NORWICH SCHOOL

First Aid and Medical Provision Policy

This policy is reviewed by Council of Management annually. This policy was last reviewed and agreed in Michaelmas term 2026 (pending governor approval). It is due for review in Michaelmas term 2027

This policy is provided to all staff at induction and should be read alongside our Allergy and Anaphylaxis policy.

Confirmed by:

Nicole Reynolds	Chief Operating Officer	Michaelmas 2026
Andy Wood	Chair of Governors	Pending

Version Control

Version number	Date issued	Author / key contact	Change(s) summary
1.0	Lent 2022	Georgie Valpied	▪ Updated job titles to reflect structure in Welfare Team ▪ Updated links ▪ New Asthma management plan introduced ▪ Change to Accident reporting methods ▪ Reconfigure of policy reducing appendices
1.1	Michaelmas 2022	Georgie Valpied	Minor operational update to: Allergies - The responsibilities of the Health Officer.
1.2	Trinity 2023	Georgie Valpied	Changes to First Aid Personnel.
2.0	Trinity 2024	Georgie Valpied	Multiple revisions throughout and re-issued as a new version. See annual update summary (p39-42) for details of changes.

2.1	Michaelmas 2024	Georgie Valpied	Minor update – relocation of the medical room to No71 The Close (from 71a The Close) Addition of AED at 15 UKS
2.2	Michaelmas 2025	Georgie Valpied	Minor update – location of burns kit in science department.
3.0	Michaelmas 2026	Georgie Valpied	Major change to include removal of the allergy and anaphylaxis section

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Statement of Intent

The Governors are ultimately responsible for the implementation of this policy. Day to day responsibility and oversight has been delegated to the Chief Operating Officer or Head of Welfare, who will act as the school's appointed persons.

This policy also covers the School's Early Years Foundation Stage (EYFS) provision.

Employer Safety Statement

The Health & Safety (First Aid) Regulations 1981 place a duty on employers to provide adequate first aid equipment, facilities, and personnel to their employees. This obligation does not extend to persons not employed by Norwich School.

Scope of Policy

Norwich School has considered the Regulations and produced this policy to ensure appropriate, safe and adequate first aid provision is made for employees, visitors and pupils when on the school site and whilst undertaking approved off-site Out of School Visits.

First aid is the immediate treatment necessary for the purpose of preserving life and minimising the consequences of injury or illness until expert medical assistance can be obtained. First aid also includes the initial treatment of minor injuries, which will not need treatment by a medical practitioner. The object of first aid is to aid anyone injured or suddenly taken ill before expert help from a doctor or nurse is available, or before an ambulance arrives.

It should be noted, nothing in this policy prevents any individual from contacting the emergency services should they feel it is the most appropriate course of action, the school would in fact empower staff to do so and use the internal first aid provision to manage the injury or illness until professional help arrives.

First Aid Personnel

Norwich School employs a registered nurse (Head of Welfare) who oversees the provision of first aid in the school alongside two Health Officers. One is ~~Two~~ ~~are~~ based in the school's medical room, located in 71 The Close. The school recognises that the Lower School is separated from the main school site and has therefore provided a ~~small~~ medical room within the Lower School building where the Lower School Health Officer is located, to provide first aid and pastoral support in the Lower School. The school also employs a health administrator, who works part time alongside the Health Officers in 71 The Close, supporting her work with pupils, their families and staff.

During term time, the Health Officers in both the Senior School and Lower School are on duty between the hours of 8.00am and 4.30pm. There will be rare occasions during term time when one of these staff members is not available, and on these occasions, the school will appoint a suitably qualified first aider to provide cover. In

the Lower School there will always be an Early Years Paediatric First Aider on site between the hours of 8.00am and 6.00pm.

The school recognises the need stipulated in the Regulations to have a suitable number of staff qualified in first aid. The school undertakes to have the following members of staff trained in first aid which will include basic cardiopulmonary resuscitation (CPR):

HSE Emergency First Aid at Work (EFaW)

- Selected members of the Senior Management Team, as nominated by the Head of the Senior School
- All Health and Welfare staff
- All staff employed as a driver (including zero hours staff)
- At least one member of teaching staff from each academic department
- All staff in the Drama and Dance departments
- All staff who lead co-curricular activities off site
- All Art and Design technicians
- All Science technicians
- The Catering Manager and four additional members of the catering team
- All in the Sports department (including external coaches and zero hours sports staff)
- Selected members of Lower School teaching and support staff, as nominated by the Head of the Lower School. A minimum of five members of Lower School staff will hold an Early Years Paediatric First Aid qualification

  In addition:

- Staff who routinely work on the school's outdoor education programme (including timetabled games lessons), on Duke of Edinburgh expeditions (as designated expedition supervisors and assessors), or as scout leaders, will, as a minimum, hold a 16-hour First Aid qualification relevant to working in outdoor environments and remote locations, for example Rescue Emergency Care (16 hour) award
- For Duke of Edinburgh expeditions, a minimum of one member of staff assigned to directly supervise an expedition group will be trained in Emergency First Aid at Work. Trip leaders will hold the REC Advanced First Aid (16 hour) qualification (see also 'Out of School Visits' section)

The Head of Welfare decides which first aid courses are appropriate. The Chief Operating Officer maintains the records of qualified first aiders on behalf of the school (including those with an Early Years Paediatric qualification) and is responsible for ensuring that these qualifications are up to date. The Chief Operating Officer will publish the list of current qualified first aiders on the Staff Hub under 'Medical and Pastoral Provision for Pupils' for staff to view. A poster showing the Head of Welfare, alongside Health Officers and other key members of staff trained in first aid, will be displayed in the following locations:

- 71a Reception
- Daynes Sport Centre office
- Head of Infants office
- Horsefair House
- Lower School Reception
- Redmayne
- Staff common room in Senior and Lower Schools

The school will ensure that all designated first aiders attend an approved training course, which will include basic CPR, at least once every three years.

The school will provide annual training to all staff around allergy awareness and management of anaphylaxis and other serious allergic reactions including the use of Auto-Adrenaline Injectors.

The school will ensure the presence of at least one qualified first aider when pupils are present, and in the Lower School, at least one qualified Early Years Foundation Stage Paediatric First Aider.

First Aid Facilities

The school has three dedicated first aid facilities:

- Medical room in 71 The Close
- Lower School medical room
- First aid suite at Redmayne playing fields

It is the responsibility of the Head of Welfare to monitor these facilities and ensure they are fit for purpose. An annual review should be carried out during Trinity Term and any request for improvement or additional provision be discussed with the Chief Operating Officer.

The Health Officers will ensure the school's medical facilities are appropriately stocked with medical supplies for the sort of first aid provision which will be provided.

First Aid Equipment

Norwich School undertakes to ensure there is adequate provision of first aid equipment around the school site. As a minimum there will be a first aid kit located in every building which pupils will be in. There will also be a kit on each floor of Horsefair House, design and technology practical rooms and practical rooms at the Lower School. The Head of Welfare will act as the school's appointed person and will review this provision on a regular basis and involve the Chief Operating Officer when appropriate. There will be signage in the communal areas of the school which state where the nearest first aid kit is located. The Health Officers will be

responsible for periodically checking all fixed first aid kits are adequately stocked, and the contents are not out of date. The Lower School Health Officer takes responsibility for kits located in the Lower School including the Infants building.

The Health Officers will hold a stock of first aid kits which will be issued to staff assisting with out of school visits. The Health Officers will be responsible for ensuring these kits are adequately stocked and that their contents are not out of date.

All members of full-time sports staff will be issued with their own first aid kit which they will have with them when delivering a session or on a fixture. It will be the responsibility of each member of sports staff to take their own first aid kid to the Health Officer to ensure it is adequately stocked and that the contents are not out of date.

Lower School
Teachers of games must attend the Lower School medical room and collect a pack containing relevant medical supplies for the pupils in their class, along with a first aid kit.

The Outdoor classroom has a designated burns kit and fire blanket that is stored in the Lower School medical room which must be collected by staff ahead of any fire making activities. Appendix 1 details the standard contents of Norwich School first aid kits. All contents will be BS-8599-1 compliant.

Burn kits are available in the Senior and Lower School medical rooms, along corridors in Science Departments, and design and technology workshops.

Norwich School has a wheelchair which is kept in the medical suite in 71 The Close, a wheelchair at the Lower School, and an all-terrain wheelchair at Redmayne, all of which can be used to transport injured pupils around the site. The school can make use of the school golf buggy to transport injured pupils around the Senior School site.

Automated External Defibrillator (AED)

Norwich School has AEDs (Automated External Defibrillator) across the site. Appendix 2 details their location. Signage will be located around the school site to show where the nearest AED is.

The Health Officers are responsible for maintaining the School's AEDs (Automated External Defibrillator). They may delegate some of the half-termly checks to specific members of staff who work in their location. The Health Officers will maintain a record of checks, pad, and battery expiry dates and when pads are replaced.

Staff should note that all AEDs located on the school site are designed to be used by an untrained individual. Staff who have not received specific training on the use of AEDs should follow the clear instructions given by the AED itself.

First Aid on Out of School Visits

Norwich School requires that every out of school visit is accompanied by at least one member of staff who carries a valid first aid certificate. Staffing for all visits will be approved by the Out of School Visit Coordinator (OoSVCo), and further details can be found in the Out of School Visit Handbook or by speaking to the Out of School Visit Coordinator. There will be at least one paediatric first aid trained member of staff on all out of school visits which include EYFS pupils.

High risk visits, for example Duke of Edinburgh expeditions, will only be undertaken if an appropriate number of staff taking part have the relevant first aid training.? For Duke of Edinburgh, the Visit Leader will hold the REC Advanced First Aid (16 hour) qualification, and a minimum of one member of staff assigned to directly supervise each expedition group will be trained in Emergency First Aid at Work.

Any Senior School pupil with a specific care plan relating to a medical diagnosis will be responsible for ensuring they have their own personal medication (plus any equipment required) with them for an out of school visit. Where the school is aware of the specific care plan, the Visit Leader will be informed in advance of the visit, and it will be their responsibility to ensure before departure that the pupil is carrying their medication (plus any equipment required). In the Lower School, it is the responsibility of the Visit Leader to ensure that they have all the equipment needed to manage an incident when off site.

The Visit Leader must assess how many first aid kits are required and what size they need. They should consider the number of pupils and staff on the trip and the activities they are carrying out. The Health Officers will be able to assist with the assessment.

The Visit Leader must liaise with the Health Officers in advance of the visit to ensure they have the correct number of (appropriately sized) first aid kits to take with them, relevant to the activity undertaken. They should also review any care plans at this stage and seek advice from the Health Officers regarding any specific medical needs.

First Aid for Sport

For the purposes of this policy the school has divided sport into two sections: sporting activities within the remit of normal school activities and sporting fixtures.

Normal sporting activities

All members of staff delivering a sports session will be qualified in first aid or will be working in the same area as a member of staff who is qualified in first aid. At least one member of staff working with children in Infants will hold an Early Years Paediatric First Aid qualification. External sports coaches will be required to demonstrate that they are adequately qualified in first aid if they are to coach without the supervision of a member of Norwich School staff. They must submit a

copy of their first aid certificate the Director of Sport and Outdoor Education, and to the Assistant Bursar.

Sporting fixtures

There will be appropriately trained personnel on site at all times during sporting fixtures: as a minimum, this will be a first aid trained member of Norwich School staff, but there may also be a registered nurse. The Director of Sport, in conjunction with the heads of each individual sport, will assess the level of medical cover which is required for any given fixture.

Staff attending a sports fixture will carry an appropriate first aid kit and be aware of any pupils with additional healthcare needs. Any Senior School pupil with a specific care plan relating to a medical diagnosis will be responsible for ensuring they have their own personal medication (plus any equipment required) with them for a fixture. Where the school is aware of the specific care plan, the member of staff responsible for the fixture will be informed in advance, and it will be their responsibility to ensure before departure that the pupil is carrying their medication (plus any equipment required). In the Lower School, it is the responsibility of the member of staff to ensure that they have all the equipment needed to manage an incident when off site.

Sports staff should contact the emergency services if they feel a situation requires professional medical help.

Head Injuries

All pupil head injuries should be reported to the Health Officers or a medical professional and must be recorded on the Return2Play platform. Pupils should be encouraged to report all head injuries, including suspected, to a member of staff.

There is a considerable risk of head injuries in a school environment.

Concussion is a disturbance of the normal working of the brain without causing any structural damage. It normally occurs after there has been a direct or indirect blow to the head. It is not necessary to lose consciousness for concussion to be sustained. Staff should be aware that symptoms may not develop for some hours, or even days, after a blow to the head. Whilst an initial concussion is unlikely to cause any permanent damage, a repeat injury to the head after a prior, unresolved concussion may have serious consequences. It is paramount that any suspected head injury is reported via the Return2Play platform which will then automatically inform the Health Officer / Head of Welfare / Director of Sport. Onsite assistance can be found via the Health Officers.

Criteria for immediate referral to the emergency services

- Unconsciousness or lack of full consciousness.
- Any complaint of a focal neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking).

- Any suspicion of a skull fracture or penetrating head injury since the injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional).
- Any seizure ('convulsion' or 'fit') since the injury.
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, a fall from a height of greater than 1m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism).
- The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other risk factor indicating emergency department referral is present).
- Glasgow Coma Scale (GCS) less than 12 on initial assessment.
- Any loss of consciousness as a result of the injury.
- Amnesia for events before or after the injury. The assessment of amnesia will not be possible in pre-verbal children and is unlikely to be possible in any child aged under five years.
- Persistent headache since the injury.
- Any prolonged vomiting episodes since the injury.
- Any previous cranial neurosurgical interventions.
- History of bleeding or clotting disorder.
- Current anticoagulant therapy, such as warfarin.
- Current drug or alcohol intoxication.
- Age 65 years or older.
- Suspicion of non-accidental injury.

All those having sustained a head injury but considered well enough to return home will be given a head injury information booklet outlining when urgent medical advice should be sought and details of head injury and concussion management at school, including use of the Return2 Play platform (see APPENDIX 7). The booklet provides information on the Return2Play service, when and how parents should book appointments, and the process for confirming when a pupil who has suffered a head injury is safe to return to sport.

In the Lower School, all head knocks/bumps are to be reported to the Lower School Health Officer who will use their professional judgement to ascertain whether it warrants being recorded on Return 2 Play.
The Lower School Health Officer will always communicate head knocks/bumps to parents and provide the guidance see Appendix 6

Sending a pupil home

The parents of the pupil who has sustained a head injury or a suspected head injury will be notified by the Health Officer. The school will require parents to come and collect the pupil from school. The pupil will not be allowed to travel home by themselves.

It may be reasonable for a pupil to miss a day or two of academic studies, but extended absence is uncommon.

Even if a pupil considers themselves to be fit or uninjured, they will be automatically placed off games until assessed by the Return2Play doctors. Any pupil sustaining a concussion type injury will be managed by the Return2Play team and may be excluded from all contact sports for a period of 23 days, with ongoing reassessment as per the Return2Play protocol during that period.

Return to play will not be permitted unless authorised, and the Health Officer will receive notification from the Return2Play service.

Managing Head Injuries during Sporting Activity

Appropriately trained first aiders are on site during all matches and training sessions. All coaches are to adhere to the guidelines as set out by the International Rugby Board (IRB) to ensure that concussion is managed effectively:

- Concussion must be taken extremely seriously to safeguard the long-term welfare of players.
- Players suspected of having concussion must be removed from play and must not resume play in the match.
- Players suspected of having concussion must be medically assessed.
- Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP) which should be managed by Return2Play who will provide an update to the Health Officers / Head of Welfare / Director of Sport.
- Players must receive medical clearance before returning to play.

Procedure for Transporting Pupils to Hospital by Ambulance

If a child must be taken to hospital by ambulance following an emergency, whether from school, sports field or any external site, the school will hand the child into the care of the medical professionals that attend. Parents will be contacted. The school will endeavour, in so far as it is reasonable, for a member of staff to accompany the pupil or to attend the hospital to stay with the child until a parent arrives.

The accompanying staff member will hand the pupil over to the parent on their arrival at hospital and then return to school or go home. They will provide a full report of the emergency - on either the Return2Play system (if they are sports staff and have access) or the Accident and Incident Reporting Log on the Hub - within 24 hours.

Identification and Treatment of Pupils with a Particular Medical Condition

Parents will be asked to complete a medical questionnaire prior to their child joining the school. The Health Officers will transpose information given on this form into the school's Management Information System. Where required, the Health Officers and/or Head of Welfare will meet with parents to discuss specifics and how the school can support the pupil. The Health Officers will ask parents to update the medical information held by the school as required. In the Lower School, medical information will be updated at least annually, or when a child's medical information changes.

Parents are responsible for informing Health Officers if there is a change in the medical circumstances of their child. Changes should be notified via email to healthofficer@norwich-school.org.uk.

Dispensing of Medication in School

Lower 4 upwards

Parents must inform the Health Officer if a pupil is taking routine medication, including over-the-counter medicines, when in school. For pupils under the age of 16, the Health Officers will agree a medication action plan with parents. The Health Officers will require written notification from the parents for all medication which is being held for pupils. This notification will state when during the day pupils need to take the medication, the name of the medication and the dose to be given. Parents should complete the school's 'Consent for School Staff to Administer Medication' form to provide this information (see APPENDIX 6).

Some medication will need to be given on an ad-hoc basis; this medication will be administered in line with a care plan or specific parental instruction.

Pupils over the age of 16 may keep and administer their own medication in school, but the Health Officer should still be informed so a record can be made.

It is the responsibility of pupils, and their parents, to be instructed in the administration of any medicine that they are required to take and to pass this instruction onto the Health Officers.

All parents will be asked to consent to the Health Officers dispensing over the counter medication when deemed appropriate. This consent form will be issued prior to the pupil joining the school. It is the responsibility of parents to write to the school to change this consent if required.

Reception to Upper 3

In the Lower School it is the responsibility of the parent to be instructed in the administration of any medicine that the child is required to take, and to pass this instruction onto the Health Officer, and in the case of the EYFS to the appointed person with responsibility for EYFS.

For all prescriptive medication, and in the EYFS for all prescriptive and non-prescriptive medication, parents should complete the school's 'Consent for School Staff to Administer Medication' form to provide this information (see APPENDIX 6).

All parents will be asked to consent to the Health Officer dispensing over the counter medication when deemed appropriate. The consent form will be issued prior to the pupil joining the school. It is the responsibility of the parents to write to the school to change this consent if required. In the EYFS, medicines must not usually be administered unless they have been prescribed; it must not be usual practice for an early years provider to administer medicines without permission to do so. The Health Officer cannot decide for themselves that a particular child needs to have pain or fever relief.

The Health Officer must keep a written/electronic record each time a medicine is administered to a child and inform the child's parent on the same day or as soon as reasonably practicable. In the absence of the Health Officer, a paediatric trained first aider will administer medication when required, keep a written record, and inform the parent.

Storage of Medical Information

Information on the storage of all data held on pupils and staff can be found within the School's Data Protection Policy.

Pupils with known medical conditions will have an Individual Health Care Plan created for them by the Head of Welfare/Health Officers. This document will outline each pupil's individual health condition, symptoms and recommended treatment options. They are available to find on The Hub.

Spillage of Bodily Fluids

Spillages of body fluids potentially pose a health risk so should be cleaned up immediately. Should a spillage occur outside of the designated medical facilities the school caretakers will normally be responsible for clearing up.

The school has several 'Spill Kits.' These are located in: Senior and Lower School medical rooms, Horsefair House prep rooms, Design and Technology offices and practical rooms, and the Infants building.

The following process should be followed when clearing up the spillage of bodily fluids:

- Wear disposable gloves and apron.
- Place disposable paper towels on body fluid spillage to mop up excess and then dispose in yellow clinical waste bag.
- Pour bleach solution (1:10 dilution) on top of spillage area and leave for at least two minutes.
- Alternatively, use Emergency Spillage Compound and leave for at least one and a half minutes.

- Use paper towels to wipe up bleach and spillage and then discard into yellow clinical waste bag.
- Discard gloves and apron into yellow clinical waste bag.
- Wash and dry hands thoroughly.
- Notify the Health Officer that the spill has taken place and what action was taken.

Asthma

Norwich School recognises that asthma is a widespread, serious, but controllable condition. Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma + Lung UK).

Management responsibilities

The Head of Welfare oversees the management of asthma within the school, but the Health Officers are responsible for ensuring the day-to-day administration of care.

A register of all pupils who suffer from asthma is produced annually by the school's Health Officers. This is updated over the course of the year if the school is alerted to a new diagnosis of asthma by parents.

Parental / pupil responsibilities

Parents who disclose an asthma diagnosis for their child will be sent an 'Asthma Management at Norwich School' form (see APPENDIX 5) to alert them that they will need to provide us with an Asthma Action Plan for their child, completed by a medical professional (and signed by a parent). These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them individually. It should include details of the child's asthma triggers, plus details and doses of their preventer medications alongside details and doses of their reliever inhaler, what to do if their child's asthma is getting worse and what to do if their child is having an asthma attack.

The most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g., stopping exercise). As per Department of Health Guidance, they would not

usually require the child to be sent home from school or to need urgent medical attention.

In the Lower School, parents must provide the school with the personal Asthma Action Plan, the reliever inhaler and spacer prescribed, all in a named plastic box. These will be kept in the Lower School medical room for emergency use, and taken out by the appropriate supervising staff for off-site games activities, sports fixtures or Out of School Visits.

In the Senior School, pupils are required to carry their own Asthma Action Plan and prescribed treatment. It is the responsibility of pupils in the senior school to ensure they always have their asthma treatment with them for any off-site games activity, sports fixture or Out of School Visit.

They are encouraged to attend the Health Officer's office in 71 if they feel their asthma is worsening during the day or they are struggling to breathe.

Staff responsibilities

Should a pupil from the Lower School be attending a timetabled games activity, sports fixture or visit off-site, then it is the responsibility of the teacher in charge of the activity/excursion to ensure their emergency box is taken from the Lower School medical room for the length of activity/excursion and then returned. All staff will be aware of the pupils in their class who have pre-existing medical conditions.

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015), which gives guidance on the use of emergency salbutamol inhalers in schools. The document can be found at Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk).

Norwich School also keeps a supply of emergency salbutamol inhalers around the school site, as indicated in this policy. The Health Officers will ensure that these supplies are in date and fit for purpose.

In the Lower School, the Health Officer will be responsible for ensuring all supplies provided to the school by parents are in date and fit for purpose. The Health Officer will contact the pupil's parent should they require new medication.

Training

Staff require regular asthma updates. These will be undertaken on designated INSET days, either online or presented by the Head of Welfare/external asthma specialist.

Emergency Action - Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache) If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below.

The Guidance goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (repeat 1 puff to 5 breaths or 20 seconds per dose with mask)
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours, the parents should be made aware, and they should be seen by their doctor/nurse. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Cannot speak /short sentences
- Symptoms getting worse quickly
- Appears exhausted
- Has a blue/white tinge around lips
- Has collapsed

When Asthma is affecting a Pupil's Education

Norwich School is aware that the aim of asthma medication is to allow people with asthma to live a life uninterrupted by their condition. Therefore, if we recognise that asthma is impacting on the pupils' lives, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated personal Asthma Action Plan, to improve their symptoms.

However, Norwich School recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Management of Infectious Disease

If it is suspected that a pupil or member of staff has an infectious disease (a vomiting bug for example) they should go home immediately and not return to school for at least 48 hours after the last sign of symptoms.

Guidance by Public Health England is followed regarding infection control for various conditions. The guidance - Managing specific infectious diseases: A to Z - GOV.UK (www.gov.uk) - sets out when and for how long children need to be excluded, when treatment/medication is required and where to get further advice.

Pandemic Announcement

The school is aware of the risk that a medical pandemic could be declared at any time. If a pandemic is announced, the school's Senior Management Team will meet and the critical incident policy will be invoked.

The school will monitor and follow the advice of national and local bodies in relation to the pandemic.

If the decision to close the school is taken, the procedure set out in the critical incident policy will be followed.

Reporting of Accidents

The school requires that all accidents which occur to pupils, staff and visitors on the school site, or while off-site on activities which are organised by the school, are reported. The school also requires near misses to be reported, even when no injury results from them. The school defines a near miss as an event not causing harm, but that has the potential to cause injury or ill health.

Accidents involving staff and visitors should be reported on the Accident and Incident Reporting Log, which is accessed via the Hub. Accident involving pupils should be reported either on the Accident and Incident Reporting Log or on the Return2Play platform, if the staff member has access.

The report will normally be made by the member of staff who witnessed the accident. In practice this means that staff should complete a report for any pupil or visitor who is in their care whilst on the school site. The pupil or visitor, where needed, may be involved in completing the report. Staff who are involved in an accident should complete their own report. All reports should be submitted by the end of the next school day following the day on which the accident occurred.

Any serious accident/incident occurring on an Out of School Visit must be communicated by telephone to the nominated Out of School Visit Controller, as soon as is practically possible, even if at an unsociable time.

Parents must be informed of any serious injuries to their child; it is the responsibility of either the witnessing staff member or the health officer to ensure that parents/guardians are made aware.

The Chief Operating Officer will review all accident reports, following up with staff where necessary, and will determine if the school is required to report the incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The flow charts shown in APPENDIX 3 will be used to assist.

The Health Officers will bring all reportable incidents to the attention of the Chief Operating Officer as soon as possible after receiving the report, and within no more than 24 hours. They will also bring to the attention of the Chief Operating Officer any accident which is believed to require immediate action by the school to prevent further accidents taking place.

Document control

Document title:	First Aid and Medical Provision Policy
Prepared by:	Head of Welfare / Chief Operating Officer
Authorised by:	Council of Management
Published location(s):	▪ Norwich School Website ▪ Norwich School Hub
Other internal policies / documents referenced:	▪ NLS Early Years Foundation Stage (EYFS) Provision ▪ Out of School Visits Handbook ▪ Data Protection Policy ▪ Major Incident Policy
External documents referenced:	▪ The Health & Safety (First Aid) Regulations 1981 ▪ BS-8599-1 – First Aid Kit Contents ▪ Glasgow Coma Scale (GCS) ▪ BSACI Allergy Action Plan ▪ Natasha's Law (2019) [The Food Information Regulations (2014) with the statutory Instrument, Food Information (Amendment) (England) Regulations 2019] ▪ Department for Health Guidance for schools in England on using emergency inhalers. ▪ The use of emergency salbutamol inhalers in schools from the Department of Health (March 2015) ▪ The Equality Act 2010 ▪ Department for Health Guidance: Health protection in education and childcare settings ▪ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
External Weblinks referenced:	Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk) Managing specific infectious diseases: A to Z - GOV.UK (www.gov.uk)

APPENDIX 1: Standard Contents of Norwich School First Aid Kits

Contents of First Aid Kits	Small	Large / Sport	Vehicle
First Aid Guidance leaflet	1	1	1
Medium Dressing 12cm x 12cm	6	8	1
Large Dressing 18cm x 18cm	3	4	2
Triangular Bandage 90cm x 90cm x 127cm	3	4	2
Conforming Bandage 7.5cm x 4.5m	2	2	0
Finger Dressing 3.5cm x 3.5cm	3	4	0
Assorted Waterproof Plasters	60	100	30
Eye Pad and Bandage No.16	3	4	2
Safety Pins (pack of 6)	2	4	2
Saline Cleansing Wipes	30	40	10
Microporous Tape 2.5cm x 5m	1	1	0
Revive Aid Mouth to Mouth Resuscitator	1	2	0
Emergency Thermal Blanket	2	3	0
Hydrogel Burn Dressing 10cm x 10cm	2	2	0
Small Tuff Cut Scissors Black 6”	1	1	1
Large Powder Free Nitrite Gloves (pair)	9	12	1

All contents will be BS-8599-1 compliant.

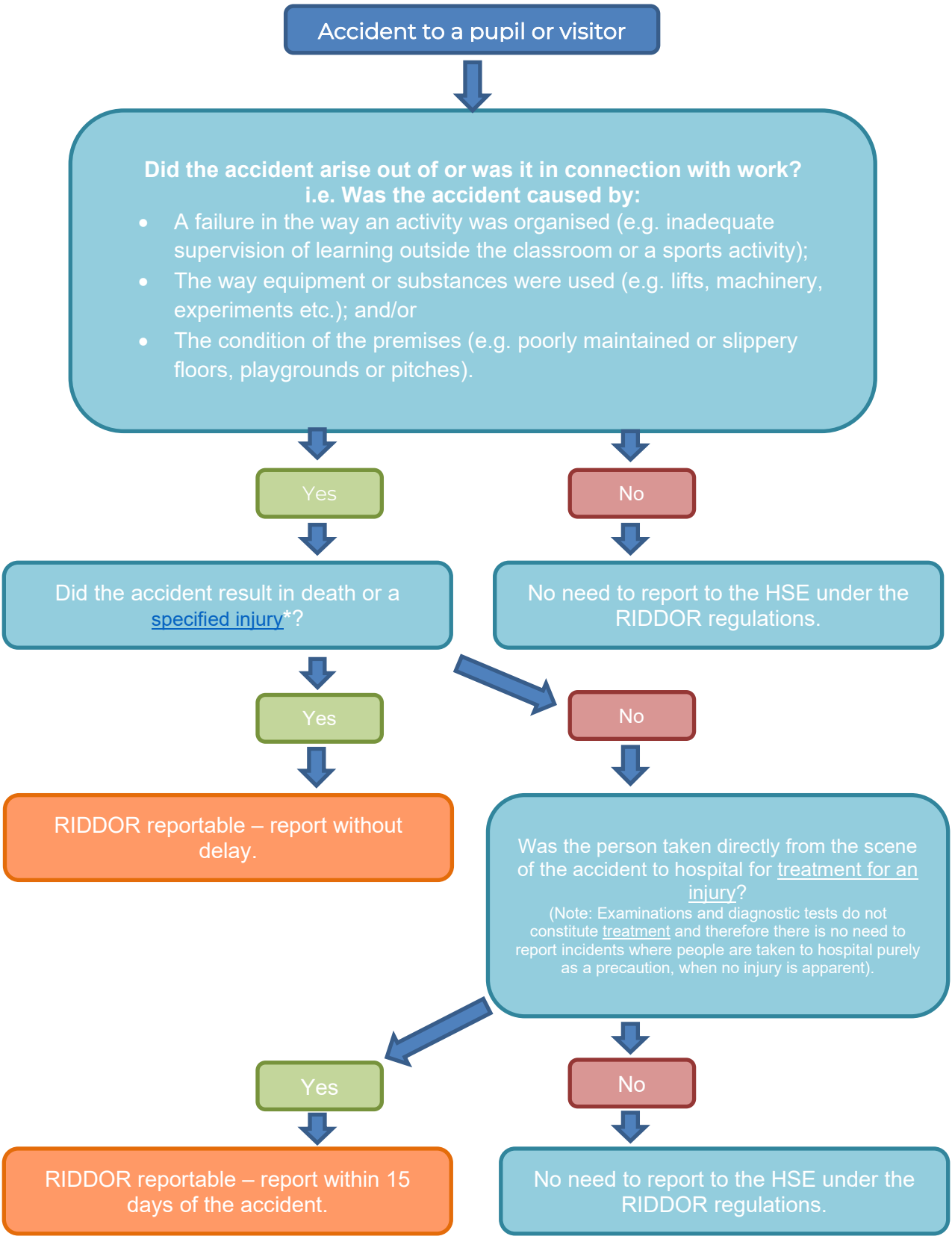
APPENDIX 2: Location of AEDS

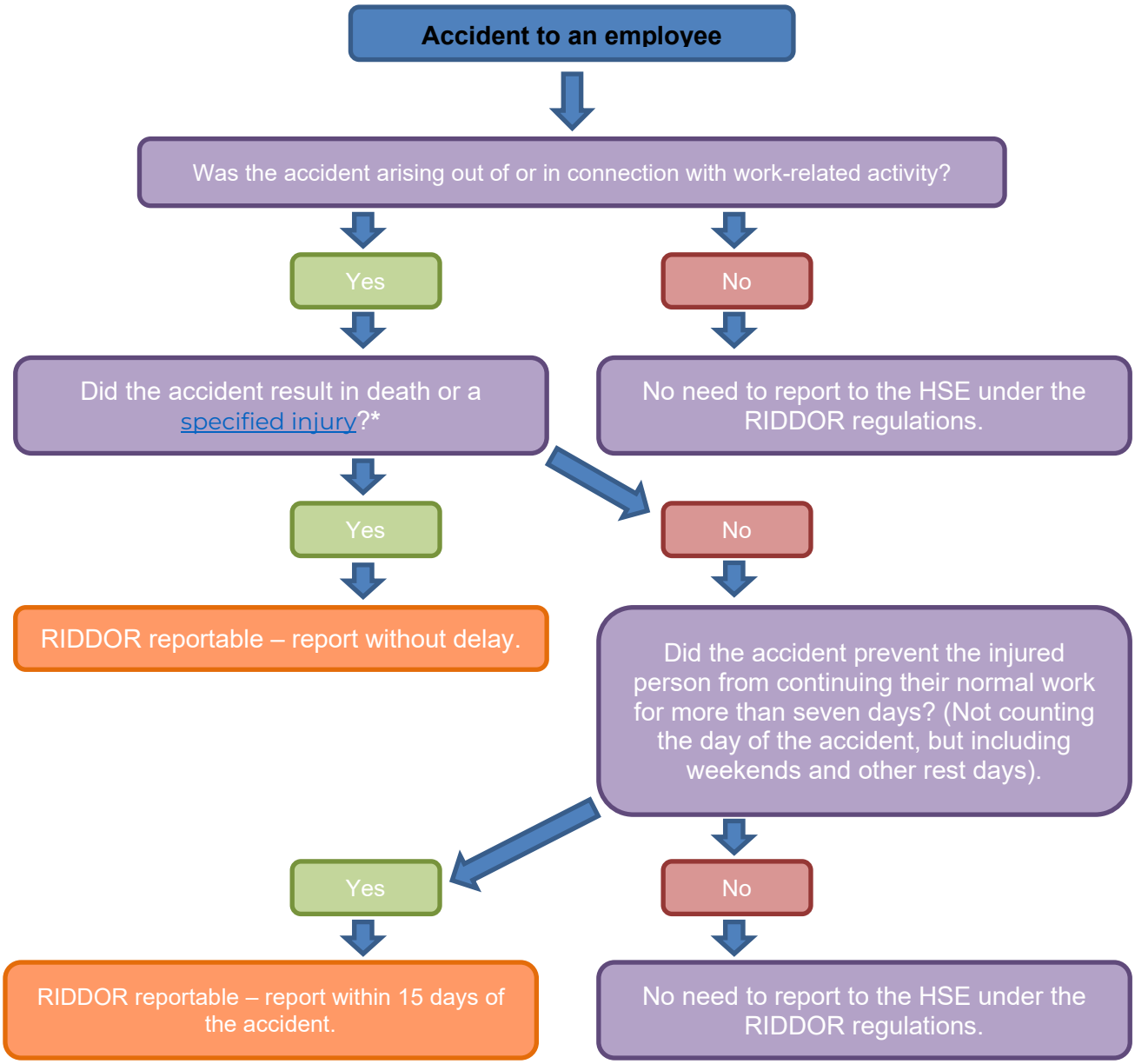
Available on request from the Health Officer.

Building	Exact location (room)
71 The Close	Medical Room
Refectory	Inside Servery beside Kitchen door
Horsefair House	Main Lobby
Daynes Sport Centre	Sport Office
Lower School	First Aid Room
Infants Building	Outside on main building near Infants gate
Redmayne Playing Fields	Main Pavilion
Norfolk Club	Squash Courts
15 Upper King Street	Ground Floor entrance foyer

AED also located at 12 The Close, ring 999 for access code.

APPENDIX 3: Flow Chart to Determine RIDDOR Reporting





Reportable specified injuries:

- Fractures, other than to fingers, thumbs and toes;
- Amputations;
- Any injury likely to lead to permanent loss of sight or reduction in sight;
- Any crush injury to the head or torso causing damage to the brain or internal organs;
- Serious burns (including scalding), which: – cover more than 10% of the body; or – cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- Any loss of consciousness caused by head injury or asphyxia;
- Any other injury arising from working in an enclosed space which: – leads to hypothermia or heat-induced illness; or – requires resuscitation or admittance to hospital for more than 24 hours.

APPENDIX 4: Asthma Management at Norwich School

As part of Norwich School's commitment to keeping our children safe and helping them effectively manage health conditions at school, we require all children diagnosed with asthma or taking prescribed asthma medication (e.g. an inhaler), to have a current and up-to-date **Asthma Action Plan.**

Asthma is a long-term condition that needs regular preventer treatment. A preventor inhaler should be taken daily to help stop swelling and inflammation building up in the airways, meaning there is less chance of reacting badly to asthma triggers. A reliever inhaler (usually salbutamol) is used when symptoms come on and it acts quickly during an asthma attack. If only a reliever inhaler is prescribed, then it is unlikely your child has asthma, and this should be confirmed with their GP. If your child no longer requires asthma treatment and has gone 12 months or longer without any significant symptoms or requiring the use of inhaled treatments for asthma, they are considered to be 'in remission'.

Using an Asthma Action Plan helps keep your child safe and well and helps others, like your child's teachers and other school staff, carers and extended family, identify asthma signs and symptoms and respond appropriately.





The Action Plan confirms:

- your child's asthma triggers
- everyday asthma care - which medicines to take every day to prevent symptoms and reduce the risk of an asthma attack
- what to do if asthma symptoms are getting worse
- the emergency action to take during an asthma attack and when to call 999 for an ambulance

The Asthma Action Plan is completed with your GP or asthma nurse and usually reviewed annually. Children over 12 can use the Adult Asthma Action Plan. Please ensure we always have a current and up to date Action Plan.

Therefore, please can you:

1) **Send us an up-to-date Asthma Action Plan OR**
2) **Send us an email to confirm that your child no longer requires prescribed medical treatment for asthma and is in remission.**

If your child only has a reliever inhaler, please review this with their GP, to confirm whether they have asthma and also require a preventor inhaler or they no longer need the reliever inhaler. If they are prescribed a reliever inhaler for occasional use, their GP should still complete an Asthma Action Plan.

Health Officer contact details:

LOWER SCHOOL: Email: lshealthofficer@norwich-school.org.uk Tel: 01603 728073

SENIOR SCHOOL: Email: healthofficer@norwich-school.org.uk Tel: 01603 728444

All medication should all be in date and expired ones should be replaced.

- Lower School: Emergency medicines (e.g. inhalers) are held in the medical office during the normal school day and by supervising member of staff when on school trips or sports fixtures.
- Senior School: Please ensure that your child carries their own Asthma Action Plan, medication and any required devices (e.g. spacer) on them at school, whilst attending games and any off-site activities/ excursions and sports fixtures.

Many thanks for your support and please do not hesitate to contact us if you have any queries.

Information from Asthma and Lung UK: Your asthma action plan | Asthma + Lung UK (asthmaandlung.org.uk)

APPENDIX 5: Consent for School Staff to Administer Medication

Norwich School First Aid and Medical Provision Policy requires parents/ guardians to inform the Health Officers if their child is taking prescribed or over-the-counter medication, when in school.

- All medication for pupils under the age of 16 (unless it is part of an IHCP*) must be held in the medical rooms by the health officers and this form should be completed.
- Pupils over the age of 16 may keep and administer 1-2 doses of their own medication (e.g. pain relief, antibiotics, antihistamines) in school, but the health officers should still be informed, so a record can be made.

Schools can only administer medication when it is part of an IHCP* or this form has been completed and reviewed by the health officers. Medicine must be clearly labelled and in its original container**

Please email completed form to:

LOWER SCHOOL: emutimer@norwich-school.org.uk

SENIOR SCHOOL: healthofficer@norwich-school.org.uk

Name of child:	
Date of birth:	
Year Group:	
Medical condition or illness (reason for medicine):	
Name and strength of medicine (as described on container/ box):	
Expiry date:	
Date medicine provided to school:	
Dose and method e.g. oral, topical	
Frequency/ when to be given:	
Special precautions or side effects and other instructions e.g. with or after food:	
Duration of treatment/ end date or date for review:	
Name of person completing this form:	
Relationship to child:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the First Aid and Medical Provision Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I agree to pick up expired or unused medication within one week of completion of the required treatment or notification by staff. I understand that all medication(s) left at the school will be discarded according to the most current regulatory recommendations for safe medication disposal.

Signature:	Date:

* Children with chronic medical conditions and needs, who require long-term or emergency medication, should have an individual health care plan (IHCP) that is reviewed annually or earlier if the child's needs change. Pupils/ parents/ carers must ensure the health officers have an up-to-date IHCP.

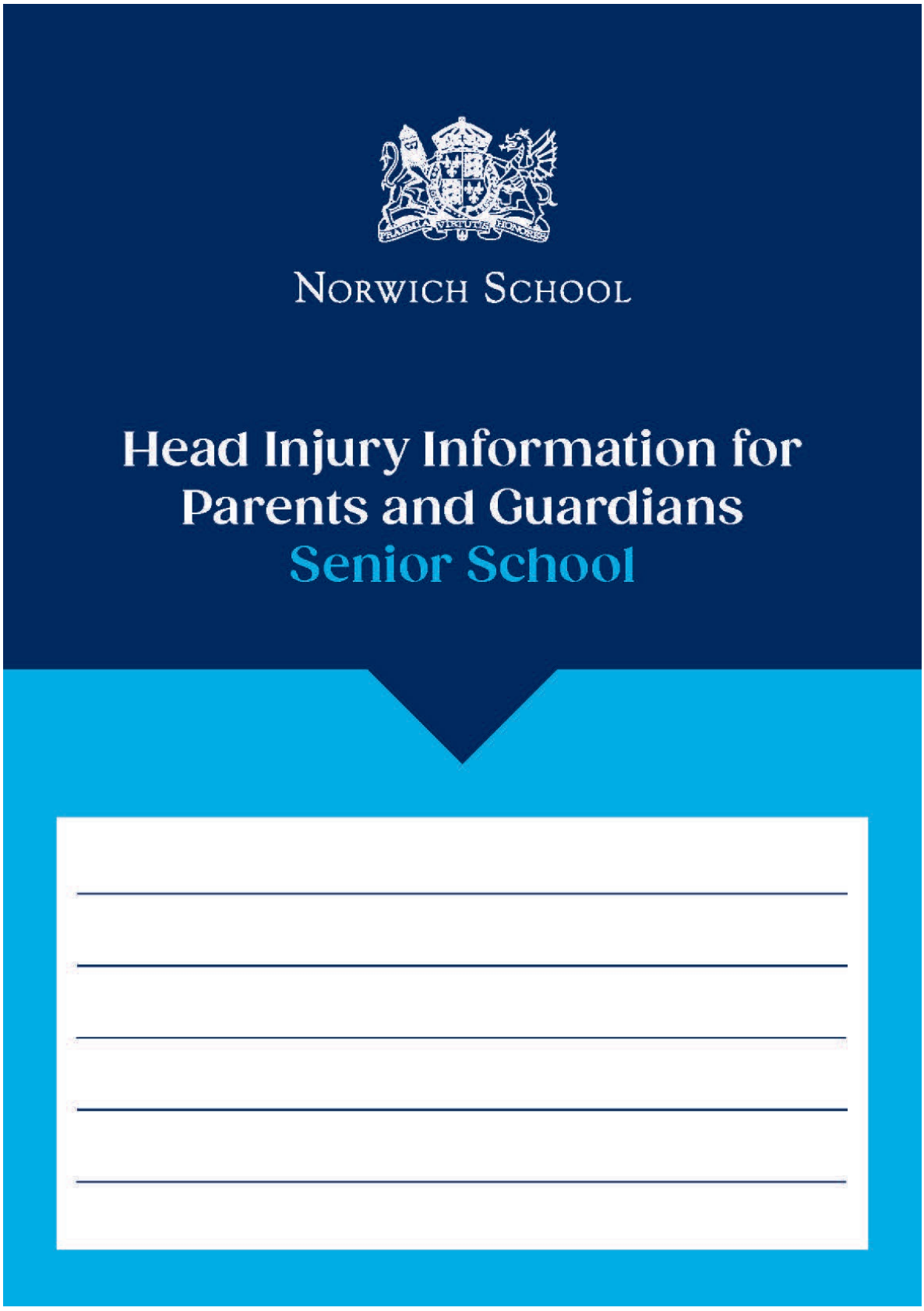
- Senior School pupils should carry their own routine/ emergency medication and administer it themselves, as long as it is prescribed and documented on an IHCP, a copy of which is held by the school and carried by the child. Spare emergency medication can be held in the Senior School medical room if required.

- In the Lower School, medicines detailed on an IHCP are held in the medical office during the normal school day and by the supervising member of staff when on school trips or sports fixtures.

** For prescription medication the label must have been printed by the dispensing pharmacy with the medication's name, child's name and details, GP's name, date of issue, dosage, instructions for administration and expiry date.

Non-prescription medication must be labelled with child's name. Dosage must match the provided medication instructions, and medicine must be packaged in original container.

APPENDIX 6: Head Injury Information for Parents/Guardians – **Senior School & Lower School**



Your child has experienced a head injury. This leaflet contains important information on what to do over the coming days and how we manage head injuries at Norwich School.

With all head injuries, whether due to sport or other activities and incidents, there is a risk of concussion. This is a mild traumatic brain injury caused by a direct blow to the head or from forces transmitted to the head e.g. whiplash/ violent shaking injury. Concussion can affect your child's physical, mental and emotional health, as well as their academic and sporting performance.

Whilst the effects of most concussions are short lived and recovery is uneventful, there are potential significant risks if there is a second head injury before the brain has had time to recover.

Norwich School follows a strict Head Injury Protocol. Pupils who sustain a head injury, whether it relating to sports or other activities and whether it occurs at school or at home, are signed off games (i.e. 'not safe to play') for a minimum of 48 hours. This reduces the risk of a secondary injury and enables an assessment to be undertaken.

We also use the services of **Meliora Medical** and their **Return2Play** injury management system (www.return2play.org.uk), a specialist head injury and concussion care service.

The doctor-led medical team provides expert care 7-days a week, with unlimited access to highly experienced clinicians via on-line clinics, to help ensure our pupils head injuries and concussions are properly managed. The on-line clinics enable minimal waiting times and an approach personalised to your child.

Potential signs and symptoms of concussion following a head injury (there may be only one symptom present, or multiple signs and symptoms):

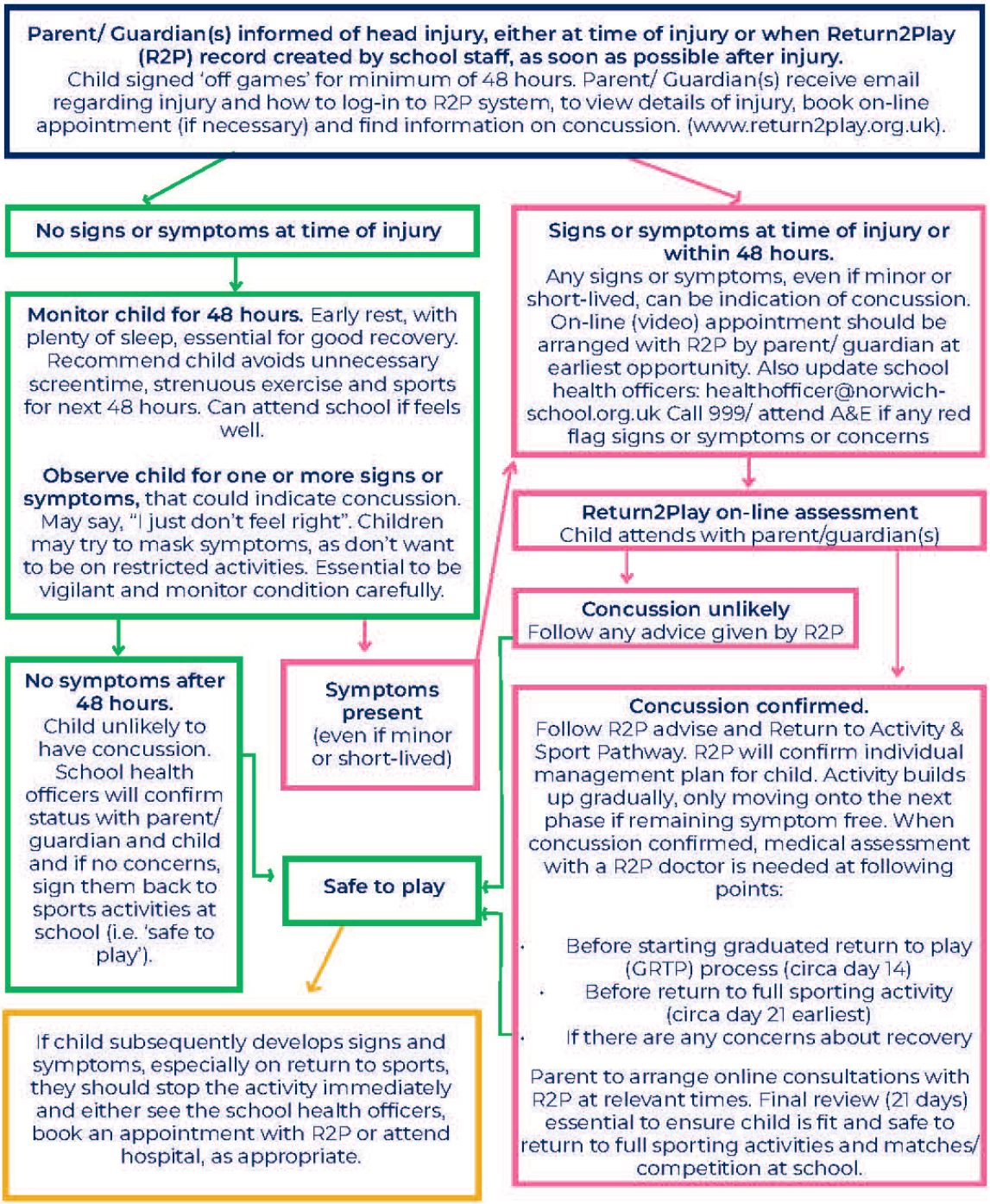
SIGNS:
- Dazed, blank or vacant look
- Lying motionless on ground or slow to get up
- Unsteady on feet/falling over/ incoordination
- Inappropriate or unusual behaviour Loss of consciousness or not responsive ·
- Grabbing/Clutching of head
- Seizure (fits)

SYMPTOMS:
- Headache
- Dizziness
- Confusion or feeling "slow"
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness/feeling "in a fog" or difficulty concentrating
- "Pressure in head"
- Sensitivity to light or noise

If any of the following **'RED FLAG'** signs or symptoms are noted, or there are any concerns regarding their condition, then your child should be transferred to the nearest hospital for urgent medical assessment or call 999.

- Severe neck pain
- Double vision
- Weakness or tingling / burning in arms or legs
- Severe or increasing headache
- Repeated vomiting
- Seizure (fit)
- Loss of or deteriorating consciousness (increasingly drowsy)
- Increasing confusion or irritability
- Unusual behaviour change

Norwich School Head Injury Protocol



There are Return to Sport protocols to help safely manage a return to sporting activity following a concussion. These were updated in April 2023 following the release of UK government guidance.

Return2Play uses a pathway that goes above and beyond the government guidance. Timeframes listed are the earliest allowed, and progress will be dependent on symptoms and medical clearance.

Return to Activity and Sport Pathway (Summary) September 2024

Following a concussion/suspected concussion

return2play
Part of Meliora Medical Group

Time Since Injury (earliest day)	Activity Level
0-2 Days	Relative Rest
R2P Medical Assessment to confirm diagnosis and give recovery advice	**If cleared, pupil can return to competitive sport**
3-7 Days	**Light Activity** Gentle walks etc. Activity level shouldn't leave you breathless.
8 Days Onwards	**Low Risk Exercise and Training** Gradual increase in self-directed exercise – running, stationary bike, swimming, supervised weight training etc. **Focus on fitness** Can introduce static training drills (e.g. passing/kicking). Only drill with ***NO*** predictable risk of head injury.
R2P Medical Assessment To assess fitness to start a formal return to sport and advise on timeframes.	
15 Days Onwards	**Gradual Return to Sports Training** Starting with non-contact and gradually building up complexity and intensity. Introduction of contact in the final stages.
R2P Medical Assessment To assess fitness to return to unrestricted sport, including matches.	
Day 21	**Earliest Return to Competitive Sport/Matches** Only if symptom free at rest for at least 14 days and has completed an appropriate graduated return to sports training without any recurrence in symptoms.

Most concussions recover uneventfully. For more challenging cases, Return2Play also offers Complex Case and Specialist Rehab Clinics that provide an additional layer of expertise and ensure even the toughest injuries get prompt care.

If you have any queries regarding head injury management or the Return2Play service, please contact the Senior School Health Officers:

healthofficer@norwich-school.org.uk **01603 728444**

NORWICH SCHOOL

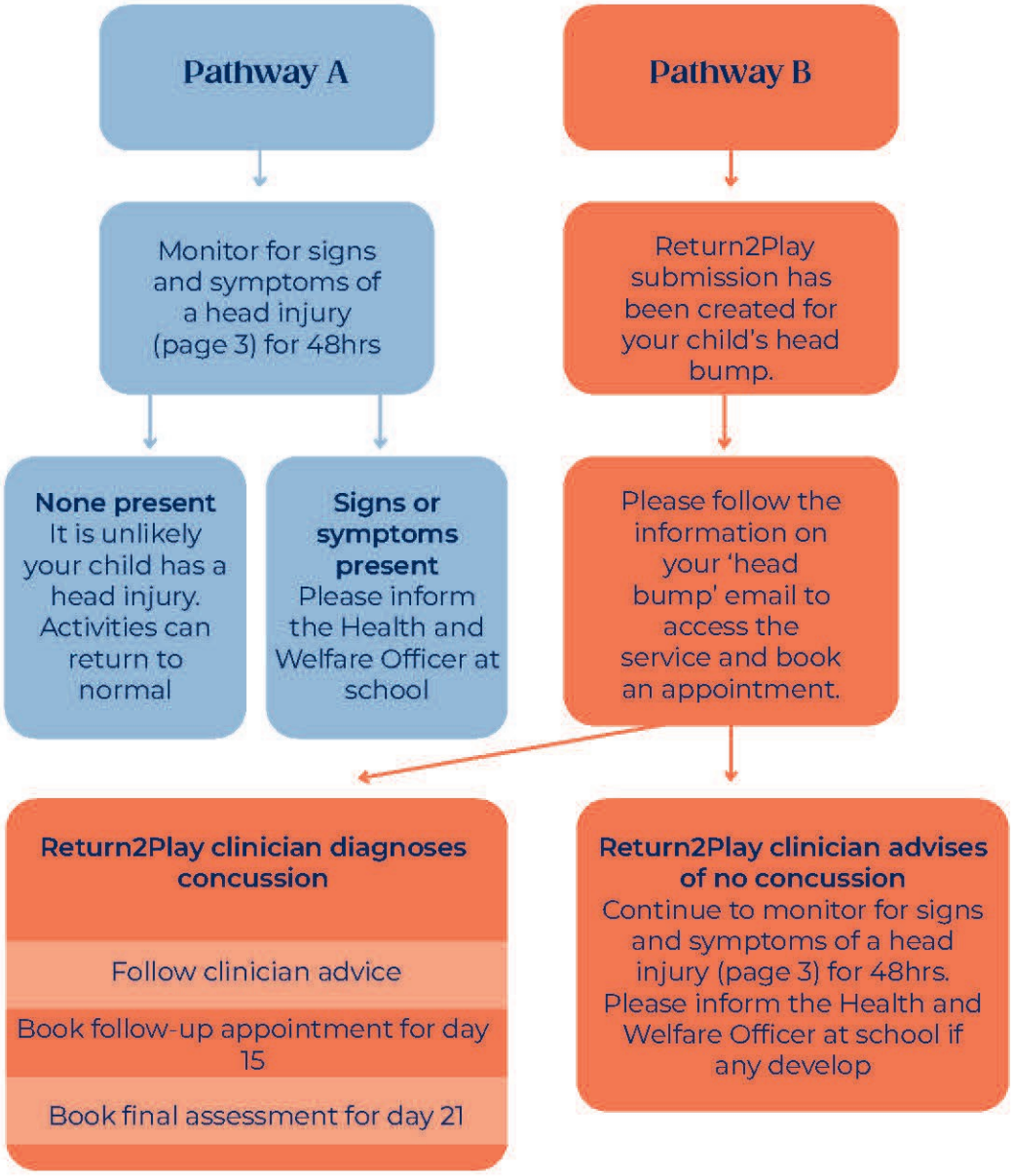
Head Injury Information for Parents and Guardians

Lower School

Your child has bumped their head at school today. They have been assessed by the Health and Welfare Officer (or a Paediatric First Aid at Work trained member of staff in their absence) and have been placed on a pathway.

Please follow pathway A or B, as indicated in your head bump email.

Please contact lshealthofficer@norwich-school.org.uk with any questions.



Signs and symptoms of a head injury

- Difficulty concentrating
- Tiredness
- Headaches
- Feeling sick
- Dizziness
- Reduced appetite
- Difficulties sleeping

RED FLAG signs and symptoms

If any of the following RED FLAG signs or symptoms are noted, call 999

- Difficulty staying awake
- Seizure
- Problems with vision or hearing
- Bruising around eye develops, without direct contact to this area
- Clear fluid coming from their ears or nose
- Bleeding from ears or bruising behind ears
- Numbness or weakness in part of their body
- Problems with walking, balance, understanding, speaking or writing

If any of the following RED FLAG signs or symptoms are noted, take your child to A&E

- Bruise or swelling larger than 5cm on head
- Vomiting twice following injury
- Persistent headache with no improvement from medicine
- Change in behaviour: more irritable, increased crying, losing interest in things, more easily distracted
- Confusion/memory loss
  Loss of or deteriorating consciousness (increasingly drowsy)
- Increasing confusion or irritability
- Unusual behaviour change
- Past medical history of blood clotting disorder or brain surgery

Early rest, with plenty of sleep, is key to making a good recovery. We recommend that your child avoids unnecessary screentime, strenuous exercise and sports for the next 48 hours.

For 'Pathway B' head bumps, Norwich Lower School uses the services of Return2Play (www.return2play.org.uk), a specialist head injury and concussion care service, who help ensure our pupils head injuries and concussions are properly managed. The doctor-led medical team provides 7-day a week, unlimited access to a team of highly experienced clinicians via online clinics.

There are Return to Sport protocols to help safely manage a return to sporting activity following a concussion. These were updated in April 2023 following the release of UK government guidance.

Return2Play uses a pathway that goes above and beyond the government guidance. Timeframes listed are the earliest allowed, and progress will be dependent on symptoms and medical clearance.

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8 Days Onwards	**Low Risk Exercise and Training** Gradual increase in self-directed exercise – running, stationary bike, swimming, supervised weight training etc. **Focus on fitness** Can introduce static training drills (e.g. passing/kicking). Only drill with ***NO*** predictable risk of head injury.
R2P Medical Assessment To assess fitness to start a formal return to sport and advise on timeframes.	
15 Days Onwards	**Gradual Return to Sports Training** Starting with non-contact and gradually building up complexity and intensity. Introduction of contact in the final stages.
R2P Medical Assessment To assess fitness to return to unrestricted sport, including matches.	
Day 21	**Earliest Return to Competitive Sport/Matches** Only if symptom free at rest for at least 14 days and has completed an appropriate graduated return to sports training without any recurrence in symptoms.

Most concussions recover uneventfully. For more challenging cases, Return2Play also offers Complex Case and Specialist Rehab Clinics that provide an additional layer of expertise and ensure even the toughest injuries get prompt care.

If you have any queries regarding head injury management or the Return2Play service, please contact the Lower School Health Officer:

lshealthofficer@norwich-school.org.uk

There are Return to Sport protocols to help safely manage a return to sporting activity following a concussion. These were updated in April 2023 following the release of UK government guidance.

Return2Play uses a pathway that goes above and beyond the government guidance. Timeframes listed are the earliest allowed, and progress will be dependent on symptoms and medical clearance.

Return to Activity and Sport Pathway (Summary) September 2024

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lshealthofficer@norwich-school.org.uk

APPENDIX 7: Individual Pupil Health Care Plan

PUPIL HEALTHCARE PLAN

Name:
Year Group:

NORWICH SCHOOL

PERSONAL DETAILS	
Full Name of pupil: Date of Birth: Date of Healthcare Plan: Date to be reviewed:	Pupil Photo:

EMERGENCY INFORMATION AND CONTACTS		
WHAT SPECIFIC INFORMATION TO GIVE EMERGENCY SERVICES (IF APPLICABLE):		
The following people will be contacted in an emergency but only after it is safe to do so, first aid has been administered and emergency services contacted as appropriate		
Name:	Relationship:	Contact number(s)

FAMILY DETAILS (if different to above)

HEALTHCARE TEAM (Specialist, GP, Nurse Practitioner)		
Name:	Role:	Contact number(s)/ email:

SUPPORT AT SCHOOL		
Name:	Role:	Contact number(s)/ email:
Georgie Valpied	Head of Welfare and Registered Nurse	01603 728447 (x1447) gvalpied@norwich-school.org.uk
Annelise Eady	Health Officer – Senior School	01603 728444 (x1444) healthofficer@norwich-school.org.uk

Scarlett Bushby	Health Officer – Lower School	01603 7281439 (x1439) lshealthofficer@norwich-school.org.uk

HEALTH NEEDS
Details of diagnosed health condition or reasons why pupil requires a Healthcare Plan; date of diagnosis; triggers; signs and symptoms, allergies, etc.
DAILY MANAGEMENT OF SYMPTOMS AND CARE REQUIREMENTS
• *Any limitations the condition/ symptoms cause.* • *How pupil manages their symptoms/ needs.* • *Any adjustments required e.g. environment, time, facilities, equipment, testing, administering medication, dietary requirements, sports, etc.* • *Level of support needed – does the pupil take responsibility for their own health needs, including in emergencies. Do they administer own medication.* • *What to do if pupil becomes unwell. Specific first aid procedures.*
WHAT CONSITUTES AN EMERGENCY AND WHAT ACTION TO TAKE
MEDICATION
Please also complete a separate consent form for each medicine, as required

Name:	Dose and method of administration:	Time/ when to be given and whether self-administered:	Side-effects, contraindications and any other special considerations e.g. storage:

Notes:
SPECIFIC SUPPORT FOR EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS
E.g. absence management, additional support for lessons or exams, use of Health and Wellbeing Hub at No. 71, rest periods, counselling sessions etc.

SPECIALIST/ MEDICAL FOLLOW-UP
SPECIFIC REQUIREMENTS FOR SCHOOL VISITS/ TRIPS (IF APPLICABLE)
E.g. medication administration, dietary requirements, personal care, mobility, rest breaks, accommodation/ environmental needs, etc.
STAFF TRAINING NEEDS (IF APPLICABLE)
ANY OTHER INFORMATION RELEVANT TO THE PUPIL HEALTHCARE PLAN
Any queries or concerns should be directed, in the first instance, to the Head of Welfare and the school health officers. *This Healthcare Plan will be held as part of the pupil's school health record and available for all staff via the Serious Medical Alert Lists. It will also be given to Visit/ Trip Leaders.*
PARENT CONSENT AND DECLARATION
☐ I confirm that the information given in this Healthcare Plan is accurate and up to date. ☐ I agree to keep the Norwich School Health and Wellbeing Team, informed of any relevant information regarding my child's condition and treatment, and this Healthcare Plan will be reviewed and updated annually, or more frequently if required. ☐ I am aware it is my responsibility to ensure that all medication kept in school is within its expiry date. ☐ I agree to this Healthcare Plan being shared with school staff.

Parent Signature:	**Date:**

NORWICH SCHOOL CONSENT AND DECLARATION
☐ Consent confirmed (iSAMS Medical Centre) to administer first aid, transport to medical facilities by suitable transport and receive emergency medical/ surgical treatment if appropriate
☐ Consent to Administer Medicines Form completed for all prescribed medications that may be administered at school.
☐ Information given on this Healthcare Plan has been checked with the pupil's parent/ carer and is accurate and up to date.
☐ Parent/ carer has signed Healthcare Plan

☐ The Health and Wellbeing Team will ask parents/ carers to review the Healthcare Plan annually, or earlier if changes are required, and communicate with parents/ carers and external healthcare providers to help ensure the safety and wellbeing of the child.	
Head of Welfare Signature:	Date:

APPENDIX 8: Annual Update Summary - Michaelmas 2026

Version number	Date issued	Author / key contact	Changes	Page
2.0	Trinity 2024	Georgie Valpied	***First Aid Personnel:*** now two Health Officers in Senior School (job-share), supported by a new Health Administrator.	5
2.0	Trinity 2024	Georgie Valpied & Ian Hayward	***HSE Emergency First Aid at Work:*** amends to list of those requiring EfaW training, including selected members of SMT (as nominated by the Head) rather than all. Addition of paragraphs relating to staff working on the outdoor education programme and Duke of Edinburgh expeditions. Role of Compliance Officer amended to role of Assistant Bursar.	6
2.0	Trinity 2024	Georgie Valpied & Ian Hayward	***First Aid on Out of School Visits:*** clarification of wording around senior school pupils being responsible for ensuring they have any personal medication with them, and staff being alerted in advance and responsible for checking before departure. Addition of paragraph relating to staff first aid training requirements for high-risk visits, eg Duke of Edinburgh expeditions. Removal of duplicate paragraph and paragraph relating to DofE group leaders gaining assurances that 'centres providing outdoor activities have adequately qualified first aid members of staff' as not applicable/appropriate – covered under the usual provider selection process managed by the visit leader, not expedition group leaders.	8-9
2.0	Trinity 2024	Georgie Valpied & Ian Hayward	***First Aid for Sport:*** ***Normal sporting activities:*** External coaches to submit evidence of first aid training to Director of Sport and Assistant Bursar (not Compliance Officer).	9-11

			Sporting fixtures: appropriately trained personnel on site amended to state a member of Norwich School staff as a minimum and *may* also include a registered (fixture) nurse; level of cover required to be assessed by the Director of Sport. Paragraph referencing requirement for heads of sport to seek confirmation of medical cover provided by schools hosting away fixtures removed as not deemed appropriate/necessary. Clarification of wording around pupils being responsible for ensuring they have any personal medication with them (as above). *Head injuries:* Expectation included that all pupil head injuries be reported to Health Officers and recorded on Return2Play. Pupils should be encouraged to report all head injuries, including suspected, to a member of staff. Paragraph added to mention new head injury information booklet for parents (appendix 7), with details of concussion management procedures at school and the Return2Play service.	
2.0	Trinity 2024	Georgie Valpied	*Procedure for Transporting Pupils by Ambulance:* report of the emergency to be provided on *either* Return2Play (if sports staff, with access) *or* the Accident and Incident Reporting Log on the Hub.	12
2.0	Trinity 2024	Georgie Valpied	*Identification/Treatment of Pupils with a Particular Medical Condition:* Health Officers *or* Head of Welfare to meet with parents. Parents to update medical information held by the school, as required; any change for senior school pupils now to be emailed to healthofficer@norwich-school.org.uk.	12
2.0	Trinity 2024	Georgie Valpied	*Dispensing of Medication in School:* paragraphs in Lower and Senior school sections amended to reference new 'Consent for School Staff to Administer Medication' form (appendix 6) to be used by Health Officers in both schools from Sept 2024.	13
2.0	Trinity 2024	Georgie Valpied	*Allergies:*	15-17

			Jext/EpiPen Auto Injector and Ventolin Inhaler Locations: removal of reference to '3 stations placed at stages along the Lower School corridor'; in Lower School, all pupil medication is stored in the first aid room. ***Parents' Responsibilities:*** second bullet point amended to reference the new 'Allergy Management at Norwich School' form (appendix 4) to be sent to parents who disclose an allergy diagnosis from Sept 2024. Third bullet amended to make clear that while parents are responsible for ensuring any required medication is supplied, spare auto injectors, antihistamines and inhalers are always kept on site. Fourth bullet re-phrased to request that parents ensure *where possible* that auto injectors are Jext or EpiPen (to recognise that some may still be supplied with Emerade etc). ***Pupil Responsibilities:*** third bullet amended to state that in an emergency, staff should call 999 *before* using an auto injector. ***Responsibilities of the Health Officer:*** first bullet amended to specify new allergy form (as above). Third bullet amended to delete reference to Lower School storing allergy medication in corridors. Fifth bullet corrected to specify that allergy care plans are held on iSAMS and the Hub – no paper copies in health office. ***Individual Staff Responsibilities:*** in addition to staff running out of school visits, all sports staff running timetabled games lessons or sports fixtures off-site (in or out of hours) must also ensure that relevant pupils are carrying their personal allergy medication. ***Wider School Community Responsibilities:*** reference to requirement for parents to clearly label food sent into school for consumption by others has been deleted, as parents can now only send in shop-bought foods which are pre-packaged with a full ingredient listing.	
2.0	Trinity 2024	Georgie Valpied	***Asthma:*** ***Parental/Pupil Responsibilities:*** wording amended to reference new 'Asthma Management at Norwich School' form (appendix 5) to be sent to parents who disclose an asthma diagnosis from Sept 2024. In Lower	19-22

			School, the location of pupils' personal asthma medication has been corrected - stored in the medical room, not in classrooms. ***Staff Responsibilities:*** for out of school visits/off-site games (inc fixtures), Lower School staff should take personal medication for pupils from the medical room, not classrooms (as above).	
2.0	Trinity 2024	Georgie Valpied	***Managing Infectious Diseases:*** replacement web link for Public Health England guidance.	22
2.0	Trinity 2024	Georgie Valpied & Assistant Bursar	***Reporting of Accidents:*** correction of reporting process for staff and visitors – all incidents to be recorded by staff (for themselves and on behalf of visitors) on the Accident & Incident Reporting log, accessed via the Hub. Incidents involving pupils to be reported either on the Accident & Incident Reporting log *or* on Return2Play, if the staff member has access. It is the responsibility of *either* the witnessing staff member *or* the Health Officer to inform parents. Additional paragraph added to cover serious incidents occurring on out of school visits which should be communicated by phone to the nominated Out of School Visit Controller as soon as is practically possible. The Assistant Bursar (*not* the Health Officer) is responsible for reviewing accident reports and following up where necessary, including determining whether the school is required to report under RIDDOR.	23-24
2.0	Trinity 2024	Georgie Valpied	***Appendices NEW:*** *Appendix 4: Allergy Management at Norwich School (online/paper form)* *Appendix 5: Asthma Management at Norwich School (online/paper form)* *Appendix 6: Consent for School Staff to Administer Medication (online/paper form)* *Appendix 7: Head Injury Information for Parents and Guardians (online and printed booklet used in school and pitch-side at fixtures)*	 30-31 32-33 34-35 36-39

2.1	Michaelmas 2024	Georgie Valpied	*Update of location of Medical room from 71a to 71 The Close Including AED location*	Throughout
2.1	Michaelmas 2024	Georgie Valpied	*Additional AED added located in Ground Floor Foyer of Upper King Street*	28
2.2	Michaelmas 2025	Georgie Valpied	*Updated location of Burns kit in Science department – located in corridors in HFH.*	8
3.0	Michaelmas 2026	Georgie Valpied	*Removed allergy and anaphylaxis section from the policy as a new stand-alone one created. Inclusion of the IHCP template to the appendix and other minor updates*	Throughout