



Glendower Preparatory School

# First Aid and Administration of Medicines Policy

**2018-2019**

Reviewed: November 2018

Next Review: November 2019

Glendower Preparatory School acknowledges the assistance provided by guidance documents prepared by the following public bodies:

- The Department for Education (DfE) – First Aid in Schools
- The Independent Schools Inspectorate (ISI)
- Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1992
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- CLEAPPS School Science Service

## **FIRST AID POLICY AND PROCEDURE**

**Date:** 13<sup>th</sup> November 2018  
**Review:** November 2019  
**Staff responsible:** Mrs S Knollys, Headmistress  
Mrs S Maher, Deputy Head  
Mr D Tucker, Head of Lower School, Assistant Head  
Mr T Hawksley, Bursar

**Person responsible for review:** Mrs S Maher

**This policy also relates to Early Years Foundation Stage.**

**Policies linked to:** Health and Safety Policy  
Safeguarding Policy  
Educational Visits Policy

**This document also appears in:**

- School Website
- Staff Handbook
- Parent Handbook

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### **Philosophy and aims of the policy**

To ensure that every pupil, member of staff and visitor to Glendower Preparatory School will be well looked after in the event of an accident, no matter how minor or major, by providing effective, safe First Aid cover in line with national guidelines.

To ensure that in the event of an accident all members of the school community are aware of the support available and the procedures to activate this.

The school aims to develop an ethos in which pupils feel secure, their viewpoints are valued and they are encouraged to talk and are listened to.

First Aid will be delivered by members of staff with a valid certificate of competence with one of the following qualifications recognised by the Health and Safety Executive:

- Paediatric First Aid
- Emergency Aid in Schools
- First Aid at Work
- Emergency Life Support

The certificate of competence is only valid for three years. Staff will re-train before the expiry date, and provision for this is made each September during inset days at the start of the new academic year. New staff will also receive First Aid training as part of our induction procedures each September. There will always be at least one qualified First Aider on site when children are present. In the EYFS setting, there will be at least one qualified First Aider in paediatric first aid on site and during a school trip whenever EYFS children are present.

**For list of qualified First Aiders see appendix I**

The locations of First Aid Kits are identified by the universal green and white signs and notices in all areas. First Aid Kits can be found in school in the Treatment Room adjacent to the school office/reception area, the Kitchen and the Science Lab. Additionally, there are 6 first aid bags that can be taken off site. These are kept in the treatment room.

In the event of an accident the casualty will be treated by the on-site qualified First Aider at the site of the accident OR in the Treatment Room.

In the event of the following emergencies, an ambulance should be called immediately through the School office:

- where an EpiPen has been used
- a severe Asthma attack that is not relieved by using an inhaler
- Any loss of consciousness that is not a faint e.g. as a result of an accident, head injury, illness or diabetic coma and fitting in a non-epileptic person
- any possible broken bones **except** fingers, toes and arms that are closed breaks
- any casualty that is in a life-threatening situation or perceived to require urgent medical treatment

Glendower will ensure that:

- all accidents and treatment given will be recorded on the school's 'Engage' System
- accidents and incidents that fall under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) will be reported to the Health & Safety Executive
- parents will be informed of non-trivial accidents
- first Aid Kits will be present at all on-site sports fixtures
- first Aid provision will be available for all off-site activities

- adequate First Aid provision will be available for out of hours activities.
- Pupils with a specific known medical need, including asthma, epileptic fit, anaphylaxis or diabetic coma, will be treated following the guidelines set out in their Individual Healthcare Plan
- Procedures for dealing with spillage of bodily fluids will always be followed to protect individuals and the school community from contamination (**See appendix 2**)
- Termly review of accidents at Health & Safety Meetings will take place in order to ensure the school's First Aid provision is appropriate

## **The Procedure**

### **1. Contacting a First Aider**

- all office staff are suitably qualified in first aid (or will be as soon after their appointment to the role as possible) and can be contacted daily from 8.00 am – 5.00 on extension number 243/ 244 /254
- lists of First Aiders are found in the School Office, the Treatment Room and the Staff-Room
- Sharon Maher (Deputy Head) will
  - keep a log of First Aiders' names with their date of qualification
  - arrange for the re-training and re-qualification of identified staff

### **2. First Aid Kits**

- locations: Treatment Room adjacent to the school office/ reception area, the Kitchen and the Science Lab. Additionally, there are 6 First Aid Bags that can be taken off site. These are kept in the treatment room
- contents of First Aid Kits follow HSE recommendations
- following an accident, the area should be cleared of all First Aid debris into small bags provided in First Aid Kits
- First Aid Kits and Bags are checked fortnightly and this is the responsibility of Suzanne Shaheen, as is the removal of items past their expiry dates. Log of dates checked to be recorded by Suzanne Shaheen
- First Aiders to inform Suzanne Shaheen of used items from kits for re-stocking
- the quantity of clinical waste created by the administration of First Aid (blood stained dressings, gauzes, plasters etc) is very small and will therefore be disposed of in a sealed plastic bag, through the normal waste disposal arrangements from the premises

### 3. Calling an Ambulance

In an emergency where the situation is life-threatening, there should be no delay in calling for an ambulance (Telephone 999). In all other situations the First Aider providing the First Aid will be responsible for assessing if an ambulance is required and if needed, will direct a colleague to call the office on 243, 244 or 254 and ask for an ambulance to be summoned (Telephone 111) giving:

- Details of casualty's condition
- Exact location of casualty
- Possible entry for ambulance
- An adult should be sent to the entrance of choice to guide the ambulance to the casualty

Pupils requiring transfer to hospital by ambulance will be accompanied by a member of school staff.

### 4. Treatment Room

Located on the ground floor adjacent to reception, this room is solely dedicated for medical treatment and is manned by office staff qualified in First Aid. The room has a wash basin, a bed, a fridge, First Aid supplies and has a toilet opposite.

### 5. Record Keeping

All accidents and non-minor treatment given to pupils will be recorded on the pupil profile area of the Engage system.

Details of accidents and treatment given to staff and adult visitors are recorded on the forms in the Accident Book and are checked by the Bursar, Mr Tony Hawksley on a half termly basis. The Accident Book is kept in the School Office.

Recorded Details will include:

- date, time and place of accident
- name and class of injured or ill person
- details of the injury illness and what First Aid was given
- what happened to the person immediately afterwards (e.g.: went home, resumed normal duties, returned to class, went to hospital)

Accidents, dangerous occurrences and reportable diseases that come under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) will be reported to the Health & Safety Executive following their guidance under regulation 4. Details to be recorded on Form 2508. This form is an online document found at [www.hse.gov.uk/riddor/](http://www.hse.gov.uk/riddor/) and is to be completed on line. The completed document should be downloaded and filed in the HSE Report File in a locked cabinet in Tony Hawksley's office.

All head and eye injuries that do **not** require further medical assistance should be reported to the form teacher for follow up observation.

In the event of an injury requiring 'intimate' examination of a pupil, two adult females must be present.

## **6. Informing Parents**

- Upon their child's admission to the school, parents are informed in the Parent Handbook of the school's procedure for responding to their daughter should she become ill during the school day as well as procedures for her return to school should she contract an infectious illness. The school follows the latest guidance issued by the Health Protection Agency (HPA).
- parents will be informed of non-trivial accidents. Advice on symptoms to be observed and when to seek medical advice, particularly head injuries, will be given.
- in the case of a severely injured pupil, where an ambulance is required to transfer the casualty to hospital, the parents will be contacted immediately by the Headmistress or Deputy Head or in their absence the delegated teacher in charge, giving information of the injury and name of the hospital destination

## **7. Competitive Sports Fixtures**

- a First Aid bag will be taken to all fixtures and returned to the Treatment Room at the end of the fixture, as per the procedures for taking children off-site
- the member of staff responsible for the fixture will have a mobile phone to contact School if needed. All sports staff have a First Aid qualification and will carry out First Aid on-site.
- pupils with a medical need and representing the School will be identified and emergency instructions and equipment given to the teacher responsible for the pupil.

## **8. Off-Site Activities**

These include:

- all off-site day trips and residential trips

Glendower will ensure that:

- a travelling First Aid Kit relevant to the type and length of the activity will be supplied
- all Early Years settings will have a Paediatric First Aider in attendance
- the School will always have a qualified First Aider in attendance
- pupils with a medical need will be identified and emergency instructions and equipment given to the teacher responsible for the pupil.

## 9. Out of Hours Provision

Out of hours activities that are the responsibility of Glendower Preparatory School e.g.: Homework Club, will have their own designated First Aider. Further advice on pupils with Health Care Plans will be given to the adult responsible. Access to contact numbers for use in the case of an injured pupil will be supplied.

Any organisations out of normal school hours who use the School's facilities will be expected to provide their own First Aid provisions. **(See appendix 3)**

## 10. Pupils with a Medical Condition/Need

The school aims to provide support, assistance and a sympathetic attitude towards those pupils with special medical needs such as **asthma, diabetes, anaphylaxis, epilepsy**. To this purpose, home and school need to liaise closely to ensure that all procedures are acceptable and provide a sound basis for ensuring that children with medical needs receive proper care. It is important for the school to have as much information as possible about the medical condition of any pupil with long term medical needs. If a pupil is inadequately supported this can have a significant impact on academic attainment and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical requirements as soon as a pupil develops a condition. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary.

Parents are required to provide details of the child's condition together with: -

- special requirements
- medication and any side-effects
- what to do and who to contact in an emergency
- the role the school can play

Form No 1 (**Appendix 4**) has been designed to accommodate all this information and will be given to parents to complete and return to the school.

**It is the requirement that all parents keep the school informed of up-to-date or ongoing medical concerns.**

- Pupils with a medical condition or need (e.g. **asthma, anaphylaxis, epilepsy, diabetes**) will require a Health Care Plan, to be provided by the pupil's GP and/ or specialist nurse
- Parents of all pupils who require an EpiPen should provide a care plan outlining details of when the EpiPen should be administered. The care plan should be signed by the child's GP and/or clinical nurse specialist.
- Staff completing risk assessments for an off-site activity will contact Suzanne Shaheen to be advised of individual pupils with Health Care Plans
- Teachers responsible for pupils with a Health Care Plan will be expected to familiarise themselves with the emergency care to be given to named pupils if required

## 11. MEDICINES

Following consultation with the school's insurers and on the recommendations of the NAHT, the school cannot accept responsibility for routinely administering any medication to pupils. However, it is recognized and accepted that many pupils will need to take medication at school at some time in their school lives, possibly to finish a course of antibiotics or merely to apply a lotion. To allow pupils to do this will minimize the need to be absent, and as such, an acceptable compromise has been devised to cater for these situations.

All medicines brought to school (prescription and non-prescription) are to be kept in a secure cupboard in the school medical room. Neither children nor staff can keep medicines on their person or in the classroom. A spare named inhaler should be kept in the school office in case of emergencies. Pupils requiring EpiPen's have their own supply which are also kept in the office clearly named, along with the pupil's individual Health Care Plan. Both inhalers and EpiPen's are available to be taken on off-site visits by the supervising teacher.

To overcome the problems posed by children who have not completed their course of antibiotics etc. but are well enough to attend school, parents may measure out the required dose at home and follow procedure outlined below: -

The correctly measured dose of medicine should be placed in a small plastic container and brought to the school office where it will be stored either in the fridge or in a secure cupboard.

The container must be clearly labelled with: -

- The child's name and form
- The date
- The name of the medicine
- Dose of the medicine enclosed
- Time at which the medicine is to be administered

A parent or nanny - but not the child - must hand the medicine into the school office and fill in the request form (Form No 2 – **see appendix 5**).

The child will be handed her medicine when she goes to the office at the appropriate time (morning and/or lunch break) and will be supervised while she administers the medicine herself. Teaching staff will not administer medicine and are not responsible for ensuring that it is taken at the correct time. However, parents are very welcome to come into school to administer the medicines themselves. Parents are advised that pupils who are unwell should not be sent to school. Girls should not be sent back to school until a full 24 hours has passed since an incident of diarrhoea or vomiting.

Parents of all pupils who require an EpiPen should provide a care plan outlining details of when the EpiPen should be administered. The care plan should be signed by the child's GP and/or clinical nurse specialist.

Staff taking medication must keep this secure and not accessible to pupils. Staff are also encouraged to inform the Head if they have any medical condition which may require emergency treatment such as **asthma, anaphylaxis, epilepsy, diabetes** so that appropriate action can be taken.



## **12. PROCEDURES FOR TREATMENT IN SCHOOL**

Any child who is unwell is sent to the School Office where they are attended to by members of the office staff who are trained to First Aid at Work level. All four members of office staff are trained in the use of EpiPen's.

If the temperature of the child exceeds 37.8 °C or 100 °F the secretary will contact the parent or nanny, inform them of this and ask that the child be taken home as soon as possible.

If the temperature is normal but the child is complaining of headache, stomach ache or sickness, a glass of water will be offered but the child will return to class, with the suggestion that if she continues to feel unwell she should come to the office again for her temperature to be taken.

If the child has sustained grazes and bruises they would be washed with water (in the case of a wound) and a plaster/bandage applied if necessary. An ice-pack will be applied if there is any swelling.

After a fall if the child is in any pain and/or is unable to move a limb, the secretary will telephone the parent or nanny who will decide on the course of action. All parents should give emergency contact numbers, which can be used if it is impossible to contact them on their usual numbers.

The child should be made comfortable until the parent/nanny is contacted or arrives. It may be necessary to telephone nominated adults in cases where the parents or nannies cannot be contacted.

If a child becomes ill or is injured and we judge that it would be advisable to call an ambulance we will do so and inform the parent/nanny. Should they be unable to accompany the child to hospital a member of staff will do so. The school will continue to try to contact the parent/nanny.

The quantity of clinical waste created by the administration of First Aid (blood stained dressings, gauzes, plasters) is very small and will therefore be disposed of, in a sealed plastic bag, through the normal waste disposal arrangements from the premises.

## **13. Hygiene/Infection Control**

- All staff will take precautions to avoid infection and must follow basic hygiene procedures.
- All First Aid Kits contain single-use disposable gloves that must be worn when dealing with blood and other bodily fluids.
- All staff dealing with accidents should have near-by access to hand washing facilities.
- All dressings, gloves and First Aid debris are disposed of in a sealed plastic bag, through the normal waste disposal arrangements from the premises

#### **I4. Review of Accidents**

- All Accident Forms must be sent to the bursar, Tony Hawksley for daily assessment of accidents and safe storage.
- Tony Hawksley will collate the information from these and the information will be presented at the regular Health & Safety Meetings convened by the School Governors informing them of:
  - the number of accidents involving pupils, adult employees and visitors
  - the area where the accidents occur
  - the time that accidents occur
  - how accidents occur

This review of accidents informs the Health & Safety Committee of any areas that are causing concern, accident trends and possible areas for improvement in the control of Health & Safety risks.

Instructions for the First Aid procedures should be given to the whole School community at the beginning of the academic year, via School Assemblies and Staff Meetings.

## Appendix I: Staff Qualified in First Aid

<b>NAME</b>	<b>Date of Expiry</b>	<b>Description of Qualification</b>
<b>E. Alagoz</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>L. Ansell</b>	<b>03.09.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>P. Baker</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>C. Batchelor</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>Y. Broughton - Cenamour</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>N. Bahar</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>C. Cadenhead</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>N. Cox</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>B. Daffey (School governor)</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>S. Dennis</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>J. Erskine-Murray</b>	<b>04.09.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>M. Fattorini</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>N. Fulton</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>D. Greenlees</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>A. Gupta</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>T. Hawksley</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>J. Humble</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>J. Hunt</b>	<b>03.09.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>V. Isaia</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>M. Kalisher</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>S. Lambert</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>E. Laporte</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>A. Leslie</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>C. Lloyd-George</b>	<b>03.09.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>J. Ludwick</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>C. Marley</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>S Martin</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>S. Metro</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>M. Mills</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>S. Morgan</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>K. Palmer</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>T. Pennick</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>J. Pierpoint</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>H. Probert</b>	<b>03.09.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>R. Readinger</b>	<b>03.09.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>K. Rogers</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>A. Russell</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>S. Shaheen</b>	<b>03.09.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>N. Short</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>N. Simpson</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>D. Sweeney</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>N. McGuigan</b>	<b>04.09.2020</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>D. Tucker</b>	<b>5.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>Q. van Rooyen</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>N. Verma</b>	<b>03.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>S. Walker</b>	<b>06.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>R. Womersely</b>	<b>04.07.2021</b>	<b>Paediatric 1<sup>st</sup> Aid</b>
<b>A. Zonuzi</b>	<b>05.09.2019</b>	<b>Paediatric 1<sup>st</sup> Aid</b>

## **Appendix 2: Protection from Blood Borne Viruses and Other Bodily Fluids**

In any situation requiring first aid or the clearance of bodily fluids it is to be assumed that all blood products and bodily fluids are potentially infectious thus the following procedures should always be applied.

- always cover any open wounds on your own hands with a waterproof adhesive dressing
- disposable gloves (un-powdered latex or vinyl) to be worn when dealing with bleeding /cleaning up bodily fluids

### **Actions to be taken after direct contact with blood /bodily fluids.**

- if direct contact with another person's blood or other bodily fluids occurs, the area should be washed as soon as possible with soap and water
- if contact is made with the lips, mouth, tongue, eyes or broken skin, these should be washed out thoroughly with clean, cold tap water. Where running water is unavailable saline should be provided to wash out the eyes
- hands should be washed using soap, water and dried using paper towels.
- if a cut or puncture wound is sustained, (e.g. by hypodermic needle from an adrenalin device, bite etc.) the wound should be squeezed to encourage bleeding, washed with soap and water and covered with a waterproof dressing
- any incident in which another's blood may have entered a person's bloodstream through a cut or abrasion or by splashing in the mouth or eyes should be reported firstly to Jill Walker, Deputy Head and to their doctor

### **Cleaning and washing.**

- All spillages of blood, faeces and vomit should be cleared up as quickly as possible, wearing suitable personal protective equipment. When spillages do occur, clean using a product suitable for the affected surface which combines both detergent and disinfectant (and use in accordance with the manufacturer's instructions).
- Mops should **never** be used for cleaning up blood and bodily fluid spillages, use disposable paper towels or cloths. Bodily Fluid Spillage Kits and /or compounds are available in the Treatment Room and from the Site Manager
- Separate cloths and mops should be used for general cleaning of kitchens, toilets and other general areas. Disposable cloths should, where possible, be used; where non-disposable brushes are used, they should be thoroughly disinfected
- Protective gloves, and where appropriate protective clothing, should be worn when handling soiled laundry. Soiled pupil's clothing should be bagged to go home, never rinsed by hand at school

## **Waste Disposal**

- Protective gloves, and where appropriate protective clothing e.g. disposable plastic aprons, should be worn when disposing of contaminated waste.
- Small quantities of contaminated waste up to one bag in any collection interval; can be safely disposed of via the usual “black bag” refuse collection arrangements. Waste to be double bagged in plastic and sealed by knotting.
- Non-contaminated waste should be discarded into a bin liner and disposed of in the usual manner.

## **Personal Protective Equipment (PPE)**

- Disposable vinyl or powder free gloves and disposable aprons should be worn for any activity where there is risk of contamination with blood or bodily fluids. Hands should be washed immediately after removal of gloves.
- PPE is found in Bodily Fluids Kits kept in the Treatment Room or from the Site Manager. They are single use, to be discarded after the task is completed - they are not to be re-used

## **Appendix 3: School Clubs Agreement for Visiting Organisations**

- any adult who is on their own with a group of children after 5pm must hold a Basic First Aid qualification
- if more than one adult is present then one of them must hold a Basic First Aid qualification
- if, during school hours, a serious accident occurs where basic first aid is not enough then the school office should be contacted for help on extension 243/244/254. Otherwise, contact the emergency services
- reporting of any accident that requires first aid should be written up in the school accident book provided and parents notified
- as a courtesy a follow up phone call to the parents would be appreciated
- if an outside line is needed to call an ambulance then dial 9 first then the number required. Main school office number is 0207 73701927
- all adults should acquaint themselves with the location of the First Aid cabinet in the treatment room adjacent to the office and in the case of an outdoor activity should have a kit outside. The use of the school First Aid cabinet is fine; however, for outdoor use it would be more appropriate to have your own.
- copies of all letters that are sent to parents should also be given to the school so that a copy can be posted on the website and so that staff are able to give informed answers to queries that arise e.g. dates, times, etc
- lists of girls attending the clubs should be given to the office and the Deputy Head asap even if only provisional so that the school staff know who should be attending
- registers should always be kept and brought out in case of evacuation when Fire alarm sounds. The muster point is on the west side of Queen’s Gate
- all adults should acquaint themselves with the Fire Procedures and exit points

- if you wish to change the nature of your booking i.e., change of rooms, venue and times etc, please inform the office immediately as this may affect the charges made to you
- if a child leaves the room or outside area to go to the toilet then a signal on her return should be established
- girls should always be in the care of an adult
- if a parent is late it is the club organiser's responsibility to phone the parents to find out what the reason is and, if necessary, to remain with the child until she is collected
- if any issues arise which come under the safeguarding umbrella please be aware that Mrs Sharon Maher is the Designated Lead to be contacted immediately and Mr Dominic Tucker should be contacted if she is unavailable

Agreed & Signed

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Dated

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#### Appendix 4: Form Number 1

#### GLENDOWER PREPARATORY SCHOOL

#### MEDICAL QUESTIONNAIRE FOR PARENTS OF PUPILS

<b>SURNAME:</b>	<b>FIRST NAMES:</b>
<b>DATE OF BIRTH:</b>	<b>YEAR OF ENTRY TO SCHOOL:</b>
<b>Emergency Contacts</b>	
<b>Primary Parent Contact:</b>	<b>Secondary Parent Contact:</b>
<b>Phone Home:</b>	<b>Phone Home:</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>Work:</b>	<b>Work:</b>

<b>Email:</b>	<b>Email:</b>
<b>Nanny/Carer Contact details:</b>	
<b>Name:</b>	
<b>Relationship/Position:</b>	
<b>Phone Home:</b>	
<b>Mobile:</b>	
<b>Work:</b>	
<b>Email:</b>	
<b>RECORD OF IMMUNISATIONS:</b>	
TYPE	DATE
Diphtheria,tetanus,whooping cough, polio	
Haemophilus influenza type B (Hib)	
Pneumococcal infection	
Meningitis C	
Measles, Mumps, rubella	
Heaf Test	
BCG	

<b>PLEASE GIVE DETAILS OF THE FOLLOWING</b>
Any known allergies e.g. to food (inc dietary requirements), medication, pets or to insect stings:
Any chronic or recurring medical conditions needing regular or occasional medication or treatment:
History of any serious illnesses or injuries requiring admission to hospital:
Any other conditions that might affect your child in her school life:
Are there any psychological factors that affect your child of which we should be aware?
Does your child have regular dental checks?  Does he/she wear a dental appliance?
Does your child have regular eye tests?  Does your child require glasses?
Do you have private medical insurance?

The name, address and telephone number of your child's GP:

**PLEASE COMPLETE THE FOLLOWING SECTION**

**CONSENT TO EMERGENCY TREATMENT**

I/ We authorise the Head Mistress, or an authorised deputy acting on her behalf to *consent* on the advice of an appropriately qualified medical specialist to my/our child receiving emergency medical treatment, including general anaesthetic and surgical procedure if the school is unable to contact me/us time.

Signature of both parents:  
or Guardian

Date:

**CONSENT TO GENERAL TREATMENT AND TO FIRST AID**

I/We give consent for my/our child receiving all the general health care and first aid services provided at the School under the supervision of the qualified School First Aiders.  
she may/ may not be given first aid treatment by any qualified member of staff.

Signature of both parents  
or Guardian

Date:



## **Appendix 5: Form Number 2**

### **GLENDOWER PREPARATORY SCHOOL: Request to School regarding medication**

The School will not supervise your child taking medicine unless you complete and sign this form. Your child will administer her own medicine, but will be supervised. Staff will not administer medicine and are not responsible for ensuring that it is taken at the correct time. It is the responsibility of the parent to note the date when the medication expires, and to ensure the replacement is given to the school.

#### DETAILS OF PUPIL

Surname:

Forename:

Address:

DOB:

Class:

CONDITION OR ILLNESS:

#### MEDICATION

Name/Type of medication as described on container: .....

For how long will your child take this medicine: .....

Date Dispensed; .....

#### DIRECTIONS FOR USE

Dosage and method: .....

Timing: .....

Special precautions: .....

Side effects: .....

Procedures to take in an emergency:

CONTACT DETAILS

Name:

Tel No:

Relationship to pupil:

Address:

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school is not obliged to undertake.

Signature:

Date: