



## Swanbourne House Medical, Health and First Aid Policy

<b>Name:</b>	Medical, Health and First Aid Policy
<b>Applies to:</b>	Whole School including EYFS
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<b>Contributors:</b>	School Nurse, Head of Lower School
<b>Owner:</b>	Deputy Head Pastoral
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To be read in conjunction with:

- Educational Visits Policy
- Health and Safety Policy

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## **References**

- Keeping Children Safe in Education, July 2025
- Working Together to Safeguard Children, December 2023
- Dept of Health – Guidance on the use of Adrenaline auto-injectors in schools, September 2017
- Dept of Health - Guidance on the use of Emergency Salbutamol Inhalers in Schools, September 2014
- Information Sharing – advice for practitioners providing safeguarding services to children, May 2024
- Health and Safety - Reporting of Injuries, Diseases & Dangerous Occurrences Regulations, 2013
- DfE, First aid in schools, early years and further education, February 2022
- DfE, Boarding Schools National Minimum Standards
- DfE, Supporting Pupils at School with Medical Conditions, August 2017
- Public Health England – Guidance on infection control in schools and other childcare settings, March 2017
- Nursing and Midwifery Council, The Code, Professional Standards of Practice and Behaviour for Nurses and Midwives, September 2025
- NICE, Anaphylaxis Guidelines CG134, reviewed August 2020
- HSE, L74 – First Aid at Work (Third Edition), 2013, amended 2024
- HSE, OCE 23 – Cleaning up Body Fluids, 2011
- DfE Understanding and Dealing with Issues Relating to Parental Responsibility, January 2016
- Statutory framework for the Early Years Foundation Stage, updated July 2025

## **Contact Information**

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## **Introduction**

This policy aims to ensure that the school has adequate, safe, and effective first aid provision so that every pupil, member of staff and visitor is well looked after in the event of any illness, accident, or injury. For this policy, first aid is defined as help that is given to an injured person until professional medical treatment is available. This policy outlines the care and procedures that will be followed for pupils with medical conditions and/or health needs to ensure that they receive the highest level of care.

## **Roles of Responsibility**

**Head:** The Governors delegate day-to-day responsibility and oversight through the Head for ensuring the school has adequate and appropriate first aid policies, equipment, facilities and trained first aiders.

**School Nurse:** The School Nurse is a Band 5 Registered Nurse and is line managed by the Deputy Head Pastoral. Surgery is staffed by the School Nurse during term time between 8:30am and 4:30pm.

**First Aiders:** A First Aider is an individual who has completed a First Aid at Work or Paediatric First Aid course, approved by HSE and holds a valid, in date certificate.

**3W Health Medical Practice:** All full-time boarders will be registered at 3W Health Medical Practice.

## **First Aid Provision at Swanbourne House**

### **Swanbourne House First Aiders**

As of September 2025, Swanbourne House has 30 First Aiders:

- 8 staff members hold a 'First Aid at Work' qualification
- 22 staff members hold a 'Paediatric First Aid' course qualification
- In line with the EYFS statutory framework, there are displays with details of the PFA trained staff in various locations around the school

### **First Aider Responsibilities**

- Responding to first aid needs, emergencies, common illnesses and injuries in line with the training they have received
- Taking a leadership role when emergencies and accidents occur
- Calling an ambulance when required
- Ensuring first aid boxes are restocked after use by informing the School Nurse when they have been used
- Documenting first aid administered on an accident form, and accidents and near misses on SmartLog

### **Procedure When First Aiders Are Not Available**

Any member of staff must undertake first aid tasks to help a pupil in need. Staff must always act for the welfare of pupils as the consequences of taking no action may be more serious than actions to help a pupil and provide first aid.

## **First Aid Procedure for Trips and Fixtures**

Trip leader responsibility:

- Prior to the departure of a trip or fixture the trip leader must collect a medical folder and first aid kit from Surgery
- Carry a mobile phone in case of emergency
- To complete a risk assessment

If a first aider is not available on a school trip or away fixture the trip leader is required to identify an appointed person who will be responsible for:

- Responding to first aid situations, emergencies, common illnesses and injuries
- Calling the emergency services and/or Surgery getting further first aid assistance
- Returning first aid equipment to Surgery
- Documenting any first aid care given

Medication:

- The Trip Leader, or first aider must carry any medication, and ensure that children are not given responsibility for their medication.
- Pupils with asthma must have their inhalers with them and/or a spare inhaler is in the first aid kit
- Diabetic pupils have their relevant medication and equipment
- Adrenaline devices must be signed out from reception for pupils with severe allergies and are signed in on return to the school

Minor injury:

- When a minor injury occurs during a trip or fixture the pupil will be cared for by a first aider or appointed person
- All first aid care must be documented
- If the injury requires further monitoring the trip leader must inform parents
- If a pupil obtains a head minor head injury that does not result in any signs of concussion parents must be informed by email, phone or in person so that further monitoring can take place

Serious injury:

- If required, emergency services should be contacted and the pupil must be taken to Accident and Emergency without delay
- The trip leader must inform the school and School Nurse

## **First Aid Kits**

First aid kits must meet the HSE guidance in appearance and contents. First aid kits are clearly displayed, and signage is available throughout the school identifying first aid equipment and first aiders.

- Burns first aid kits are available in the kitchen and the design technology classroom
- A major bleed first aid kit is found in the maintenance workshop

### First Aid Kit Contents

1	First Aid Guidance sheet
1	Clinical waste bag
2	Eye dressings
4	Medium dressings
30	Plasters
20	Antiseptic wipes
4	Triangular bandages
4	Eye wash
1	Foil blanket
1	Resuscitation Aid
2	Pairs of protective gloves
2	Packs of gauze swabs
1	Roll of Micropore tape
2	Disposable ice packs
1	Vomit bags

### First Aid Kit Locations

#### Main House:

- Reception
- Kitchen x2
- Outside Surgery
- Walker Building
- Fremantle Building:
  - Ground floor
  - First floor
  - Design technology classroom
- Boarding House
- Swimming Pool
- Boys changing room
- Girls changing room
- Cricket pavilion
- Engineering Shed
- Maintenance Workshop

#### Manor House:

- Cabin
- Stable block entrance
- Outside Year 2 classrooms
- First Aid Break bag

#### Emergency asthma kit locations:

- Outside Surgery
- Reception
- Manor House stable block entrance
- Boarding House

- Sports Department

**Emergency allergy response kit locations:**

- Reception
- Manor House: Outside the school shop
- Pavilion on the bottom pitch

**Automated External Defibrillator (AED):**

- Location: Outside the Walker building

Anybody can use the AED; no training is needed; staff are annually emailed a reminder of the location of the defibrillator and the manufacturers video of how to use the defibrillator annually.

**Managing Accidents**

**RIDDOR**

Under the direction of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (1995) amended 2012, certain types of accidents must be reported to the HSE. The following incidents will be reported to the HSE if an employee is injured:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Injury likely to lead to permanent loss of sight or reduction in sight
- A crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding), which: cover more than 10% of the body; or cause significant damage to the eyes, respiratory system or other vital organs
- Injury causing scalping requiring hospital treatment
- Any loss of consciousness caused by a head injury
- Any injury arising from working in an enclosed space which: leads to hypothermia or heat-induced illness; or requires resuscitation or admittance to hospital for more than 24 hours
- Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a staff member sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work

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

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

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

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)

- The way equipment or substances were used (e.g. lifts, machinery, experiments, etc.);
- The condition of the premises (e.g. poorly maintained or slippery floors).

### **Emergency Response Procedure**

- If a situation is life threatening or serious then 999 – emergency services must be called immediately.
- In the event of an emergency the School Nurse (2216) and school office (2200) should also be informed

### **Calling an Ambulance**

An ambulance is always to be called in the following circumstances:

- A significant head or neck injury
- If it is a pupil's first seizure, or when a seizure last for more than 5 minutes.
- Unconsciousness
- Difficulty in breathing and/or chest pain
- Anaphylaxis
- Severe blood loss
- Severe burns

The school office and maintenance team are responsible ensuring that an ambulance can arrive at the scene of the accident.

### **Taking a Pupil to Hospital by Car**

When a pupil requires medical attention and an ambulance is not required, the parents/guardians will be contacted and informed of the situation and the recommendation that the pupil should go to A&E/GP. The parent/guardian will then need to collect the pupil and arrange for further assessment to take place. If it is not in the pupil's best interest to wait for their parent/guardian to collect them then it may be arranged for the pupil to be taken to A&E by car.

When a pupil is taken by car to hospital the following procedure must be followed:

- SLT to confirm travel by car is appropriate and the 2 members of staff will travel with the pupil
- Parent/guardian contacted and informed
- Pupils under 135cm should sit in the back of the car
- Reception informed of progress and any likely times of return for staff and pupils
- Documentation to be sent to School Nurse

### **Procedure for Caring for an Unwell Pupil**

#### **Day Pupils**

Any pupils complaining of illness should be sent to the School Nurse. If the School Nurse is off-site, one of the school's first aiders will attend an injury or if a child is not well enough to remain in school the school office will phone the parent/guardian to inform them.

Pupils must be accompanied to the surgery by a member of staff if they:

- Have sustained a head injury
- Are breathless and asthmatic

- Have an epileptic episode
- Signs of allergy/anaphylaxis
- Suffer from diabetes and feel unwell
- Have acute severe pain
- Have vomited
- Are unduly distressed

In line with advice given by the Department of Health, pupils with vomiting and/or diarrhoea must be cared for at home for 48 hours after the last episode of vomiting or diarrhoea.

### **Boarding Pupils**

Details of the care to be given for Boarding pupils can be found the 'Swanbourne House School Boarding Procedure in the Event of an Unwell Boarder', its key points are:

- When a flexi-boarder or weekly boarder is not well enough to remain in school their parent/guardian will be contacted so that they can be collected from home
- When a boarding pupil that has become unwell, they will visit the School Nurse for an assessment of their symptoms and the houseparent on duty will prepare the rest and recover area so that the boarder can be assessed and cared for away from other pupils.

## **Health and Safety**

### **Introduction**

Staff must take precautions to avoid infection and must follow basic universal hygiene procedures. Single-use disposable gloves and aprons are provided within first aid boxes.

### **Hygiene procedure and Disposal of Body Fluids**

- Body fluids are a source of infection. Infections can be easily spread through poor hygiene, following hand to mouth/nose/eye contact and via broken skin (cuts or scratches).
- To reduce the spread of infections tissues and hand sanitiser are readily available for pupils and staff
- Spillages of body fluids must be cleaned up immediately using the Biohazard Body Fluid Clean up kits

All clinical waste will be disposed of through the correct routes:

- Sharps and needles to be disposed of in the sharps bin in Surgery
- Disposal of waste with body fluids to be disposed of in yellow, clinical waste bags and placed in the clinical waste bins found in Surgery and Boarding. Yellow, bio-hazard bags are available in all first aid boxes.

### **Pupils with Medical Conditions**

Swanbourne House School is committed to supporting pupils with medical conditions, ensuring that they participate in all aspects of school life.

## **Consent**

Each Pupil's parent/guardian must complete a health questionnaire provided on admission. This form, when signed provides parental consent for their child to receive first aid and 'over the counter' medicines. Verbal consent from the child will be obtained at the point of need.

## **Roles and Responsibilities**

Swanbourne House recognises their duties and understands that pupils with the same medical condition will have individual needs and are committed to caring for pupils holistically to ensure they are supported, cared for and thrive.

### Parents/Guardians:

- To inform the school and School Nurse and provide sufficient documentation of any physical or mental medical condition that may affect their child(ren)
- Inform the School Nurse of any changes or update regarding their medical condition after medical reviews
- Participate in meeting with School Nurse and/or Boarding House as appropriate
- To participate in agreeing an Individualised Health Care Plan (IHCP)

### School Nurse:

- To ensure that all pupils with medical condition has an IHCP
- To liaise with appropriate staff and health care professionals in developing an IHCP.
- To support staff when caring for pupils
- To provide training to staff on medical conditions

### Staff:

- To attend training sessions on medical conditions
- To complete yearly Educare training on Asthma, Diabetes, Anaphylaxis and Epilepsy
- To be aware of pupils who have medical conditions and/or how to access the school medical list and IHCPs

## **Appendix 1: Medication Procedure**

### **Introduction**

Pupils that may require medication at school include:

- Pupils who have a medical condition or illness.
- Pupils who have been prescribed medication that requires to be given during school hours.
- Pupils that have been diagnosed with a chronic or life-threatening condition (such as anaphylaxis, asthma, diabetes) and require medication to be given or available in case of an emergency during school hours.

### **Roles and Responsibilities**

Parent/Guardians:

- Consent for prescriptions required during school hours must be given for each individual prescription, this is provided by completing the 'Medication Consent Form' on My School Portal.

School Nurse:

- The School Nurse is responsible for overseeing medication throughout the school. The School Nurse is to ensure that staff giving medication are adequately trained.

Staff:

- When the School Nurse is on site, all medication in Main House will be given by the School Nurse
- Medication in Manor House is given by the trained appointed First Aider
- When outside of school hours or if the School Nurse is not available, the boarding parents and first aider at Reception are responsible for administering and documenting medication
- All medicine that has been given to any pupil must be recorded on Isams as soon as possible and parents/guardians or boarding staff must be informed

Boarding House:

- Trained Boarding parents will administer medication to Boarders in the Boarding House and document the administration on Isams and inform the School Nurse

### **Personal Prescriptions**

- All medications brought into the school from home must be recorded by the School Nurse, including 'over the counter' and complementary medicines such as multivitamins.
- Medications from abroad, not licensed in the UK should be given directly to the School Nurse so that the suitability of the medication can be decided, and the UK equivalent can be provided.
- All medicines must be in the original packaging, clearly labelled with the pupil's name, dose and directions of use.

### **Storage**

All medication is to be securely stored in one of the designated areas:

- Surgery
- Manor House First Aid cupboard

- Manor House locked fridge
- Medicine cupboard in Boarding House office
- Surgery fridge
- Manor House locked fridge

### **Administration of Medication**

When medication is administered the 5 R's of safe medication administration must be followed to ensure pupil safety:

1. **Right person** - check the identity of the pupil.
2. **Right medication** - ask if the pupil had any medication before school and check with parent in unsure.
3. **Right time**
4. **Right dose** - Give the correct dose as outlined on the medication leaflet and do not exceed the recommended dose under any circumstances.
5. **Right route**

The staff member administering medication must:

- Record administered medication on the pupil's medicines record on Isams.
- Report any drug errors or drug reactions to Line Manager.
- Inform the pupil's parent/guardian.

### **Self-Administration of Medication**

Self-administration of medication by a pupil is discussed and assessed for each individual case. This discussion must include Parents/guardian, DSL, School Nurse and Head.

### **Disposal of Medications**

Medication that is expired, or empty and requires disposal must be done so via surgery by the School Nurse.

### **Taking Medication Home**

If a pupil takes the medication home, the School Nurse will contact the parent/guardian to inform them. Once the pupil has left the school the responsibility for the medication passes to the parent/guardian.

### **School trips/fixtures**

Medication must be handed over to the designated First Aider who is responsible for the safe administration and storage of the medicine.

### **Controlled Drugs**

- Controlled Drugs for pupils must be handed into the school by the parent/guardian to the School Nurse and kept in the CD cupboard in Surgery.
- All Controlled Drugs must be stored in its original packaging in the locked CD cupboard which must be double locked.
- The administration of Controlled Drugs is recorded in the Controlled Drug Book next to the CD cupboard.

## References

Department for Education and Employment Guidance on First Aid at Schools

Department for Education Supporting Pupils with Medical Needs:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf)

Controlled Drugs (CD) Standard Operating Procedures (SOPs) for GP surgeries Version 13

Controlled drugs: Safe Use and Management <https://www.nice.org.uk/guidance/ng46/chapter/recommendations>

New NMC Code 2015:<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicinesmanagement.pdf>

Dept for Education Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England September 2014

Dept for Education Boarding schools' National minimum standards In force from 1 April 2015

Misuse of Drugs Regulations 2001

## **Appendix 2: Asthma Procedure**

### **Introduction**

Swanbourne House is committed to ensuring that pupils with asthma are supported to participate in school life fully and safely.

### **Asthma**

Asthma is a common lung condition that causes occasional breathing difficulties. Asthma is caused by the inflammation, swelling and narrowing of the airways when a person with asthma is exposed to a trigger making it difficult to breathe comfortably. When exposed to a trigger a person with asthma may present with symptoms such as:

- Breathlessness
- Cough
- Chest tightness

Symptoms may worsen; this is known as an asthma attack. Symptoms include:

- Persistent cough at rest.
- Wheezing
- Shortness of breath
- Difficulty breathing
- Unable to complete sentences.
- Being unusually quiet
- Appearing exhausted
- A blue tinge around the lips.
- Collapse

### **Common Triggers**

Common triggers include:

- viral infections
- house dust mites
- pollen
- cigarette smoke
- animal fur
- pollution
- dust
- stress
- exercise
- grass

### **Asthma Medication**

- Asthma is usually treated with an inhaler, although other medications can be prescribed.
- Pupils diagnosed with asthma need immediate access to reliever inhaler.
- Emergency inhaler kits holding emergency Salbutamol can be used by pupils who have an asthma care plan.

## **Asthma Care Plans**

Pupils with an asthma diagnosis must have a completed Asthma Care Plan which is completed by their parent/guardian and provides consent for the use of the school's emergency inhaler if required. A pupil's Asthma Care Plan will be made available for school staff to access if required.

## **Roles and Responsibilities**

Staff:

- Annually complete the Educare Asthma training
- Know how to access the school medical list and identify pupils with asthma
- Know how to care for a pupil in the event of an asthma attack
- Staff must ensure that any asthmatic pupils have an inhaler for school trips or away fixture

School Nurse:

- To develop, review and update an asthma care plan for each pupil who has asthma
- Share Asthma Care Plans with staff
- Audit the emergency inhaler kits and spacers to ensure they are present, in date and in working order.
- To provide medical assistance if a pupil has an asthma attack or is suffering from asthma symptoms.
- To create and maintain a register of pupils with asthma.

Parents/Guardians with an asthmatic child have the responsibility to:

- Inform the school of an asthma diagnosis and what medication is taken
- Inform the School Nurse of any changes to the pupil's treatment plan or any problems with asthma when the pupil is not at school
- Update the school after any asthma medical reviews
- Ensure the pupil has their prescribed medication and it is in date when they return to school after holidays and breaks from school

## **References**

<https://www.asthma.org.uk/>

<https://nhs.co.uk/conditions/asthma>

<https://www.england.nhs.uk/childhood-asthma/>

<http://www.medicalconditionsatschool.org.uk/>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

## **Appendix 3: Diabetes Procedure**

### **Introduction**

Swanbourne House School is committed to ensuring all pupils with Type 1 diabetes are encouraged and supported to participate safely and fully in school life.

### **Type 1 Diabetes**

Type 1 diabetes is a lifelong condition where blood glucose is too high as the body cannot make the hormone insulin. Insulin is administered by injection throughout the day or via a continuous insulin pump. People with Type 1 diabetes check their blood sugar levels regularly to ensure that their levels are within their targeted range.

### **Diabetes Medication**

- Please read the *Medication Policy* in conjunction with this guidance and follow its guidance on storage, administration, record keeping and disposal.
- Insulin can be stored in a fridge. Medical fridges are in Surgery and a locked fridge in Manor House
- Oral medication is to be stored in a locked medicine cupboard and administered by the School Nurse (or appropriately trained member of staff)
- A supply of insulin will be kept in Surgery

### **Individualised Health Care Plan**

An IHCP will be created by the school Nurse in partnership with parents, the pupil and specialist diabetes team. The IHCP will address the pupils' specific needs and provide clear instructions for ongoing and emergency care. Any pupil with diabetes will be supported by the School Nurse and can go to Surgery at any time for support or advice.

### **School Trips/Fixtures**

- Diabetes should not prevent a pupil from going on school trips/fixtures. The trip leader should liaise with the School Nurse before any trip.
- The trip leader must ensure that they have a copy of the pupils IHCP
- The Trip leader must ensure that the pupil's diabetes medication and equipment is always with the pupil

### **Exercise and activity**

- Pupils must have access to their diabetes medication and equipment during times of activity
- It is important that blood glucose testing is performed before, during and after sport, activity or PE. Activity may affect blood glucose levels, depending on intensity, duration and how close to the activity an insulin dose is

### **Roles and Responsibilities**

Staff:

- Read and understand the school's Diabetes Policy
- To annually complete Educare's online diabetes training
- Know which pupils have diabetes or how to access the school medical list and their IHCP

- Ensure that diabetic pupils always have their diabetic monitoring and medication/treatment with them
- Inform the School Nurse if they have concerns about a diabetic pupil

School Nurse:

- To see all new pupils with diabetes and meet with their parent/guardian
- To develop, review and update an IHCP
- To communicate with regularly with
- Support diabetic pupils

Parent/Guardian:

- Inform the school if a diabetes diagnosis has been made and the pupil's plan of care
- Inform the School Nurse of any changes to the treatment plan
- Update the school after any diabetic reviews with supporting documentation
- Ensure the pupil has adequate supplies of medication and it is in date when they return to school after holidays and breaks

**References**

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools>

<http://www.medicalconditionsatschool.org.uk>

## **Appendix 4: Seizure Procedure**

### **Introduction**

Swanbourne House School aims to support pupils who may have seizures, ensuring that they participate fully in all aspects of school life.

### **Seizures**

A seizure is a common neurological condition caused by a sudden burst of intense electrical activity in the brain which can temporarily disrupt the way that messages are sent between brain cells. This can cause changes in a person's awareness, behaviour, emotions, sensations and/or motor functions.

### **Seizure First Aid**

- If a pupil is found to be having a seizure it is important not to restrain them in any way; simply ensure that they are safe by clearing the surrounding area to avoid further injury.
- Note the time the seizure starts and consider any triggers
- Contact the School Nurse for assistance
- Once the seizure has finished place the person in the recovery position

If the pupil is known to have seizures:

- An ambulance is only required if the seizure lasts 2 minutes longer than their regular seizure.
- Call an ambulance if the seizure lasts longer than 5 minutes.

If the pupil is not known to have seizures:

- Call an ambulance if the seizure lasts longer than 5 minutes.
- Provide advice and support to any pupils/staff who witnessed the seizure.

Contact the pupil's parent/guardian and document event.

### **Medication**

- Any pupils taking medication for epilepsy will have oral medication which will be stored and administered as per the *Medication Policy* section of this policy.

### **Individualised Health Care Plan**

An Individualised Health Care Plan (IHCP) will be created in partnership with the parents/guardians and reviewed annually, or when there are changes to care. This care plan will be made available for staff to access if necessary.

### **School Trips and Away Fixtures**

- Epilepsy should not prevent a pupil from going on school trips/fixtures
- The trip leader should liaise with the School Nurse before any trip.
- The trip leader must ensure that they have a copy of their IHCP and has checked that all control measures are in place.

### **Roles and Responsibilities**

Staff:

- To annually complete the online Educare Epilepsy awareness training

- Know which pupils in the school could have a seizure or where to find the school medical list
- Know what to do in the event of a seizure
- Inform the School Nurse if a pupil has a seizure

School Nurse:

- Develop, update and review Individualised Health Care Plans (IHCP) for pupils who have epilepsy in partnership with parents and to share the care plan with staff
- Ensure that pupils can seek support with their condition when at school

Parents have the responsibility to:

- Inform the school if an epilepsy diagnosis has been made and what medication is taken
- Inform the School Nurse of any changes to treatment or care plan
- Update the school after any hospital visits
- Ensure the pupil has medication in school (if required) and that the *Medication Policy* section of this policy is followed

References

[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

[www.epilepsy.org.uk/education](http://www.epilepsy.org.uk/education)

Medical Conditions at School : A policy resource pack

## **Appendix 5: Allergy Procedure**

### **Introduction**

Swanbourne House School is committed to a whole school approach to the care and management of pupils with allergies and intolerances.

Swanbourne House is committed to proactive risk food allergy and intolerance management through:

- The establishment and documentation of a comprehensive management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site.
- Ensuing that the community is 'allergy aware' through education and training.

Common causes of allergies and intolerances relevant to this policy are the 14 major food allergens:

- Gluten
- Celery
- Crustaceans
- Egg
- Fish
- Soya
- Milk
- Nuts
- Peanuts
- Mustard
- Sesame seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

### **Anaphylaxis**

Anaphylaxis is a potentially life-threatening allergic reaction. Anaphylaxis may occur within minutes of exposure to the allergen. It can be life-threatening if not treated quickly with adrenaline.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts
- Other foods (e.g. dairy products, egg, fish, shellfish and soya)
- Insect stings
- Latex
- Medication

Symptoms of anaphylaxis include:

- Generalised flushing of the skin anywhere on the body
- Swelling of the airway
- Abdominal pain, nausea, and vomiting
- Sudden feeling of weakness or floppiness
- Unconsciousness

### **First Aid for Anaphylaxis**

- Phone 999 immediately
- Use the person's adrenaline device or the emergency adrenaline pen
- Ensure that Reception and maintenance are aware that an ambulance is coming onto site so that they can direct them
- Do not leave the pupil
- Document the event
- Contact parents/guardians/Boarding House as appropriate

### **Roles and Responsibilities**

School Nurse:

- Develop an Allergy Action Plan for pupils with severe allergies
- Share the Allergy Action Plans with all staff
- Provide medical assistance if a pupil has an allergic reaction or anaphylaxis
- Ensure that all spare Adrenaline devices are in date

Staff:

- Be aware of pupils that have allergies and know how to access their Allergy Action Plans
- Annually complete the Educare training 'Anaphylaxis Awareness'
- Know what to do in the event of an anaphylactic reaction
- To ensure that pupils with Adrenaline devices have them when going on trips or away fixtures.

Parents/Guardians:

- Inform the school if an allergy diagnosis has been made
- Inform the Surgery of any changes to treatment plan
- Update the school after any Consultant/Hospital visits
- Ensure pupils have medication which is in date

### **Adrenaline Devices**

Staff may administer an adrenaline device in an emergency to a pupil who has been prescribed and is in possession of an adrenaline device.

The school emergency adrenaline devices are to be used in an emergency for pupils who are at risk of anaphylaxis and whose own device is not available or not working. There are strict rules governing their usage, the guidance is non-statutory:

- Adrenaline devices must not be locked away
- Spare Adrenaline devices should be kept separate from any pupil's own prescribed Adrenaline devices
- Spare Adrenaline devices are not for general use

### **Trips/Away Fixtures**

All staff must check the allergy and intolerance information of all pupils they are taking off site. Staff must also:

- Physically check that pupils have their Adrenaline device before leaving site.

- Ensure that all food collected from the Food Services Department has been clearly labelled and they are aware of any foods that should not be given to pupils.
- Check any foods that pupils may consume or purchase outside of the school during the trip

### **Charity Events**

If the School hosts any 'staff coffee mornings' or 'bake days' for charity it is important that no food poses a risk to the end user. Where products are not made on site by the caterers, appropriate signage should be in place. This will state the following:

- *'This item was not produced at Swanbourne House School; therefore, we cannot guarantee that it **does not** contain nuts or any other allergens'.*

It should be left to the discretion of the person buying the food that they accept the risk that allergens may be present.

## **Appendix 6: Intimate Care Procedure**

### **Introduction**

Swanbourne House School includes all the staff and pupils of Manor House and Main House, Early Years Foundation Stage (EYFS), Key Stage 1, Key Stage 2, and Key Stage 3.

Swanbourne House is committed to safeguarding and promoting the welfare of all its pupils. We are committed to ensuring that all staff responsible for the intimate care of children always undertake their duties in a safe, kind and professional manner. All children will be treated with respect and privacy when intimate care is given. No child should be cared for in a way that causes distress, embarrassment or pain. Disabled children can be especially vulnerable. The Intimate Care Policy has been written to help safeguard children and staff; this policy applies to all staff involved in the intimate care of children.

The aims of this policy are to:

- Provide guidance and reassurance to staff and parent/s.
- To safeguard and respect the dignity, rights and wellbeing of children.
- To assure parents that staff members are knowledgeable about intimate care and that pupils' individual needs and concerns are considered.
- To ensure that privacy provided is appropriate for the age and situation of the child concerned.
- To ensure staff encourage a child's independence as far as possible in their intimate care.
- To ensure staff communicate to the child what s/he needs to do and, if support is needed, explain how the member of staff is going to help.

Typical cases (non-exhaustive) of where the Intimate Care Policy applies:

- Supporting a child who has soiled / wet themselves.
- Dealing with a medical emergency, which involves the removal of some article of clothing, contact with the skin.
- Application of creams (where it is not appropriate or possible) for a child to apply them.

### **Definition**

Intimate care is any activity required to meet the personal care of each individual child. Parents have the responsibility to advise staff of the intimate needs of their child and staff have a responsibility to work in partnership with children and parents.

Intimate care is any care which involves washing, touching or carrying out personal care that most children can do for themselves, but with which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs, or needs arising from the child's stage of development. Intimate care includes hands-on physical care in personal hygiene and physical presence or observation during such activities, dressing and undressing, and the application of medical treatment other than to arms, face and legs below the knee.

### **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care will be treated promptly; the child's welfare and dignity are of paramount importance.

To ensure effective communication about the processes, all staff will be aware of the child's method and level of communication. Staff will use simple language if necessary.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where the intimate care is a toileting need in EYFS, it is Swanbourne House practice to have a second member aware that intimate care is taking place with staff in the vicinity, whilst bearing in mind the dignity of the child.

Intimate care plans will be drawn up for individual children as appropriate to suit their circumstances. Intimate care arrangements will be discussed with parents / carers on a regular basis and recorded on the child's care plan.

### **Roles and Responsibilities**

Staff:

As a child may not always have the same member of staff providing their care, a consistent approach to care is essential. Intimate care routines should always take place in an area which protects the child's privacy and dignity. In the EYFS, this should be within vicinity of another member of staff.

The Head of EYFS oversees the practice of intimate care in the EYFS to ensure consistency of practice and to avoid over-familiar relationships from developing. Appropriate support and training should be provided when necessary.

The following steps will be taken to ensure the safeguarding and health and safety of both staff and children:

1. Alert another member of staff: When a child has been identified as needing support with intimate care or has asked for help, the member of staff does not require a witness, unless the activity requires two persons for the greater comfort /safety of the child, or the child prefers two persons. However best practice includes alerting another member of staff of the care that the child needs.
2. Escort the child to a changing area, such as the designated toilet areas.
3. Collect any equipment and clothes.
4. All adults should wear gloves. Staff wear protective gloves when administering intimate care.
5. Involve the child in their intimate care: Try to encourage the child's independence as far as possible in their intimate care. When the child requires support talk with them about what is going to be done and give them a choice as possible.
6. If you have concerns, you must report them: If you observe any unusual markings, discolorations or swelling including the genital area, follow SHS reporting procedures and report to the Designated Safeguarding Lead.
7. Used nappies are disposed of in the designated area for this.

8. Soiled clothes should be placed inside plastic bags and sent home at the end of the day.
9. Adults, and the child where required, should wash their hands thoroughly after administering intimate care.

Parent/Guardian:

Parents/carers will endeavour to ensure that their child is continent before admission to school at Pre-Reception age, unless the child has additional needs. Parents/carers will discuss any specific concerns with staff about their child's toileting needs, and staff will work with parents/carers to ensure that the child is encouraged and praised where needed, when using the toilet. Parents/carers must inform the school if a child is not fully toilet-trained before starting Pre-Reception. Parents accept that on occasions their child may need to be collected from school as the result of soiling.

References / Legislation that inform this policy

- The Children Act 1989
- The Childcare Act 2006
- The Disability Discrimination Act 1995
- Special Educational Needs and Disability Code of Practice 0-25 Years
- UN Convention on the Rights of the Child
- Health and Safety at Work etc. Act 1974
- Statutory Framework for the Early Years Foundation Stage
- SEND Code of Practice