



MALTMAN'S GREEN
SCHOOL

Medical Policy

This policy also applies to the EYFS

Related documents Safeguarding and Child Protection Policy and Procedures
Health and Safety Policy
Asthma Policy
Allergy and Anaphylaxis Policy

Updated	Reviewed By	Review Date	Version
September 2025	L Pollicott and L. Nelson	September 2026	2025.05

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1 Introduction and Aims

This Policy outlines the School's responsibility to provide adequate First Aid to pupils, staff, parents and visitors and the procedures in place to meet this responsibility. It also sets out the arrangements the school can be expected to put in place for pupils with medical conditions, those who require regular medication (such as auto adrenaline injectors and inhalers) and any required care during their hours in school, including intimate care.

As such, this Policy has been written in view of the following legislation

- Health & Safety at Work Act 1974 and regulations made under the Act and non-statutory advice set out in Health & Safety Advice on Legal Duties and Powers (2014)
- Health & Safety (First Aid) Regulations 1981
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- School Premises (England) Regulations 2012
- The Equality Act 2010, Human Rights Act 1998 and School Standards and Framework Act 1998
- Supporting pupils at School with Medication Conditions (2017)
- The Schedule for the Independent School Standards Regulations 2014.

Furthermore, this Medical Policy outlines Maltman's Green School's approach to safeguarding the welfare of all staff, pupils and parents whilst in our care and has been written with due regard to the DfE's non-statutory guidance "First Aid in Schools, Early Years and Further Education" February 2022

A First Aid and Medical Needs Assessment is carried out annually. The findings of this Needs Assessment is considered and fed into the review of the Medical Policy which is reviewed and updated on an annual basis.

When employed at Maltman's Green, all members of staff agree to do their best for each pupil. This includes looking after the personal wellbeing and monitoring the health of every child. In normal circumstances, if there are any concerns, staff should refer pupils to Matron who will dispense the appropriate treatments. However, in an emergency, immediate life-saving action may need to be taken by a member of staff, such as anaphylaxis or severe asthma.

Parents are advised that pupils who are unwell should not be sent to school. However, health professionals frequently advise that pupils should attend school whilst still needing to take medicine, either because they are suffering from some chronic illness or allergy (e.g. asthma), or because they are recovering from a short-term illness and are undergoing a course of treatment needing antibiotics. It is Matron's responsibility to administer medicine, and to liaise with parents. On joining the school all parents complete a Pupil Medical Record Form on My School Portal (MSP). This should be completed before the pupil's first day.

It is the responsibility of the parents to provide the school with any information regarding the health needs of their daughter. These medical records must be kept up to date, informing the school of any changes immediately. A reminder email goes out to parents at the start of each term.

The following guidelines are in place to ensure that the pupils at Maltman's Green are properly looked after should they become unwell or require medication whilst in school. Parents are advised of the details below in the Parents' Handbooks, circulated annually.

2 Medical Room

The school has a medical room situated close to the music wing, with basic provision for children who become unwell during the course of the school day. All pupils are shown where this facility is to be found.

The school Matrons have an active registration on the Nursing and Midwifery Council's Register.

Matron is on duty throughout the school day in the medical room to care for the children and their needs. In addition, all staff have basic online first aid training. Many are also paediatric first aid qualified, and at least one member of staff is always on site with a Full Paediatric First Aid qualification throughout the school (this includes our EYFS setting). Likewise, at least one staff member with a Full Paediatric First Aid qualification, accompanies children throughout the school (including the EYFS) on school trips and outings. Additionally, a member of staff is also on site throughout the year with a First Aid at Work qualification, which covers First Aid for adults. An up-to-date list of qualified/trained first aiders can be found in Appendix 2.

- Pupils should be sent to Matron in the medical room if they become unwell or require medication.
- It is the duty of the parents to make arrangements for pupils who become unwell whilst at school to be collected and taken home. Matron will contact parents should she feel that a child would be better off at home and inform the office.
- It is important that home contact numbers are updated regularly through the school office, in the event of Matron needing to make provision for a sick child.
- Most incidences can be dealt with on the spot, but a bed is available in the medical room should a child need to lie down and her parents are not immediately available.
- Full reference is made to girls' medical notes and parental permission as supplied by parents before any treatment is administered.

From time-to-time children are sick (vomit), or have an episode of diarrhoea, either at home or at school. Unfortunately, it is not possible to distinguish between the causes, and therefore it is essential that the same rule of exclusion applies in all cases of vomiting or diarrhoea unless stated in an Individual Health Care Plan (IHCP)

Diarrhoea and Vomiting

Diarrhoea and/or vomiting commonly affects children and staff and can be caused by a number of different germs, including viruses, parasites and bacteria. Infections can be easily spread from person to person (by unwashed hands), especially in children. It is recommended that any child with diarrhoea and/or vomiting symptoms must stay away or be excluded from the school or pre-school setting (Little Malties and Nursery) until they have been free of symptoms for 48 hours and feel well.

If your child is sick or has diarrhoea at school, we will ask you or your emergency contact to take your child home. They should not return for 48 hours to the school premises (this includes being in and around the swimming pool). We appreciate that this is inconvenient, but you will appreciate that we do this in all cases, and it should reduce the risk of infection for all children in school. As an example, if your child is sick at lunchtime on a Tuesday, they should not return to school until after lunch on Thursday, provided there have not been any further episodes of vomiting and/or diarrhoea.

High temperature

A child should not attend school if they have a high temperature. They can return to school when they no longer have a high temperature and feel well enough to attend.

The school follows the recommended guidelines from the UK Health Security Agency (UKHSA) regarding childhood illnesses. Details can be seen here. [How long should you keep your child off school - checklist poster \(text version\) - GOV.UK](#)

3 Administration of Medicine

As it may not be feasible for the children to return home, nor, in most instances, for the parent to visit the school, medicines are administered by Matron in the following way:

- Parental permission is sought on the pupil health form for the administration of paracetamol, antihistamine, over the counter (OTC) sore throat treatment, and OTC creams used to treat burns, grazes, bites, stings, and dry skin. This consent is kept on file in the pupil's medical record. Please note that pupils in Little Malties, Nursery and Reception will only be given antihistamine in an emergency situation or as part of an agreed allergy management plan. Matron will call parents first to seek clarification and consent to administer paracetamol or antihistamine on an ad hoc basis. Throat pastilles will only be offered to pupils from year 1 upwards. Please see section 9 for further details for medical treatment and the administration of medicines for pupils in the EYFS. The medicine should be administered under the supervision of Matron, or by someone acting with the Headmistress' authority, who holds the Administration of Medicines certificate, as noted in Appendix 2, 24.2.
- Prescription medicines must be written in English and have a full prescription label on them including the child's name, name of the medicine and prescribed dosage. Parental consent to administer the medicine during the school day must be obtained via a Medicines Permission Form. The medicine will be stored in the medical room in a locked cupboard or fridge, and be administered under the supervision of Matron, or by someone acting with the Headmistress' authority, who holds the Administration of Medicines certificate, as noted in Appendix 2 – 24.2.
- Non-prescription medicines or creams must be written in English and be in their original packaging. Parental consent to administer should be obtained via a Medicines Permission Form. The medicine will be stored in the medical room and administered under the supervision of Matron, or by someone acting with the Headmistress' authority, who holds the Administration of Medicines certificate, as noted in Appendix 2 – 24.2. Girls are not permitted to carry any medicines on them in school. Hard throat lozenges are not permitted in school.
- Staff are instructed not to administer medicine to a pupil unless:
 - They are prescribed an Adrenaline Auto-Injector (AAI) to be used in an emergency, e.g. anaphylactic treatment.
 - When on a school outing and the child requires medicine.
 - If authority has been given as the member of staff holds a valid Administration of Medicines certificate.
- Parents will be notified via an email when medication has been administered.
- Please note, even with a completed consent form non-prescription medicines will be administered for a 24 hour period, unless otherwise agreed with Matron. All children with nut or other allergies requiring an auto-injector or antihistamines must have their medication sent into school in its original packaging, and a Severe Allergy Action Plan form completed with written instructions for administration in the event of an emergency.

- For pupils in Little Malties to Year 6 who require an auto-injector, they are stored in the Front Office in individual containers with the pupil's name and photograph, for easy identification. Also included in the box is the Pupil's Severe Allergy Action Plan, a sheet with signs of an allergic reaction and anaphylaxis, together with clear instructions on how to administer the auto-injector.
- Parents must complete and sign the 'Consent Form to Administer Medicines, including Prescription Medicines' (obtained from the school office, or filled in via MSP) each time a child brings medication to school. Verbal instructions will not be accepted.
- Other remedies including herbal preparations, will not be accepted for administration in school.
- It is the parents' responsibility to replace medication which has been used or expired, at the request of the school.

3.1 Staff and Administration of medicine

Staff who feel unwell should report to the Medical Room. Matron will be able to administer general medicines such as pain relief and antihistamines. All medication on the premises belonging to staff must be stored securely, and out of the reach of children, at all times.

4 First Aid

The School Matron is the School's Appointed Person responsible for the taking charge of first aid. In the absence of Matron, the Head of Pre-Prep shall assume the responsibilities of the School's Appointed Person. The Appointed Person will take charge when someone is injured or becomes ill, will maintain first-aid equipment including re-stocking boxes, and will ensure that professional medical help is sought when required. First aid supplies are easily accessible and properly stocked, maintained and regularly checked (at least every month) by Matron and stored in the Medical Room, and designated areas of the school as detailed in Appendix 1 and 2.

Details of Current First Aiders are in Appendix 2. Copies of these lists are displayed on the School Portal, in the School Office, Staff Room, Little Malties, Reception Lobby, Nursery and outside the Medical Room.

5 Contacting Matron

Matron can be contacted on her extension 210 or by the school radio. Matron is available throughout the day from 08:00 to 16:30 on Monday and Wednesday, and 08:00 to 16:00 on Tuesday, Thursday, and Friday for the pupils and staff, should the need arise. Outside these hours, there is always a Full Paediatric Qualified First Aider on site during term time and when Little Malties pupils are onsite, who can be located in Little Malties or Nursery.

6 Information to Parents and Staff

- Parents of new entrants are informed of the School's First Aid provision in the parent's handbook.
- After parents have been contacted pupils will be taken to the old library where they will be supervised by office staff until their collected.

- Contact numbers can be accessed from the School Management System and are also kept in the school office and in the Medical Room.
- Matron must inform the school office and the form teacher if a member of their class goes home. The School Secretary must amend the school register.
- No pupil should be taken off site by a member of staff without the knowledge of the office and the Headmistress, or someone acting on her authority.
- If parents or relatives are not available when a pupil becomes seriously unwell or injured, the Headmistress must be advised. Medical advice should preferably be sought and, if necessary, the ambulance service should be used.
- In an emergency, a member of staff will accompany the pupil to hospital in the ambulance, having first attempted to contact the parents. Should this adult need to be Matron then the Head of Pre-prep or in their absence another first aid trained member of staff will be nominated as the school first aider.

7 Communication from Parents

7.1 Absence due to illness/emergency

Parents are required to notify school every day during their daughter's absence either via the School Portal, telephone or email to the school office, stating the reason for the absence.

7.2 Injuries or diagnosed medical conditions

In the event of a diagnosed medical condition or injury (including a limb injury) out of school, the school requires details from parents in writing before a child returns in order to keep medical records current. It is particularly important that parents inform the school before a child is due to return, if for example, a child requires crutches, has a plaster cast or a walking boot or any other aid so that the School has the necessary time to complete a risk assessment.

The child must be competent in using the crutches before returning to school. A risk assessment will be conducted on the child to ascertain if the child is safe to return to school.

7.3 Absence from lessons

If a child requires absence from some lessons such as Physical Education following a diagnosis, the school requires this information in writing. The school is unable to allow a child to return to these lessons and reverse the original advice unless we receive this in writing from a doctor.

7.4 Off Site and Residential Visits

If staff are taking pupils for an off-site visit (for example for a day trip, fixture or a residential) it is their responsibility to speak to Matron to discuss the medical needs of all the girls in their group. For larger off site or residential visits, such as a whole year group/s, this responsibility falls to the visit leader who must collate the information and distribute it to the visit staff in the pre-visit briefing.

Staff members taking pupils off site will carry a first aid kit with them and any medication needed in the school off-site visit medical bag. There are first aid boxes in both the minibuses and extra boxes can be obtained from Matron.

With any off-site visits, the responsibility for medical and first aid provision is the Visit Leader's, who may allocate a first aider, who has a full paediatric first aid qualification. One member of staff should also have training in administration of medicines.

Off site Visits

Parents are asked for consent for the pupil to attend any off-site visit in the letter shared with them containing details of the off-site visit. The letter also contains a link to an Authorisation to Administer Medicines form (see appendix 13), which parents are asked to complete if their child requires any medication on the day of the off-site visit, such as travel sickness or hay fever tablets/syrup. Parents are asked to hand in such medication, along with the completed form in advance of the school offsite visit as specified on the visit letter. All medication must be in its original packaging, including the box, with information about dosage, ingredients and administration and must be clearly labelled with the child's name. Prescribed medication must be handed in in its original box with a printed label and dosages as supplied by a pharmacy.

The visit leader liaises with matron in advance of the off-site visit and matron shares details of any emergency or prescribed medication required by the child during the visit, as well as any dietary or welfare requirements. The visit leader is supplied with a Record of Administration of Daily Prescribed Medication form (see appendix 9) which staff complete on the day of the off-site visit whenever they administer emergency or prescribed medication. Staff are also supplied with Record of Administration of Ad hoc Medication (see appendix 14) which they complete whenever they administer any ad-hoc medication, such as paracetamol.

On the morning of the off-site visit, both the visit leader and the nominated first aider separately double check the medical bag containing the medication against individual pupil records to ensure they have everything that is needed. During these checks, they also double check expiry dates of medication. Both staff members sign an Off-Site Medical Bag Check form (see appendix 15) to confirm the content is correct. This document is then filed with the trips paperwork.

Please note that a child will not be permitted on any school trips or fixtures without their emergency medication, e.g. adrenaline auto-injectors or inhalers.

Prior to going on an off-site visit, staff members accompanying the visit should ensure they have a note of the school office number and/or the school emergency contact number.

Any accidents, injuries or first aid treatment administered whilst on a day or residential trip are recorded on the appropriate paper forms included in the medical folder (see appendices 6 and 7).

For pupils in EYFS, we keep a record of all accidents or injuries and first aid treatment, and we inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable. Parents are given a copy of the EYFS Accident and First Aid Record Form. Records are also stored confidentially on file. The recording is carried out in confidence at all times by the person administering first aid. The Trip Leader will either speak to parents at collection, advising of the first aid treatment, accident or injury, or telephone them to ensure that they are aware a form is coming home. The parent signs both the school copy and the parent copy of the form.

Sports Fixtures

The same processes and procedures outlined above apply for sports fixtures. A fixture letter is sent via school post notifying parents of their daughter's sports fixture. This letter details all necessary information pertaining to the fixture. If the sports fixture takes place during the normal hours of the school day, parents are not required to give consent for their daughter to participate, as they have already done so when they signed our terms and conditions. If the fixture starts or finishes outside of normal school hours, then parental consent is required and is sought via the fixture letter. As the majority of sports fixtures are local and usually take place during games afternoons, ad hoc medication such as travel sickness tablets, are not usually required. If parents wish their daughter to take any ad hoc medication during a fixture they must complete an Authorisation to Administer Medicines form (See Appendix 13).

Residential Visits

In addition to all the processes and procedures outlined above, for any residential visits a Residential Personal Medication Information form (see Appendix 8) is required to be completed by a parent/s before the 1st day of the summer term. Matron uses the information supplied by parents on the Residential Personal Medication Information form to produce the following:

- Individual pupil Records of Administration of Daily Prescribed Medication (see Appendix 9), which are pre-populated by matron and signed by the nominated First Aider while they are on the residential whenever they administer the medication
- Ad-hoc medication forms, (for example, Calpol, travel sickness medication or antihistamine), are also completed by the nominated first aider when administering the medication on an ad-hoc basis.

These forms are collated into a medical folder, which is kept in the medical bag that is taken on the residential trip. The completed forms are a written record, which details the name, date, dose, reason and time of any medication administered to a pupil by the member of staff during an off-site visit. These written records are retained for a minimum of three years. This requirement is outlined in the Social Security (Claims and Payments) Regulations 1979.

Upon returning to school following a residential trip, staff individually speak to the parents of any girls who have had either prescribed medication, or ad hoc medication while they have been away on the residential trip. Medication is returned to the parents at the same time.

Unless there are exceptional circumstances, daily Prescribed Medication for pupils on a residential visit is required to be sent into school and given to matron prior to the trip on the date detailed on the visit letter. Having this medication in advance allows Matron time to check expiry dates and correct dosages for medication, and to produce a Record of Administration of Daily Prescribed Medication for each pupil as described above. This also means that the Trip Leader and staff attending the trip can liaise with Matron about these arrangements and the needs of the children. The visit leader and designated first aider must satisfy themselves that all medication required is taken on the trip. The off-site medical bag check form must be signed by them prior to departure on the morning of the visit.

For further details relating to the processes followed on an off-site visit, please refer to our **Off Site Visits Policy**.

7.5 Transport to Hospital

If an ambulance is required, the emergency 112 or 999 service will be used.

8 Procedures for Dealing with Injuries

8.1 Procedure for taking children to the Medical Room

8.1.1 Early Years

All pupils in the EYFS are supervised in line with the required ratios as laid out in the EYFS Framework 2025. All new entrants with Level 2 or Level 3 in Childcare, awarded on or after 30 June 2016, must be qualified in paediatric first aid, within 3 months of qualification, to be counted in the ratios. All students age 17 and over, and apprentices age 16 and over who are qualified in paediatric first aid can be counted in the ratios at the level below that of study. A member of staff who is full paediatric first aid trained is always on site when pupils from EYFS are in session.

Early Years' children are always escorted to the Medical Room by a member of staff.

We keep a record on ISAMs of all accidents or injuries and first aid treatment, and we inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable. Parents are given a copy of the EYFS Accident and First Aid Record Form (see Appendix 6). Records are also stored confidentially on file. The recording is always carried out in confidence by the person administering first aid. Matron (or the Little Malties Manager or Deputy when out of term time) may also ring the parents if required. A member of staff will always inform the parent/carer at pick up if a phone call was not required or a parent was uncontactable to ensure they are aware of any first aid treatment given in school. The parent signs both the school copy and the parent copy of the form.

8.1.2 Years 1–6

Staff will decide if the child can be accompanied by another child to the Medical Room (Years 1-6), except in the event of a head injury or a more serious injury or where a child has a known medical condition. In the latter cases, the child must be accompanied by an adult. Matron will then assess the situation. Should treatment be required, an entry is made on ISAMs. If Matron believes it appropriate, based on the nature of the injury or condition, then the parents will be contacted. A phone call or email will always be communicated to parents if pain relief medication, or antihistamine is given.

8.2 Emergencies

Clause 7(f) in the standard Terms and Conditions:

The School's obligations: If a child requires urgent medical attention while under the schools care, we will, if practicable, always attempt to obtain parental consent. However, should we be unable to contact the parents we shall be authorised to make the decision on the parents' behalf should consent be required for urgent treatment (including anaesthetic or operation) recommended by an appropriately qualified medical professional.

Where a very serious accident occurs or, where adequate treatment is not available in school for example for incidents of pre-existing conditions such as asthma or anaphylaxis, an ambulance will be called immediately. Matron or a member of staff will accompany the pupil to hospital in the ambulance. The office will contact the parents to arrange to meet the child at the hospital. A report will be produced from iSAMS which will accompany a pupil to hospital. It contains the following information: pupil's name, address and telephone numbers of the pupil's parents, name and telephone number of the pupil's doctors, and date of birth, any illnesses or allergies and dietary requirements

In the event of an accident that does not appear to require an ambulance, the school office or Matron will phone the parents. Parents will be consulted as to the action they wish to take. If parents wish to take their daughter to hospital, then the child will be kept as comfortable as possible in the medical room until the parents reach the school.

8.3 Incident report

An incident report (see Appendix 7) needs to be initiated by the person who saw the incident, or Matron (obtained from the school office or directly from Matron). It will then go to the next relevant person on the report. The Bursar will review the details of the incident and advise the Health and Safety Executive under the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013' (RIDDOR) legislation as appropriate. Any issues identified will be highlighted by the Headmistress and the Facilities Manager, and remedial action directed and taken as necessary. The Facilities Manager will monitor incident and accident statistics and report termly to the full Governors' Board and the Health and Safety committee. Please see section 8.6 for further details.

8.4 Head injuries

The School follows NHS guidelines regarding head injuries.

Every minor lump, bump and bang is recorded on a pupil's medical profile on iSAMS and a "I bumped my head sticker" given, which will alert all staff to be extra vigilant. A note from the Medical Room will be sent home listing signs and symptoms that would require immediate advice from a GP.

If there is a visible lump or bump, or any initial dizziness or nausea which dissipates or any other signs of concussion while they are with Matron, Matron will call a parent and give them head injury advice for when their child returns home. At this point Matron will fill in an incident/accident form.

It is the parent's responsibility to contact the doctor after a call from Matron.

Where a very serious head injury occurs, as identified by the NHS Head Injury advice leaflet published August 2021, an ambulance will be called immediately. Matron or another member of staff will accompany the pupil to hospital in the ambulance. The office will contact parents to arrange to meet their daughter at the hospital. 999 will be called if someone has hit their head and has:

- been knocked out and not woken up
- difficulty staying awake or keeping their eyes open
- a fit (seizure)
- fallen from a height more than 1 metre or 5 stairs
- problems with their vision or hearing

- a black eye without direct injury to the eye
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- numbness or weakness in part of their body
- problems with walking, balance, understanding, speaking or writing
- hit their head at speed, such as in a car crash, being hit by a van or bike or a driving accident
- a head wound with something inside it or a dent to the head

8.5 Returning to school after serious head injury (concussion)

In the event of a pupil sustaining a serious head injury and before the pupil can return to school, parents need to provide a letter from a medical professional (GP or A&E doctor). This letter must detail the injury e.g. concussion, any treatment that has been given, and details such as when the pupil can resume playground activities and PE. It must also include any follow up appointments for the pupil.

The injured child's parent must contact the school to discuss the following points:

- details of the head injury and how it happened;
- medication required for pain relief (if needed); and
- any additional measures or requirements.

8.6 Accident Book (Incident Form File)

Matron is responsible for the Accident Book (Incident Report file). The member of staff witnessing the incident is responsible for reporting any incidents immediately, or as soon as is practicable using the Incident Report Form. The Headmistress and the Bursar may make recommendations for further actions following their review of the incident. The completed form is then returned to Matron for filing. Matron also takes a copy which is shared with our Facilities Manager. Our Facilities Manager reports to the Health and Safety committee on a termly basis and summarises the incident forms to allow any trends to be analysed. Details including time of accident, location, and action taken are detailed on the form. The Accident Book (Incident Form file) is kept in the Medical Room.

In the event of the pupil requiring hospital treatment as a result of an incident, parents are requested to advise details and the diagnosis, by telephoning or writing to the School office at their earliest opportunity, and no later than 7 days after the incident.

9 Administration of Sun Protection Lotion

Children should bring into a School a named bottle of sun protection lotion, in the summer months.

- bottles will be stored by the teacher and not kept in bags or desks;
- lotion will be self-administered wherever possible, under the supervision of a member of staff. The exception is in the EYFS;
- Matron will administer if appropriate and for pupils in the Early Years Foundation Stage, staff will apply;
- Sun lotion will not be shared.

10 Spillage of Bodily Fluids and Disposal of Clinical Waste

Clinical waste includes all body fluids such as blood, faeces, vomit, saliva, mucous, urine and anything that may be contaminated by them such as swabs, bandages, hypodermic needles, sharps, tissues, clothing, bedding etc.

Many different infections can occur when these agents come into contact with broken skin or with the eyes, nose and mouth. It is important to consider all biological wastes as infectious. Examples of diseases are: hepatitis; HIV; e-coli infection; COVID-19; TB; BSE; MRSA; as well as ill health such as digestive problems including diarrhoea etc.

Any members of staff are at risk but particularly Matron, caretakers, cleaners and Little Malties staff.

10.1 Disposal of clinical waste within the School

- Whenever possible when handling clinical waste gloves should be worn.
- Any contaminated clinical waste must be disposed in the designated bin.
- The bin must be a puncture-resistant container, clearly lined with a leak proof yellow plastic clinical waste bag.
- The bin should be clearly marked, ideally with a biological waste symbol.
- Do not over fill the container or compact down.
- Never mix clinical waste with other workplace rubbish.
- Sharp objects must be disposed of in the appropriate container (see disposal of sharps policy)
- Once full, seal the bag ready for collection and replace immediately with a new one.
- Store in safe area until collection for disposal.

For the disposal of any specific substances refer to Health and Safety Executives web site regarding The Control of Substances Hazardous to Health (COSHH).

10.2 Laundering of soiled garments

- Garments are washed on site in the Medical Room washing machine
- Whenever possible when handling soiled clothing or bedding, gloves should be worn
- Soiled articles are washed separately from all other laundry and on the hottest wash possible for the fabric
- If soiled, bedding and the mattress should be washed down with the appropriate cleaning materials
- All washing machines should be cleaned weekly using a hot cycle with an empty machine.

11 Training and Staff Awareness

- INSET training is organised to keep staff fully up to date for the current first aid guidance relevant to the current school population.
- All statutory first aid requirements will be met through appropriate staff training and qualifications.
- Staff (including new staff) will be issued with current government emergency first aid guidance.

12 Arrangements for Pupils with Particular Medical Conditions

The school has specific arrangements for asthma and allergies which are detailed in separate policies, epilepsy as outlined in 13.2, and diabetes as outlined in 15. Beyond this, the school responds to any other conditions as per the advice given by the appropriate healthcare professionals. An individual healthcare plan will be completed by parents for staff to follow regarding management of the specific medical condition.

13 Care of those with Chronic Conditions and Disabilities

At Maltman's all pupils are given support, encouragement and equal opportunities to ensure that they are able to fulfil their true potential, which importantly includes their health and wellbeing. For pupils with long term undiagnosed conditions, newly diagnosed conditions likely to become chronic, chronic conditions and/or disability/impairment, fulfilment of the child's true potential will be achieved wherever possible.

This will be achieved by:

- Matron working in partnership with the child and her parents/guardians through a child and family centred approach
- parents being informed of any significant change to their child's condition or treatment
- working and liaising with allied health professionals, medical staff and teaching staff to provide care as needed
- sharing information with relevant personnel as appropriate to ensure continuity of care
- the provision of an individualised care plan with regular and ongoing review of care and treatment
 - this includes updating, monitoring and evaluation of all treatment and care on a regular basis
 - documentation can be on paper but must also be included within the secure electronic healthcare database
 - the care plan will at least include diagnosis, treatment/medication, triggers/patterns, care given and reviews by Matron and allied Health Professionals
- the provision of care that promotes health and wellbeing, minimises disruption to academic and social life and which permits (as appropriate) the child to fully integrate with peers and take part in physical, psychological and educational activities
- ensuring that medication/treatment is given and taken as prescribed and that staff administering medication are fully aware of its uses, side effects and contraindications
- ensuring the provision of a wide variety of treatment programmes (not just to include medication) supported by appropriately trained staff as required by the child's needs
- the child being fully involved in drawing up their treatment plans (if they wish) and by them being fully included in any treatment they receive
- respecting the child's views and opinions on her treatment and care and seeking consent at each and every intervention
- the child being supported and educated to ultimately manage their own condition and treatment with the aim of them eventually becoming self-caring; and
- all care and treatment being documented.

13.1 Asthma

13.1 Asthma

This school recognises asthma as a serious but manageable condition and is committed to supporting pupils with asthma so they can fully participate in school life. Key measures include maintaining an up-to-date asthma register and individual action plans, ensuring pupils have immediate access to their reliever inhalers, and holding emergency salbutamol inhalers in eight accessible locations across the site. A named asthma lead oversees the register, policy, and staff training, with staff completing annual asthma updates. Inhalers are stored safely and accessibly, and although staff are not required to administer medication, they receive training and are encouraged to support children where necessary.

The school actively promotes an asthma-friendly environment, avoiding known triggers where possible, and encourages participation in all activities, including sports. Pupils with asthma are closely monitored for any impact on their education and wellbeing, with referrals made when necessary. Emergency inhalers are used only with written parental consent and proper documentation, and equipment is checked and maintained regularly. The school complies with the Department of Health's guidance and ensures parents are always informed when the emergency inhaler is used. Further details of the school's approach to managing the needs of pupils with asthma can be found in our separate Asthma Policy which is on our school website.

Related Documents: Asthma Policy

13.2 Epilepsy

The school is committed to providing comprehensive and inclusive support for pupils diagnosed with epilepsy or those with a history of seizures. This support is designed to promote each pupil's physical health, emotional wellbeing, and safety within the school environment, while ensuring their full participation in all aspects of school life, including academic, social, and extracurricular activities. To minimise disruption to learning, the school will implement tailored care plans and make reasonable adjustments as needed. Effective support will be achieved through close collaboration between school staff, healthcare professionals, and families, ensuring consistent and informed management of each pupil's condition in line with best practices and individual needs.

This support will be implemented by the following measures:

- Matron will work in partnership with the pupil and their parents/guardians through a child and family centred approach to ensure care is tailored to their individual needs;
- parents will be informed of any significant changes to their child's condition or treatment as well as every seizure and its outcome.
- the school will liaise with allied health professionals, medical staff and teaching staff to coordinate and deliver appropriate care.
- relevant information will be shared with appropriate personnel as appropriate to ensure continuity and consistency of care.
- an individualised care plan will be developed and regularly reviewed. This includes:
 - Ongoing monitoring, updating and evaluation of all treatment and care.
 - documentation both on paper and within the secure electronic healthcare database.
 - inclusion of diagnosis, treatment/medication, triggers/patterns, care provided and reviews by Matron and allied Health Professionals.

- symptoms, seizures, auras and triggers will be closely monitored, documented and acted upon promptly.
- the provision of care will promote health and wellbeing, minimise disruption to academic and social life and support as appropriate full integration into school activities.
- medication/treatment will be administered as prescribed with only staff fully trained in its use, side effects and contraindications.
- ensuring the provision of a wide variety of treatment programmes beyond medication which are supported by appropriately trained staff.
- the pupil will be encouraged to participate in developing their treatment plan/s(if they wish) and to be actively involved in their care.
- The pupil's view will be respected, and consent will be sought at every stage of treatment and care.
- the pupil will be supported and educated to manage their condition and treatment independently with the aim of them becoming self-caring.
- all care and treatment will be thoroughly documented within the secure electronic healthcare database.

13.2.1 Procedure

In the event of any child presenting with a seizure staff must adhere to the following procedures:

- Ensure the pupil is safe and in a safe position, removing any obstacles to prevent harm.
- Support the head to minimise injury from external surfaces.
- Loosen tight fitted clothing such as the top button of a shirt or a belt.
- Ensure a clear airway is maintained at all times. Do not insert anything into the mouth.
- Do not attempt to move the pupil during the seizure unless the airway is compromised. Stay with the child and call for the Matron's assistance
- Minimise the presence of onlookers to maintain privacy.
- It is important to observe the seizure, noting its duration and characteristics.
- If this is the pupils first seizure, get someone to call 999 or 112 immediately whilst you stay with them, supporting the head and airway. Always follow up with the GP or as advised by A&E.
- If this is not the pupils first seizure and the seizure lasts more than 5 minutes get someone to call 999 or 112 whilst you stay with them supporting the head and airway.
- If the airway is compromised and/or the pupil is not breathing call 999 or 112, start resuscitation and call for Matron's assistance. Stay with the pupil.
- A member of staff will accompany any pupil being escorted to A&E post seizure where a parent is not already present.
- If this is not the first seizure, stay with the pupil supporting the head and airway and seek Matron's assistance. Do not move the pupil until the seizure is finished.
- If Matron is not present or has not been called then once the seizure is over take the pupil to the medical room for care and treatment. The pupil may be disorientated, lethargic or dazed.
- Allow the pupil to rest in the medical room and follow their individual post seizure care plan. Once fully recovered and orientated the pupil may be

allowed to return to class but the teacher and tutor must be informed of the seizure.

- Parents will be informed of each seizure. If the pupil is taken to A&E, the parents/guardian ideally will be contacted before their child has left the school. If this is not possible then parents/guardians will be contacted as soon as possible after the event. The priority will always be to the pupil.

NB Not all seizures present as a tonic-clonic (jerking) seizures. Some may present as vagueness, daydreaming, repeatedly picking at certain parts of the body/clothing, repetitive movements of the tongue or eyes. This may then subside, and the seizure will end or the pupil may go on to lose consciousness and proceed to a tonic-clonic phase. You must be aware of what is normal for each individual pupil.

If you are in any doubt and Matron is not available then dial 999 or 112 immediately.

13.2.2 Care protocol

- Pupils with newly diagnosed or chronic epilepsy will have an individualised care plan which is regularly reviewed and updated. This plan includes documentation of diagnosis, treatment/medication, triggers/patterns and care provided both on paper and within a secure electronic healthcare database. Refer to Appendix 11 for the Individual Healthcare Plan template.
- Matron will work in partnership with the pupil and their parents/guardians ensuring a child and family centred approach.
- Parents will be informed of any significant changes in their child's condition, treatment/medication or any seizures that occur.
- Matron will liaise with allied health professionals, medical staff and teaching staff to provide individualised care as needed.
- Relevant information will be shared among Matron, parents, children and appropriate personnel to ensure continuity of care.
- School staff in particular Matron will provide care that promotes health and wellbeing, minimises disruption to academic and social life and supports the pupils full integration into physical, psychological and educational activities
- Matron will ensure that medication/treatment is administered as prescribed and that staff administering medication are fully aware of its uses, side effects and contraindications.
- Matron and allied health professionals will ensure the provision of a wide variety of treatment programmes beyond medication (supported by appropriately trained staff.
- The pupil will be encouraged to participate in developing their treatment plan/s (if age appropriate) and to be actively involved in their care
- The pupil's view will be respected, and consent will be sought at every stage of treatment and care.
- All treatment plans and care will be drawn up, monitored and evaluated by a medical professional
- All care and treatment will be thoroughly documented. within the secure electronic healthcare database.

14 Allergy and Anaphylaxis

The school recognises that allergies while potentially serious are a manageable medical condition. We are committed to ensuring that pupils with allergies are fully supported so they can participate safely and confidently in all aspects of school life.

To achieve this the school maintains an up-to-date allergy register and ensures that each pupil with a diagnosed allergy requiring Adrenaline Auto Injectors (AAIs) has an individual allergy action plan and risk assessment in place. These documents are reviewed annually or sooner where needed to reflect any changes in a pupil's plan. Staff have immediate access to the pupils' prescribed AAIs and a generic spare AAI is stored in an accessible location at the main school office for emergency use.

A named allergy lead is responsible for overseeing the allergy register, updating the allergy and anaphylaxis policy and coordinating staff training. All relevant staff receive annual training updates to ensure they are confident in recognising and responding to allergic reactions and anaphylaxis appropriately. The school promotes an allergy aware environment by taking proactive measures to avoid consumption and cross contamination of known allergens.

Emergency AAIs are only administered with written parental consent within an individual pupil's allergy action plan. These devices are checked regularly to ensure they are within their expiry date and replacements ordered in advance of expiry. In the event that an AAI is administered to a pupil the school follows statutory guidance by immediately contacting emergency services (999) and informing parents or guardians as soon as possible.

Further details of the school approach to managing the needs of pupils with allergies can be found in our separate Allergy and Anaphylaxis Policy which is available on the school website.

Related Documents: Allergy and Anaphylaxis Policy

15 Diabetes

15.1 Guidelines for supporting the management of diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes, Type 1 and Type 2.

For pupils who has been diagnosed with either Type 1 or Type 2 diabetes care will be provided that not only promotes health and wellbeing, fully integrates them in to school life but also care which will minimise disruption to education.

This will be achieved by:

- Matron working in partnership with the child and her parents through a child and family centred approach
- working and liaising with allied health professionals, medical staff and teaching staff to provide care as needed
- sharing information with relevant staff as appropriate to ensure continuity of care.

- the provision of an individual care plan with regular and on-going review of care and treatment
 - this includes updating, monitoring and evaluation of treatment and care on regular basis
 - documentation can be on paper but must also be included within the secure electronic healthcare database
 - the care plan will at least include diagnosis, treatment/medication, care given and reviews given
- the provision of care that promotes health and wellbeing, minimises disruption to academic and social life and which permits (as appropriate) the child to fully integrate with peers and take part in physical, psychological and educational activities
- ensuring that medication/treatment is given and taken as prescribed and that staff administering medication are fully aware of its uses, side effects and contraindications
- ensuring that staff are fully trained and reviewed annually
- the child being fully involved in drawing up their IHC plan (if they wish)
- respecting the child's views and opinions on her treatment and care and seeking consent at every intervention
- the child being supported and educated to ultimately manage their own condition and treatment with the aim of them eventually becoming self-caring.

Children with Type 1 diabetes manage their condition by the following:

- regular monitoring of their blood glucose levels
- insulin injections or use of insulin pump
- eating a healthy diet
- exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day if not constantly via a Continuous Glucose Monitor (CGM). Whenever possible we encourage pupils to undertake their own finger prick blood glucose testing and management of their diabetes if manual testing is required.

15.2 Insulin Therapy

Children who have Type 1 diabetes may be prescribed a fixed dose of insulin: other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

15.2.1 *Insulin pens*

Insulin pens should be kept at room temperature. Parents should ensure that enough insulin is always available at school and for school trips.

15.2.2 *Insulin pumps*

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. The continually deliver insulin.

Type 2 diabetes is mainly treated with lifestyle changes such as:

- healthy diet,
- losing weight,
- increased exercise, and
- tablets or insulin may be required to achieve normal blood glucose levels.

15.3 Guidelines for managing Hypoglycaemia (hypo or low blood sugar)

Training will be offered to all relevant staff by the paediatric hospital liaison staff. Staff who have volunteered and have been designated as appropriate, will administer treatment for hypoglycaemic episodes.

To **prevent** a hypo:

- Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
- Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion and slurred speech.
- The pupil must be allowed to eat regularly during the day. This may include eating a snack prior to exercise. Meals should not be unduly delayed due to extra-curricular activities at lunchtimes.
- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child may experience a "hypo".
- Treatment for "hypo" might be different for each child, but will be either dextrose tablets, jelly babies, sugary drink or Glucogel, as per Care Plan.
- Whichever treatment is used; it should be readily available and not locked away. Ideally, the pupil should carry the treatment with the testing kit.
- Do not send pupil to Matron when she experiences a "hypo". Check blood glucose level and if below 4 immediately administer relevant treatment and then send pupil accompanied to Matron. Matron will then follow the Care Plan for further treatment.
- Once the child has recovered, a slow acting starchy food such as biscuit should be given. If the child is very drowsy or unconscious, a 112 call must be made and the child placed in recovery position. Do not attempt oral treatment.
- Parent will be informed of a "hypo".
- Off-site activities e.g. visits, overnight stays will require additional planning and liaison with parent and diabetes nurse.

16 AED Plus (automatic external defibrillator)

The AED is situated in the school office (above the pigeonholes). All members of staff with Paediatric First Aid and First Aid at Work qualification are trained to use it. The AED is checked every half term by Matron to ensure it has enough battery, is working, and both the adult and paediatric pads are in place and in date.

16.1 Indications for use of AED:

- Use the AED when a suspected cardiac arrest victim has an apparent LACK OF CIRCULATION as indicated by:
 - unconsciousness;
 - absence of normal breathing; and
 - absence of a pulse or signs of circulation.

The AED Plus is fully automatic. Follow instructions given.

Call 999 or 112

The procedure for contacting the emergency services is at Appendix 3.

17 CPR

For staff to overcome any hesitation to start resuscitation a disposable child and adult resuscitator are available for use. These are situated next to the AED machine.

All our first aid boxes are kitted out with a single use face shield with a one way valve to protect the rescuer.

18 Guidelines for Managing Eczema

Eczema (also known as dermatitis) is a dry skin condition. It is a highly individual condition, which varies from person to person and comes in many different forms. It is not contagious.

In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed.

Prescribed emollients (medical moisturisers) may be given to Matron for administration when needed.

19 Use of Lip Balms at School

At times, a lip balm may be needed for chapped and dry lips.

Due to pupils suffering from severe allergies, only the following lip balms are accepted at school: Nivea Essential Care Lip balm, Chapstick and Blistex.

20 Procedure for Treatment of Head Lice

Head lice and nits are common in young children and their families. They do not have anything to do with dirty hair and are picked up by head-to-head contact. If live head lice are discovered the child's parents will be contacted and asked to treat their daughter's hair as soon as practicable. In line with the UK Health Protections Agency Advice for Schools, we do not routinely contact other parents to inform them there has been a case of headlice. Instead, we encourage parents to regularly check their daughter's hair, so that headlice can be treated early if required.

21 Intimate Care

21.1 Principles

At Maltman's Green School, the Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2012) to safeguard and promote the welfare of its pupils.

At Maltman's Green School we aim to meet the needs of all our children and promote their welfare. We recognise and assist children with intimate care where needed, and ensure that the children are treated with courtesy, dignity and respect at all times.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010, which requires that any pupil with an impairment that affects her ability to carry out day-to-day activities must not be discriminated against.

This Intimate Care section of the Medical Policy should be read in conjunction with the following school policies:

- Safeguarding and Child Protection Policy and Procedures
- Health and Safety Policy

Maltman's Green School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively; no pupil should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parents and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this Intimate Care Policy.

Where a child has intimate care needs beyond the occasional, a designated member of staff will take responsibility to provide their care. We address issues on an individual basis. The designated person should have a strong and trusting relationship with the girl. This ensures that it is a positive experience that is safe for all.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

All staff undertaking intimate care must be given appropriate guidance and training (where applicable).

This Intimate Care section of the Medical Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

21.2 Child focused principles of intimate care

The following are the fundamental principles upon which the policy and guidelines are based:

- every child has the right to be safe
- every child has the right to personal privacy
- every child has the right to be valued as an individual

- every child has the right to be treated with dignity and respect
- every child has the right to be involved and consulted in their own intimate care to the best of their abilities
- every child has the right to express their views on their own intimate care and to have such view taken into account and
- every child has the right to have levels of intimate care that are as consistent as possible

21.3 Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas. Most people usually carry out intimate care themselves, but some pupils are unable to do this because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of, or being in close proximity to pupils involved in intimate self-care.

21.4 Best practice

Due to the developmental stages of the children that we work with, we support them with personal care: changing nappies or 'pull ups' in the Early Years, dealing with soiling or wetting 'accidents', reminders to go to the toilet and general personal hygiene to develop independence.

Pupils who require regular, specific assistance with intimate care, will have a written Individual Education Plan (IEP), Individual Health Care Plan (IHCP) or Intimate Care Plan (ICP). This will be agreed by staff, parents and any other professionals actively involved, such as school Matron or physiotherapists. Ideally, the plan should be agreed at a meeting at which all key staff, parents and the pupil should also be present particularly if circumstances change, e.g. where there is an improvement in a medical injury, or condition. They should also consider procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parents, appropriate terms for private parts of the body and functions; these should be noted in the plan.

Where a care plan or IEP is not in place, parents will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' or wet or soiled herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary.

If a child has needed unforeseen intimate care during the day this should be treated in confidence and shared with parents in person at the end of the day.

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

Records will be kept in the pupil file *if* there is an ongoing case needing monitoring, rather than a *one-off* incident. Records are kept in the daily log in the Medical Room and in the wet room, Nursery and Reception. Due to the young age of the children in Little Malties, staff keep a separate record of nappy/pull up changes and potty training for individual girls. Little Malties parents also receive this information via each child's Daily Communication Book. There is separate guidance on intimate care specific to Little Malties at Appendix 4.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for herself as possible.

Staff who provide intimate care are given guidance and/or training in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils considering developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when she needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

In line with the School's Low Level Concerns Policy, any individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

The religious views, beliefs and cultural values of children and their families should be considered, particularly as they might affect certain practices or determine the gender of the carer.

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with the pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the full range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

School guidelines should be adhered to regarding waste products.

No member of staff will carry a mobile phone, camera or similar device, including those with imaging and sharing capabilities whilst providing intimate care.

22 Safeguarding/Child Protection

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The School's Safeguarding and Child Protection procedures will be closely adhered to.

From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. At Maltman's Green, best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to always be vigilant, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. they will immediately report concerns to the Designated Safeguarding Lead or a member of the Designated Safeguarding team.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Headmistress. The matter will be investigated at an appropriate level and outcomes recorded. Parents will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until any issues are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, makes an allegation against an adult working at the School this should be reported to the Headmistress (or to the Chair of Governors if the concern is about the Headmistress) who will consult the Local Authority Designated Office in accordance with the School's policy on dealing with allegations of abuse against members of staff and volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the School or about any improper practice will report this to the Headmistress or to the Chair of Governors, in accordance with the Child Protection Policy and Procedures **and Low Level Concerns Policy**.

23 Appendix 1: Location of First Aid Boxes

Area	Location of First Aid Box
ADA Car Park	On the wall
Art Room*	Window ledge
STEAM Room*	Window ledge
Groundsman	Garage at end of staff carpark
Junior Gym	Top Cupboard Store Room 1918
Lapraik Hall	Ledge in entrance lobby
Little Malties Purple Room	On shelf in Changing area
Little Malties Green Room	On shelf in Changing area
LM Outdoor emergency bag	In purple bag in storage cupboard
Maintenance Office	On shelf
Main. Machinery Garage	Hanging on hook
Maintenance Workshop*	Hanging on hook
Medical Room Bag 1	Window Ledge
Medical Room Bag 2	Window Ledge
Medical Room Bag 3	Window Ledge
Nursery	Cupboard above sink
Out of School Care	On shelf in Dining Room
PE Office	Lapraik Changing Room
PE bag for Offsite Fixtures	PE Office Purple kit bag
Playground Duty Bag 1	On shelf by pigeon holes in School Office
Playground Duty Bag 2	On shelf by pigeon holes in School Office
Pool Treatment Room*	On shelf in pool treatment plant room
Purple block downstairs	On ledge ground floor near toilets
Purple block upstairs	On shelf near telephone
Reception block	On cabinet near lobby
School Front Office	On shelf by pigeon holes
School Minibus GY13 BLZ	Located at front side of passenger seats
School Minibus GU62 EXX	Located at front side of passenger seats
Senior School Lab*	In office between each lab
Staff Room	On window seat
Swimming Pool	On shelf in office
Tech Block Upstairs	On window ledge
Tech Block downstairs	On window ledge staff toilet
Year 1 Lobby	On window ledge

* must have big bottle of Emergency sterile eye wash

24 Appendix 2: List of Current Full Paediatric First Aiders / Administration of Medicines / First Aid at Work

24.1 List of Current Full Paediatric First Aiders

Name	Course date	Course expiry date
Mrs A Ellisdon	05/09/2023	04/09/2026
Miss S Bond	05/09/2023	04/09/2026
Miss H Elliott	05/09/2023	04/09/2026
Mr J Gilbert	05/09/2023	04/09/2026
Mrs A Louw	05/09/2023	04/09/2026
Mrs C May	05/09/2023	04/09/2026
Mrs D Thompson	05/09/2023	04/09/2026
Ms E Ullstein	05/09/2023	04/09/2026
Mrs S Glinska	05/09/2023	04/09/2026
Ms Lisa Bennett	15/12/2023	14/12/2026
Ms E Button	14/02/2024	13/02/2027
Mrs G Rose	03/09/2024	02/09/2027
Mrs S Bachu	03/09/2024	02/09/2027
Ms S Grimm	03/09/2024	02/09/2027
Mrs K Kindred	03/09/2024	02/09/2027
Mrs S Rogerson	03/09/2024	02/09/2027
Mr P Kalyan	03/09/2024	02/09/2027
Mrs F Broadley	03/09/2024	02/09/2027
Mrs M Mee	03/09/2024	02/09/2027
Ms K Goodall	03/09/2024	02/09/2027
Mrs C Luckett	03/09/2024	02/09/2027
Ms Sadia Mahmood	22/04/2025	21/04/2028
Mrs L Pollicott	22/04/2025	21/04/2028
Mrs L Nelson	22/04/2025	21/04/2028
Mr A Richardson	02/09/2025	01/09/2028
Mrs K Edwards	02/09/2025	01/09/2028
Ms S Ensor	02/09/2025	01/09/2028
Mrs L Pearce	02/09/2025	01/09/2028
Mrs N Verma	02/09/2025	01/09/2028
Mrs L Draper	02/09/2025	01/09/2028
Mrs P Sewell	02/09/2025	01/09/2028
Mrs S McGuinness	02/09/2025	01/09/2028
Mrs R Clarke	02/09/2025	01/09/2028
Mrs A Lilley	02/09/2025	01/09/2028
Mrs M Charafeddine	02/09/2025	01/09/2028
Mrs F Porter	02/09/2025	01/09/2028
Miss M Saunders	12/12/2025	11/12/2028
Miss S Czepiec	12/12/2025	11/12/2028
Miss A Bray	12/12/2025	11/12/2028
Miss S Baily	12/12/2025	11/12/2028

24.2 Staff with current Administration of Medicines qualifications:

Name	Completion Date	Course Expiry Date
Elizabeth Ullstein	18/03/2024	17/03/2026
Joanna O'Callaghan	29/04/2024	28/04/2026
Katy Edwards	03/05/2024	02/05/2026
Lynn Pearce	21/05/2024	20/05/2026
Lindsay Pollicott	17/01/2025	16/01/2027
Lucy Nelson	19/01/2025	18/01/2027
Charmaine May	28/02/2025	27/02/2027
Patricia Sewell	11/03/2025	10/03/2027
Andrew Richardson	18/03/2025	17/03/2027
Catherine Dass	03/04/2025	02/04/2027
Lisa Bennett	13/06/2025	12/06/2027
Katie Paynter	30/07/2025	29/07/2027
Lene Hoyer Jarvie	29/01/2026	28/01/2028
Siobhan McGuinness	29/01/2026	28/01/2028
Clare Lockett	29/01/2026	28/01/2028
Julia Seddon	30/01/2026	29/01/2028
Asa Ellisdon	31/01/2026	30/01/2028
Sophie Bond	02/02/2026	01/02/2028
Laura Draper	02/02/2026	01/02/2028
Debbie Thompson	03/02/2026	02/02/2028
Sadia Mahmood	03/02/2026	02/02/2028
Emma Button	09/02/2026	08/02/2028
Fiona Broadley	13/02/2026	12/02/2028

24.3 Staff with current First Aid at Work qualifications:

Name	Course date	Course expiry date
Mrs H GRAVES	03/01/2024	02/01/2027
Mr A WINCHCOMBE	03/01/2024	02/01/2027
Mr T HOWE	03/01/2024	02/01/2027
Mrs C LUCKETT	03/01/2024	02/01/2027
Miss L KING (BRIANT)	03/01/2024	02/01/2027
Mr P MOORFIELD	29/09/2025	28/09/2028

25 Appendix 3: Procedure for Contacting Emergency Services

In need of an ambulance, the School office or Matron will make the phone call.

Dial 112 or 999, ask for ambulance and be ready with following information

1. Your telephone number
01753 883022
2. Give your location as follows
Maltman's Green School
Maltmans Lane
Gerrards Cross
3. State that the postcode is
SL9 8RR
4. Give exact location in the School
5. Give your name
6. Give name of the child and a brief description of child's injury and symptoms
7. In need of an ambulance between 8-9am and 3-4.15pm inform Ambulance Control that the best entrance to Maltmans Lane is directly opposite Milton Avenue. Explain this is due to traffic congestion at drop off and pick up. Also, keep this in mind when school events are taking place and at the last day of term. Direct them to either the front of School, staff car park or ADA. State that the crew will be met and taken to the appropriate location.
8. If the ambulance has to come in from Milton Avenue i.e. AGAINST the usual flow of traffic please contact the maintenance team and Bursary immediately and ask them to help control traffic to enable access for the ambulance.

Speak clearly and slowly and be ready to repeat information if asked.

26 Appendix 4: Intimate Care- Specific to Little Malties

Little Malties staff are required to support all children's personal hygiene needs and will implement regular intimate care routines. These include nappy changing, application of non-medicated creams such as emollients and aiding toilet training and toileting needs. It also includes changing of clothing, as the need arises, and to help children settle during nap and rest times.

There is a reasonable expectation that the youngest children require comfort, attention and reassurance, particularly during intimate care routines. Staff working in Little Malties need to be mindful of the code of conduct at all times, as well as safeguarding guidance. The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

It is expected that pupils in Little Malties will require frequent intimate care support. For example, toileting routines must be closely monitored, if not supported, by staff. Staff assisting children in the bathroom with either nappy changing, toileting or other appropriate bathroom activities (such as hand washing or changing clothing) will notify another member of staff that they are about to do so. Any intimate care routines will be logged for future reference, and shared with parents, via to home diary, each day. There is a bathroom activity chart which staff are to complete after each nappy change or toileting routine is completed. Creams such as emollients or moisturisers will be applied and recorded on the bathroom activity chart as appropriate to each child. Prior permission from parents will be sought before applying any creams, with consideration given to the medication policy and any health care plans that are already in place.

Staff must keep themselves protected and uphold the highest standards for hygiene, particularly during intimate care routines. PPE is provided – disposable gloves, aprons and nappy sacks. All bodily fluids and hazardous waste is to be disposed of in the yellow sacks, located in the bathroom. Staff are expected to assess the risks and hazards before attempting to clean up toileting accidents or changing nappies; they must call for assistance and make use of the spills kit where it is appropriate to do so. The caretakers may be called upon to assist with larger spills.

Staff soothing children as they nap or sleep must always remember the code of conduct when doing so. A calm, comforting environment must be created in line with the parents' views and practices as much as possible. In order to create an appropriate sleep or rest space for each child. It may also be appropriate to have physical contact as the child rests; for example, stroking their hair or holding their hand. At all times the CCTV will be in operation to record interactions between pupil and staff. Please see the School's CCTV Policy for further details.

There is a designated sleep area for planned sleep or rest times. This, and other rest areas, are available throughout the day and it is appropriate to offer a child in Little Malties the opportunity to rest at any time. However, staff must bear in mind the parents' perspective with regards to the nap time and duration; staff should seek to compliment the child's home routine as much as possible. A sleep or rest chart for staff must be used to record the duration of the sleep and that a member of staff has checked on any sleeping children at least every 10 minutes.

27 Appendix 5: Intimate Care Good Practice – a more detailed guide

The adult supporting a child or young person with intimate care needs to consider both their **attitude** and **actions** within the approach.

27.1 Principle Elements of Safe and Healthy Intimate Care:

- trust and duty of care to safeguard the child
- a person-centred approach
- promoting the development of positive self-esteem, body image and self-confidence
- promoting the development of appropriate relationships, boundaries and personal safety
- integrating social and cultural values and beliefs
- promoting positive lived experience
- promoting cleanliness and personal hygiene - preventing infection and disease; and
- provision of education and training

27.2 Trust and duty of care to safeguard the child

The person designated to provide intimate and personal care to a child or young person is placed in a position of trust and has a duty through their responsibilities as a parent or as an employee to provide care which always promotes the health, wellbeing and safety of the child or young person. This includes protecting the child from abuse. Other family members are regarded as trusted adults and accordingly have a duty to safeguard the child or young person.

27.3 Safeguarding

Staff need to be aware that some adults may use intimate care procedures as an opportunity to abuse children and young people. Staff need to be aware of the possibility that allegations of abuse may be disclosed. Allegations can be made by children and young people, and they can be made by other concerned adults.

Following clear guidelines will offer staff a framework to base their care plan around whilst also providing consistency across all settings.

If concerns are raised, please refer to **our** safeguarding procedure and discuss **with the Designated Safeguarding Lead**.

The following statements set out guidance and examples of practice for staff.

27.4 Statements of Good Practice

Treat every child with dignity and respect and ensure privacy

Intimate and personal care should be provided with dignity and respect ensuring privacy, this includes care being given gently and sensitively.

Adults should take into account the child's views and feelings throughout any procedure or intervention and give careful consideration to what the child is used to and what is appropriate, given their needs and their family's culture and beliefs.

Information about a child intimate and personal care needs is both private and confidential. Information sharing relating to intimate care should be for a legitimate purpose and with the consent of the child or where a child lacks capacity, the parent or guardian.

Privacy should be appropriate to the child's age, gender and situation. Privacy is an important issue. Children have a right to privacy and staff need to recognise that right and take steps to ensure this it is upheld. It is important to ensure that e.g. changing clothes is done in a safe and respectful manner. Identified places for changing are therefore helpful.

Privacy can be respected by allocating one adult unless there is a sound reason for having more adults present. Where this is the case, the reasons should be documented. Where two people are required for manual handling, staff should consider that once the initial manual handling task is complete, the second person could remove themselves until summoned once the intervention has finished and child has been re-clothed.

Consider off site provision well in advance of any visit. It is recommended the facilities are inspected and included in **the** usual risk assessment evaluation.

Involve the child in their own intimate care and be aware of and responsive to the child's reactions

The child should exercise choice as far as possible throughout. Staff should gain the child's consent or agreed approval prior to carrying out any procedure or intervention.

Any touch which is intended as "help" (e.g. helping a child with toileting needs) is to be as enabling and empowering as possible and the child should be permitted to do as much by themselves as possible. If the child is able to help, give them every opportunity to do so. It is important to avoid doing things that the child can do alone or with support. If a child is fully dependent on you, talk with them about what you are doing and give them choices wherever possible.

Children should always be consulted about their views regarding touch and physical contact. Their understanding and acceptance of touch needs to be explicit. Staff should check their practice by asking the child, particularly a child they have not previously cared for, e.g. "Is it ok to do it this way?" "Can you wash there or do this?"

Follow a child's individual guideline alongside your intuitive knowledge and experience of the child you are caring for and verbally report and document any changes in the child's behaviour or their reactions to intimate care.

Encourage the child to have a positive image of their own body

Providing intimate care with the right attitudinal approach with clear good practice actions provides ongoing opportunities to teach children about the value of their own bodies, develop self-confidence and a positive self-esteem. The approach adults take in providing intimate care to a child should convey messages that their body and they are respected, a sense of value. Confident, assertive children who feel their body belongs to them are less vulnerable to sexual abuse. Whilst keeping in mind the child's age and understanding, routine care should be enjoyable, relaxed and fun.

Early years role modelling of good practice in intimate care experiences provide important learning for children **regarding boundaries and personal safety**.

The gender of the adult care giver should take into account the child's age, developmental history, cultural beliefs and values and the expressed views of the child and/or parents and should be documented within the individual intimate care plan.

As a general guide, children up to the age of 8 can be provided with intimate personal care by either gender. From about 8 years of age as the child is developing their sexuality psychologically, physically and physiologically, gender of the adult intimate care giver becomes more of an issue to the individual in terms of their respect for privacy, and their views and feelings are critical to deciding who should provide intimate care.

Where a child lacks the capacity to make the decision, the parent or guardian's views should be included within the individual intimate care plan. It is good practice for adults providing intimate care to young people (from the age of 8) to be of the same gender. In certain circumstances, and it would usually be unexpected circumstances, this good practice principle may need to be waived where failure to provide appropriate care would result in an omission of care.

Whilst this is best practice it is recognised that within some services the gender of staff is often made up of predominantly female staff and therefore the same gender principle is often difficult to implement in practice. This needs to be explained to the child and family as part of negotiating the agreed intimate care plan and whatever is put in place should be reviewed and monitored regularly.

Make sure practice in intimate care is as consistent as possible

The management of all children who require support with their intimate care needs to be carefully planned. A person-centred approach to providing intimate and personal care promotes both individual and consistent patterns of care. The provision of intimate and personal care always has to be considered within the context of the individual person who requires assistance to meet their intimate and personal care needs.

Children who require intimate care should have an individual intimate care plan which sets out the child's views and how they would like their care given, together with specific information to enable care givers to carry out their intimate care. These plans should also include a full risk assessment where necessary to address issues such as moving and handling, personal safety of the child and the carer. Any individual issues including religious and cultural views will be recorded in these plans. Any historical concerns (such as past abuse) should be noted and taken into account.

The intimate care documentation should be agreed by the child (if age appropriate) parents/carers, designated staff and professionals. The intimate care plan should be reviewed regularly (at least annually) as the child's needs may change.

Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do everything identically, but approaches should not differ markedly between staff.

Elements of consistency for each individual child include:

- **Language** – using recognised words or other cues and agreed terminology.

- **Physical touch** – always washing intimate parts with a wash cloth/wipe and not bare hands and wearing gloves
- **Documentation** – following the child's individual intimate care plan

Consistency of approach can be helped by checking with the child their carers/staff who know the child well and reading any relevant medical documentation. If something needs changing in a procedure, it is important to let all those who are involved in their care know about the changes.


Never do something unless you know how to do it

All staff who provide intimate care should receive training to promote good practice. No one should ever undertake a task unless they know how to do it. Just because staff have done something with their own child, it must not be assumed that they can do it with a child they are providing care for. Adults providing intimate care should consider their own attitudes and behaviour. If staff have concerns about providing this type of care we would encourage you to speak to your line manager or the Headmistress.


Certain intimate care procedure must only be carried out by appropriately trained staff. It is the Head's or a designated deputy's responsibility to ensure their staff members are appropriately trained and receive regular updates.

Equipment used for intimate care must be cleaned between uses as per local infection control standard (2011). Generally, this would mean wiping down toilet seats or changing beds with an antibacterial spray or wipes and taking universal precautions as necessary when providing the care (gloves, aprons etc.) Waste will be disposed of as per local policy. Advice and help about these issues can be obtained from **the Facilities Manager**.

28 Appendix 6: Accident and First Aid Record Form

 <p>MALTMAN'S GREEN SCHOOL Making their way. Since 1918</p>		<h2>EYFS Accident and First Aid Record Form</h2>	
Child's Name:		Date of Birth:	
Date and time of accident:			
Name of witnesses/adults present:		Place accident occurred:	
Description of incident:		Record of any injury and action taken:	
For head injury see information overleaf			
Name of parent contacted:			
Parent contacted by:			
• Accident and First Aid Record Form		<input type="checkbox"/>	
• Telephone call to parents <i>Include time of call and brief description of content.</i>		<input type="checkbox"/>	
Attending adult's signature:		Date:	
SLT signature:		Date:	
Parent's signature:		Date:	
Parent Copy - Green		School File Copy White	
This form should be completed in BLACK ink. Parents to be handed the green copy.			

29 Appendix 7: Incident Report Form



MALTMAN'S GREEN
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No: IR .. /

INCIDENT REPORT

	Detail / Information				INITIALS
Name & Form or Name & Role					
Name of Person Witnessing or Reporting Incident					
Date and Time of Incident					
Location of Incident					
Nature of Incident <small>(Give details of person/s involved, injuries incurred, damage to building/ equipment - draw a sketch if necessary to highlight how incident occurred, where a person has fallen state how high was the fall)</small>					
Initial Action Taken <small>(by person witnessing or first identifying the incident)</small>					
Initial Treatment Given <small>(by person witnessing or first identifying the incident)</small>					
Further Medical Treatment Recommended					
Persons Advised <small>(parents/ carers/ others)</small>	Name/Relationship	How Contacted	Date & Time	Contact By	
RIDDOR Reportable (Y/N) <small>(please circle)</small>	Yes	No			
Initial Report Distribution <small>(White Copy #1) (select as appropriate) (Date and Time _____)</small>	Headmistress	Deputy Head Pastoral	Deputy Head Academic		
	Form Teacher	Head of Pre-Prep	EYFS Co-ordinator		
	Matron	Chef Manager	Facilities Manager		
	File (Office)				



No: IR .. /

	Detail / Information			INITIALS
Report on Medical Diagnosis and Further Treatment Received/Required				
Bursar Review and Recommended Actions (then pass green copy to the Headmistress and email the person responsible for taking the appropriate action)				
Closing Comments by Headmistress (pass back to the Bursar for review at the next H&S Committee meeting)				
H&S Committee Review and Comments (post this meeting the green original, including supporting documentation, is to be returned to the office for filing)				
Reviewed Report Distribution (Bursar to distribute as necessary)	Headmistress Form Teacher Matron File (Office)	Deputy Head Pastoral Head of Pre-Prep Chef Manager	Deputy Head Academic EYFS Co-ordinator Facilities Manager	

Completion Notes:

Once page 1 of the green original has been completed in full, a white copy is distributed asap to:

- Yes – Deputy Head Pastoral, Deputy Head Academic, Form Teacher, Matron, File (Office).
- Either – EYFS Co-ordinator or Head of Pre-Prep
- Depending upon the 'What', 'How' & 'Who' – Facilities Manager or Chef Manager.


The green original is immediately circulated to the Bursar who will then complete a review and recommend actions to the Headmistress. The Bursar at this stage may produce a further white copy for the FM for example, setting out the immediate action necessary.

On receipt of the green original, the Headmistress will approve or revise the Bursar's recommended course of action, and return the form to the Bursar who will then take the necessary action. The incident will then be reviewed at the next H&S Committee meeting in order to attempt to highlight trends and/or lessons identified.

Post H&S Committee meeting review, the Bursar will ensure that the green original is returned to the Office for filing and the Incident Report Register completed.

Page 2 – if subsequently it is necessary to complete the first box on page 2 (report on medical diagnosis and further treatment received/required), the green original is to be located and further comments appended. Matron will advise as necessary if there is further action to be taken or comments to be appended.

30 Appendix 8: Residential Personal Medical Information Form


MALTMAN'S GREEN
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Maltman's Green School

**I have provided full and complete information about my child in this Residential Personal/
Medical Information Form. ***

**I agree to inform the School in the event that my child's health or needs change before the trip
commences. ***

Name in full and relationship to child: *



Residential Personal /Medical Information Form

The School requires you to complete all sections of this form as fully as possible. The information provided by you in this form will help us to care for your child while she is on the residential visit. All information received on this form will be treated in confidence. For more information about how the School may use your and your child's information contained in this form, please see our Pupil Privacy Notice and our Parent Privacy Notice which are available to view and download from the General Information/School Documents/Terms, Conditions & Privacy Notices area of My School Portal.

PLEASE NOTE:

- Travel sickness medication should be given at home in the morning if required. If an additional dose is required for the return journey, please send the medication in its original packaging with your daughter's name on it, the dosage instructions and time to be given.
- Staff will be taking any school-based medication that your daughter may have e.g. asthma inhaler, Epi-pen etc., so duplicates do not need to be provided from home;
your daughter will not be permitted to attend any school outing with an out-of-date Epi-pen or inhaler.
- **If your daughter requires sunscreen, this must be packed in your daughter's toiletry bag; sunscreen must be self-administered.**

Residential Visit Details

Residential Visit to

Date of Departure

Child's Details

Child's Full Name: *

Child's Year Group:

- Little Malties
- Nursery
- Reception
- Year 1
- Year 2



Maltman's Green School

- Year 3
- Year 4
- Year 5
- Year 6

Child's Address: *

Date of Birth: *

Child's NHS number: *

Emergency Contact Details

Landline/s:

Mobile/s: *

Address where next of kin can be contacted during visit, if different from above:

Name and telephone number of child's doctor: *

Medication & Treatment

Does your Child Take any medication? *

- Yes
- No

If yes, please give details:



Maltman's Green School

Does your child suffer from Asthma? If yes, an inhaler is required *

- Yes
- No

If your child has special dietary requirements e.g. vegetarian, diabetic, medical or religious, please provide details in the box below:

Please detail below any further dietary information which might be useful during the trip:

If your child suffers from any allergies, please provide details in the box below:

Is an Epi-Pen required? *

- Yes
- No

Please detail below any further medical information which might be useful during the trip:

Permission for your child to be given PARACETAMOL, is necessary: *

- I GIVE PERMISSION for my daughter to be given PARACETAMOL, if necessary
- I DO NOT GIVE PERMISSION for my daughter to be given PARACETAMOL, if necessary

Permission for your child to be given ANTIHISTAMINE, if necessary: *

- I GIVE PERMISSION for my daughter to be given ANTIHISTAMINE, if necessary
- I DO NOT GIVE PERMISSION for my daughter to be given ANTIHISTAMINE, if necessary



Permission for your child to be given TRAVEL SICKNESS MEDS (provided by parents), if necessary: *

- I GIVE PERMISSION for my daughter to be given TRAVEL SICKNESS MEDS, if necessary
- I DO NOT GIVE PERMISSION for my daughter to be given TRAVEL SICKNESS MEDS, if necessary

Medical Consent

I hereby give permission to the teacher in charge to give his/her consent to any urgent medical or hospital treatment, including the administration of anaesthetic, required during the trip, if it is not possible to contact a parent or guardian. *

32 Appendix 11: Individual Healthcare Plan

 <p>MALTMAN'S GREEN SCHOOL Making their way. Since 1918</p>		
INDIVIDUAL HEALTHCARE PLAN (IHP)		
Name:		
DOB:		
Address:		
Emergency Family Contact Information		
Contact 1 name:		
Relationship to child:		
Contact telephone number:		
Contact 2 name:		
Relationship to child:		
Contact telephone number:		
Clinic/hospital Contact		
Name of Hospital:		
Name of Consultant:		
Telephone number:		
Medical diagnosis or condition		
Details of condition:		
What signs and symptoms can indicate emergency assistance or medication that is required to be administered.		
Regular or Emergency Medication (only to be administered by trained members of staff)		
Name and dose of medication:		



Specific support or equipment required (medical, educational, social, emotional needs)

--

Activities that require special precautions and how to manage

--

Arrangements for School trips

Will review when appropriate and risk assessment would be completed.
--

This plan has been agreed by (parent/carer/class teacher/matron)

Parent Name:	Signature:
--------------	------------

Class Teacher	Signature:
---------------	------------

Matron:	Signature:
---------	------------

This healthcare plan is required to be reviewed annually by both parents, Class Teacher and Matron. This can be reviewed sooner where there are changes in care and updates are needed.


Review Dates

Date:	Signature:
Date:	Signature:
Date:	Signature:
Date:	Signature:

33 Appendix 13: Authorisation to Administer Medicines

 AUTHORISATION TO ADMINISTER MEDICINES BROUGHT IN FROM HOME (including prescription medicines)			
NAME OF CHILD:		CLASS:	
CONDITION TO BE TREATED IN AN EMERGENCY: Please complete if applicable			
NAME OF MEDICATION:			
PRESCRIPTION MEDICATION?	Yes	No	
DATE MEDICATION COMMENCED:			
LENGTH OF COURSE OF MEDICATION:			
DOSE:			
TIME MEDICATION TO BE GIVEN:			
HOW MEDICATION IS TO BE GIVEN:			
STORAGE INSTRUCTIONS FOR MEDICATION:			
POSSIBLE SIDE EFFECTS OF MEDICATION:			
EXPIRY DATE OF MEDICATION:			
I authorise Matron or a member of the Maltman's Green staff, trained in the administration of medicines and paediatric first aid, to administer the above medicine to my child.			
NAME OF PARENT:			
SIGNATURE OF PARENT:		DATE:	
NAME OF STAFF MEMBER RECEIVING MEDICATION:			
SIGNATURE OF STAFF MEMBER:		DATE:	
Is this medication to be sent home at the end of each school day?	Yes/No		
<i>Please note: All medicines must be brought into school in its original container or packaging. No unidentifiable medication will be given to your child. All medicines must be clearly labelled for your child's safety.</i>			

35 Appendix 15: Offsite Medical Bag Check


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Off Site Medical Bag Check

Date of Visit:

Location of Visit:

Name of Visit Leader:

Name of Member of Staff responsible for first aid/medication:

All Medication for pupils have been checked, are correct and are to be taken on the trip:

Yes

No

Signed:

Signed:

*This form is to be filed in the trips paperwork on the morning of departure