of medication and testing equipment in the medical room and check it is in date when they return to school after holidays.
- Give consent for the administration of Glucogel (oral glucose gel)
- Provide school with a hypoglycaemic box, which should contain a selection of the following items:
 1. Sweet snacks
 2. Biscuits
 3. Sweet drink
 4. Glucose tablets
 5. Tube of Glucogel
- If a pupil uses an insulin pump parents must ensure a spare cannula, tubing and an applicator is kept in the medical room.

In addition, a copy of the pupil's care plan should be kept within the hypo box, so it is easily accessible in an emergency.

School responsibilities:

- All staff will be provided with the necessary training to ensure they are aware of what to do if a diabetic pupil becomes unwell.
- Ongoing training and support will be provided to staff as necessary.
- Allow pupils who have been unwell time to catch up on missed work.
- Advise a pupil to seek advice from the medical room if symptoms cause tiredness or interfere with their work.
- Any member of staff can access diabetes training at any time through the school nurse.
- Seek advice from the school nurse prior to any off site school trip or fixture, including obtaining a copy of a pupil's diabetic care plan.

19. Additional advice for specific Injuries / events

Unconsciousness and Broken Bones

If the injured party is unconsciousness or has an obviously broken limb:

- They should not be moved (apart from being turned carefully into the recovery position if unconscious)
- They should be kept warm
- A responsible adult should inform the Nurse to inform them where the pupil is, the suspected injury and the name of the pupil for the School Nurse to attend.

Spinal Injuries

If a fracture of the neck or back is suspected (one common symptom being pains or 'pins and needles' in the arms or legs), the pupil must on no account be moved until he is seen by a paramedic or doctor, who may wish to apply a cervical collar to immobilise the neck. Should the pupil become unconscious, and the airway be in risk of obstruction, he should be placed in a modified recovery position, protecting the neck and back.

Eye Injuries

If a pupil is hit in the eye and experiences pain or any visual disturbances, even if only temporary, he/she should be referred to a doctor that same day, since any delay in treatment may seriously endanger recovery.

Bleeding

If a pupil suffers from a nosebleed or any other form of bleeding, he should not continue with any game or other activity in which he might have been engaged until the bleeding has stopped and the wound has been covered. Note: Bleeding from the ears or a clear discharge from the ear following trauma or head bump indicates the possibility of a more serious head injury and the pupil must not be moved until the arrival of the emergency services.

Head Injury & Concussion (see Head Injury and Concussion Policy)

Any child who has a fluctuating conscious level following an injury to the head must be taken to hospital to exclude serious head injury. Parents of children going out of school must always be made aware if the child has received an injury to the head during the school day. They should be advised of the action taken at the time and any further action that may be required. For further information, see Head injury and concussion policy.

Treatment and Prevention of Head Lice

Head lice do not cause any serious health problems, but if left untreated the lice will cause the scalp to itch and the lice may be passed on to other people. Adult lice are usually pale in colour, the size of a sesame seed and live very close to the scalp. They have six legs and walk from one person to another when there is head-to-head contact. Eggs are cream/brown in colour and the size of a sugar grain. Nits are empty cases, white in colour and stick to the hair. Head lice infection is present if an actual living, moving louse is found.

Parents should ensure that a child's hair is treated prior to the next school day if traces of head lice or eggs are found. If parents are aware that their child is attending school with untreated head lice, they must inform the school. Treatment for head lice can be purchased from any chemist or larger supermarket. The instructions for treatment should be carefully followed and the child's hair continually checked and combed, ensuring that all dormant eggs are removed.

Prevention - Twice weekly combing with a nit comb will help to prevent infestation developing. Comb your hair in the normal way every day and follow the wet combing method twice a week.

- Wash hair and leave wet, but not dripping
- Massage a generous amount of conditioner into the hair
- Comb hair to get rid of any tangles
- Use a nit comb to comb through the hair in sections
- Comb from the roots, ensuring that the comb touches the scalp to hair end
- Any lice found should be removed after each stroke of the comb by wiping the comb on a clean tissue
- Finish combing and rinse hair
- Dry hair in the normal way

It is important to repeat the wet combing method twice a week, as head lice can breed once they are a week old. Head lice can live for 40 days and will lay up to 8 eggs per night. It is helpful if long hair is tied back or secured in a way which prevents hair to hair contact with another child.

APPENDIX A

Beachborough School First Aid Requirements Risk Assessment

First-aid personnel	Required Yes/no	Number needed
<p>First-aider with a first aid at work (FAW) certificate</p> <p>AND</p> <p>First-aider with an emergency first aid at work (EFAW) certificate</p>	Yes	<p>Employees with valid FAW and EFAW certificates are available to provide first aid assistance during their time at school.</p> <p>At least 15 members of staff will hold valid certification at any time (equiv. to over 10% of employees).</p> <p>At least 8 trained first aiders will be present on-site during core hours during term time.</p> <p>At least 2 trained first aiders will be present on-site outside of core hours during term time (i.e. boarding).</p> <p>At least 1 trained first aider will be present during standard working hours, outside of term time (i.e. school holidays).</p>
Paediatric first aid course (PFA)	Yes	<p>Paediatric first aid required for early years' provision (see appendix 1 for paediatric first aiders).</p> <p>All staff working within EYFS, and most staff working within the Boardman will have a valid PFA certification.</p>

<p>First-aider with additional training (specify):</p> <p>Adrenaline device & anaphylaxis training</p> <p>Medicine administration</p> <p>Automated External Defibrillator (AED) training</p>	Yes	<p>Annual adrenaline device and anaphylaxis training to the majority of Beachborough staff, including kitchen staff.</p> <p>Medicine administration bi-annual training to majority of teaching staff.</p> <p>All FirstAiders are trained to use AED (see appendix B for trained staff). Annual updates face to face or online.</p>
Appointed person	No	
First-aid equipment and facilities	Required Yes/no	Number needed
First-aid container	Yes	In locations easily accessible to the whole school (see Appendix C for locations).
Additional equipment (specify) (e.g. automated external defibrillator (AED))	AED	Located in yellow cabinet outside Whybrow Foyer – (code required for cabinet)
Travelling first-aid kit	Yes	At least one kit goes with each trip or fixture (home & away)
First-aid room	Yes	Dedicated ground floor facility

Appendix B

BEACHBOROUGH SCHOOL - TRAINED FIRST AIDERS (as of Jan 25)

Three Day - First Aid at Work (FAW) – Valid for 3 years

Sam Stoop	expires (20/10/25) - St John Ambulance
Becky Jones	expires (07/02/26) - JMS First Aid Training
Susi Blithe	expires (08/03/27) - St John Ambulance
Nick Blithe	expires (08/03/27) - St John Ambulance
Sophie Baldry	expires (23/07/27) - St John Ambulance
Joanne Davis	expires (17/09/27) - St John Ambulance
Yasmine Hemchi	expires (19/09/27) - St John Ambulance

Two day – Paediatric First Aid Course – Valid for 3 years

Becky Fry	expires (10/03/26) - Paediatric First Aid - JMS Training
Gemma Holloway	expires (12/03/26) - Paediatric First Aid – St John Ambulance
Kelly Andrews	expires (29/03/26) - Paediatric First Aid MCG Training
Tanya Sumner	expires (29/03/26) - Paediatric First Aid - MCG Training
Suzi Johnson	expires (29/03/26) - Paediatric First Aid - MCG Training
Tom Knowles	expires (29/03/26) - Paediatric First Aid - MCG Training
Ekaterina Bennet	expires (29/03/26) - Paediatric First Aid - MCG Training
Isabel Kingsley	expires (29/03/26) - Paediatric First Aid - MCG Training
Anya Thomas	expires (29/03/26) - Paediatric First Aid - MCG Training (Mat Leave)
Mark Jackson	expires (19/06/27) - Paediatric First Aid - JMS Training
Sophie Allington	expires (19/06/27) - Paediatric First Aid - JMS Training
Kate Andrews	expires (19/06/27) - Paediatric First Aid - JMS Training
Judith Williams	expires (19/06/27) - Paediatric First Aid - JMS Training
Janine Preece	expires (19/06/27) - Paediatric First Aid - JMS Training
Laura Morle	expires (19/06/27) - Paediatric First Aid - JMS Training
Millie Cox	expires (19/06/27) - Paediatric First Aid - JMS Training
Sophie Baldry	expires (19/06/27) - Paediatric First Aid - JMS Training
Charlotte Raclawski	expires (27/01/28) - Paediatric First Aid – St John Ambulance

One Day – Level 3 Emergency First Aid at Work Valid for 3 years

Camilla Hodgkinson	expires (30/08/25) - JMS First Aid Training
Dan Gross	expires (30/08/25) – JMS First Aid Training
Karen Wise	expires (30/08/25) – JMS First Aid Training
Nicolas Perronnet	expires (30/08/25) – JMS First Aid Training
Sara McNamara	expires (30/08/25) – JMS First Aid Training
Simon Preece	expires (30/08/25) – JMS First Aid Training
Vicky Little	expires (30/08/25) – JMS First Aid Training
Annie Chatfield	expires (19/10/25) - JMS First Aid Training
Christopher Rodd	expires (19/10/25) - JMS First Aid Training
Aidan Jackson	expires (21/10/27) - JMS First Aid Training
Mark Usher	expires (21/10/27) - JMS First Aid Training
Sally Gross	expires (21/10/27) - JMS First Aid Training
Ellen Mackenzie	expires (21/10/27) - JMS First Aid Training
Faye Howkins	expires (21/07/27) - JMS First Aid Training
Frankie Blee	expires (21/07/27) - JMS First Aid Training
Jade Mulcahy	expires (21/07/27) - JMS First Aid Training
Lexi Lamb	expires (21/07/27) - JMS First Aid Training
Lowri Boast	expires (21/07/27) - JMS First Aid Training

Wilderness 24hr First Aid Training Valid for 3 years

Laura Morle	expires (01/11/2026) - High Peak First Aid Training
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Managing Safety (IOSH)

Charlotte Wood	expires (24/01/2026)
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Appendix C

GREEN PLASTIC FIRST AID BOXES - ON A WALL BRACKET

<u>LOCATION</u>	<u>BOX NUMBER</u>
ART ROOM	1
MAIN KITCHEN	3
PANTRY	4
FOOD TECH	5
BOARDER'S KITCHEN	6
SCIENCE LABS	7
BOARDMAN MAIN FOYER	8
MATHS ROOM	10
GROUNDSMAN SHED	11
FOREST SCHOOL	12
NURSERY/ KINDERGARTEN	13
SCHOOL OFFICE	14
WHYBROW THEATRE	17
SPORTS HALL	18
T.E.D. SUITES	19
MINIBUS	20
BOARDING- BOYS	21
BOARDING- GIRLS	22
AFTERCARE/ THE HUB	24
MAINTENANCE SHED	25

Grab Bags

<u>LOCATION</u>
MEDICAL ROOM GRAB BAG
BOARDMAN KITCHEN GRAB BAG
NURSERY/ KINDERGARTEN (BUM BAG)
RECEPTION (BUM BAG)
OUTDOOR ED (BUM BAG)
BOARDMAN KITCHEN GRAB BAG

Appendix D

Guidance on infection control in schools and other childcare settings

Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses).
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMRx2).
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your

		local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Appendix E

Return To Play Guidelines

GRADUATED RETURN TO PLAY - ROUTINE U19 AND BELOW

STAGE	STAGE 1	STAGE 2A	STAGE 2B	STAGE 3	STAGE 4	STAGE 5	STAGE 6
Aim	Initial Rest (Physical and Cognitive)	Relative Rest Symptom-limited activities	Light aerobic exercise	Sport specific exercise	Non-contact training drills	Full contact practice	Return to sport
Activity	No exercise or driving. Minimise screen time. Consider time off or adaptation of work or study	Initially daily activities that do not provoke symptoms. Consider time off or adaptation of work or study	Brisk walking or stationary cycling at slow to medium pace. No resistance training	Running drills. No head impact activities	Harder training drills, eg, passing drills. May start progressive resistance training	Following medical review, participate in normal training activities	Normal game play
Goal	Recovery	Return to normal activities (as symptoms permit)	Increase heart rate	Add movement	Exercise, coordination, and cognitive load	Restore confidence and assess functional skills by coaching staff	Exercise, coordination, and cognitive load
Time	24-48 hours	Minimum 2 weeks (incl. stage 1)	Minimum 48 hours	Minimum 48 hours	Minimum 48 hours	Minimum 48 hours	

If any symptoms occur while progressing through the GRTP programme, the player should rest a minimum 48 hours until symptom free and then may return to the previous stage.

REVIEW BY A DOCTOR

(Headcase, 2023)

