



# SOLIHULL

## **First Aid & Reporting Illness, Injury & Accidents Policy** (Including Administration of Medicine)

**Owner:** Assistant Bursar (Facilities, Compliance and Transport)  
**Author:** Senior Nurse  
**Last Reviewed:** September 2023

Version 6

## **1. General Administration**

Both School Health Centre's are staffed by a School Nurse during the following times:

**Warwick Road: 8:30am – 5:30pm Monday to Friday, Term Time**

**Prep School Campus: 8:30am – 4:30pm Monday to Friday, Term Time**

Any accidents that occur outside of Term Time are to be recorded in the accident book located in either:

**Bursary: Warwick Road**

**Chapel: Warwick Road**

**Front Office Malvern Hall: Preparatory Campus**

At the start of each term the accident books will be reviewed by the School Nursing Team with accidents followed up and recorded on Safety Cloud accordingly.

Senior pupils who become ill/injured during or between lessons should be sent by staff to a School Nurse. Should a Prep School pupil become ill/injured during or in between lessons the person in charge should assess the pupil, send the pupil to the health centre with escort or phone for the School Nurse if required. In the case of an injury the teacher in charge should render first aid. If further medical attention is required a School Nurse should be contacted.

When necessary, a School Nurse will contact parents to arrange for a pupil to be taken home, call an ambulance or arrange for a pupil to be taken to hospital. They will oversee medical arrangements until the patient leaves the premises and recommend next steps.

A School Nurse maintains records of all Health Centre visits and treatments. They will notify parents and form teachers as necessary.

In the event of a School Nurse being unavailable the teacher in charge must continue to assume full responsibility for dealing with the patient until another member of staff takes over.

## **2. Journey Home**

It is the responsibility of the parents to arrange for the collection of the pupil by a responsible adult.

For older pupils, parental consent is required if travelling alone and parents should confirm arrival immediately on pupil's return home.

Sixth Form students travelling home alone using own transport should only do so if it is deemed safe by the School Nurse with parents' consent. They should confirm arrival immediately on return home.

### **3. Accompanying to Hospital**

Every pupil who goes to hospital must be accompanied by a member of the school staff. They must stay with the pupil until his/her parents arrive. They must act in loco parentis. When no other member of school staff is available, a School Nurse will accompany the pupil to hospital.

### **4. Head Injuries**

Any head injury must be assessed by the School Nurse. If there is any concern, then parents should be informed, and the child taken to see a medical practitioner or attend A&E. A head injury advice form will be sent home. In addition, EYFS parents will sign the accident book.

The school follows the Rugby Football Union (RFU) guidelines for head injuries and uses the services of a specialist Head Injury and Concussion Care Service, Return2Play

All pupils or staff who have been unconscious or suffered a suspected concussion must be assessed by a School Nurse, who will advise on appropriate treatment/attendance at hospital/A&E. Parents will be informed immediately, a referral will be made to Return2play who will manage their Graduated Return to Play.

### **5. Calling an Ambulance**

When it is deemed necessary a responsible person should be told to summon an ambulance if there is any doubt about the severity of the patient's condition (see guidelines below).

- Ring for an ambulance
- Clearly state the injury or condition e.g., anaphylactic shock.
- Clearly state which school entrance the ambulance has to use.
- Return to the casualty and tell the first aider that an ambulance has been called and that you will wait at the designated entrance and bring the paramedics to the casualty.

### **Guidance on when to call an ambulance**

- **Unconscious person** – who doesn't wake or respond when shaken.
- **Heart attack (suspected)** – crushing chest pain that lasts more than five minutes. The pain may spread to arms and jaw.
- **Breathing difficulty** – especially if the person is unable to speak more than a few words or has blue lips or mouth.
- **Abdominal pain** – that is severe and undiagnosed.
- **Haemorrhages** – major uncontrolled bleeding.
- **Bleeding** – that does not stop after at least 10 minutes of continuous pressure.

- **Back pain (severe)** – after a fall or after sudden onset of back pain if over 50 years of age.
- **Burns** – which are bigger than the size of a hand and/or cause severe pain that is not relieved with simple painkillers, or if the person has difficulty breathing.
- **Choking** – especially if the person is unable to talk, cry or breathe.
- **Convulsions or fitting** – if the person is still fitting after 5 minutes or if they have no history of convulsions (for example epilepsy or brain injury).
- **Drowning, near drowning, diving or scuba accident.**
- **Stroke (possible)** – especially if the person experiences numbness, loss of function of hand, arm or leg, slurred speech, facial droop or severe abrupt headache.
- **Headache (severe)** – not the usual kind, with or without loss of function of arm or leg.
- **Motor vehicle accidents** – if you think someone has been injured.
- **Industrial accidents** – where a person is injured or trapped.
- **Vaginal bleeding (severe)** – with possible or confirmed pregnancy.
- **Suicide attempt.**
- **Pain (severe) after a fall or injury** – when the person is unable to sit up, stand or walk.
- **Drug overdose or poisoning** – whether you know for sure or just suspect an overdose.
- **Diabetes** – if the person is not fully awake or not behaving normally.
- **Allergic reaction** – especially with difficulty breathing or loss of consciousness and if an adrenaline auto injector has been used.
- **Electrical shock** – of any kind.
- **Trauma (injury)** – which is severe, especially to the head, neck, chest or abdomen – for example if the person was stabbed, shot or impaled, or hit by or ran into an object.
- **Meningococcal disease** – if symptoms indicate possible infection.
- **Hypothermia or heat stress** – if severe.

## **6. Injuries at Home Matches**

In the first instance, the responsibility lies with the teacher in charge of the team/fixture. As they may well also be the referee, they may need to seek further adult help where possible e.g., other staff. A School Nurse is present for home rugby matches and may also be supported by a physiotherapist/sports therapist. All sports teachers possess their own first aid bags should a School Nurse not be present. It is their responsibility to check their bags are appropriately stocked and taken to the Health Centre for re-stocking if required. Parents should be informed of an injury as soon as possible. A member of staff is designated for Saturday duty responsibilities, which includes supporting the teacher in charge and/or School Nurse with any medical issues.

## **7. Injuries off site including 'Away' Matches and School Trips/Visits**

Injuries to our own pupils at away matches will, it is assumed, be dealt with medically by the 'away' school, but it is of course, the responsibility of the teacher in charge of

the team to take charge of the pupil in question. Parents should be informed as soon as possible. If the pupil is sent to hospital, he/she must ensure that an adult remains with the pupil until the parent(s) arrives.

Treatment of injuries or similar issues on a school trip will be supervised by the teacher in charge of the trip and/or the accompanying first aider. Parents should be informed as soon as possible. If the pupil is sent to hospital, he/she must ensure that an adult remains with the pupil until the parent(s) arrives.

Any incident of treatment must be reported to the School Nurse on return to school and any after-care followed up including a referral to Return2play if required. All injuries should be recorded in the same manner as a normal school day. Further details are contained within the Offsite Visit Policy and Guidelines.

## **8. Records**

A School Nurse records all visits and accidents in the Health Centre treatment book. In the event of an injury being of a more severe nature which requires medical/hospital treatment or there has been an injury caused by a health and safety issue then a School Nurse or member of staff will raise an accident form on Safety Cloud. This is then reviewed and signed by the Senior Nurse Team Leader, the Bursar and Head of Senior School/Senior Deputy Head of the Preparatory School (depending on which campus the accident occurred). Parents are informed by a School Nurse or teacher in charge via telephone at the time of the injury, incident or illness.

As the main point of contact for Health and Safety within the school, the Bursar informs the Health and Safety Executive, if necessary, as laid out in RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

They are contacted via

- By phone: **0345 300 99 23 (local rate)**
- Online: HSE RIDDOR - Report online

Items that must be reported include:

- deaths;
- major injuries;
- over-3-day injuries – where an employee or self-employed person is away from work or unable to perform their normal work duties for more than 3 consecutive days;
- injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital;
- some work-related diseases;
- dangerous occurrences – where something happens that does not result in an injury, but could have done (further information can be found via the Health and Safety Executive RIDDOR website).

An investigation will be carried out as soon as possible after any serious accident occurs, so that problem areas or procedures are identified, and remedial action can be taken if necessary.

EYFS parents are informed of any accident on the day (or as soon as reasonably practicable) and are required to sign an entry in the accident book when informed of the accident.

The School Nurse Team Leader will regularly monitor and review the School's systems for the provision of First Aid and medical care and any trends in accidents, injuries and illnesses in order to identify any change needed. She provides a report on accidents for the Health and Safety Committee Meeting.

## **9. First Aid**

First aid notices are displayed throughout the school premises to indicate the location of the nearest first aid facility and the names of nominated first aiders/appointed persons. Staff are asked to familiarise themselves with the location of the first aid boxes, AEDs and Emergency AAI and inhalers in school.

The first aid boxes, which must be clean, have lids and be marked with a white cross on a green background, are kept stocked to the minimum prescribed in the approved contents list (see below). Generally, only those items which appear on the list are permissible, however, where specific risks have been identified appropriate additions should be made. Contents are checked each term by a School Nurse and they should be notified should a member of staff believe that extra supplies are required.

Positions for eye wash stations have been identified, and sealed bottles of sterile eye wash solution (at least 1 litre) or rubber tubes on suitably located taps have been provided.

The locations of first aid boxes, eye wash stations and defibrillators are reviewed annually and listed in Appendix 1.

The lists of qualified first aiders and the whereabouts of all the first aid boxes and AEDs are situated on the medical board in the Lower Common Room, Prep School Staff Room, Major Incident Folders (Bursary and Heads Wing) and uploaded onto the Pupil Information and Support section on the Portal.

At least one first aider and a School Nurse must be present during the normal school day and an Appointed Person is to be present as far as is practicable at all other times when teaching, other activities or work are taking place.

Staff working with Early Years Foundation Stage (EYFS) pupils are trained in Emergency Life support for Child and Infants (Paediatric). At least one person who has a current paediatric first aid certificate must be always on the premises in Alice House and accompany EYFS pupils on off-site outings.

The total required number of first aiders and appointed persons has been identified after all the relevant factors have been taken into account, including layout of premises, foreseeable absences of first aid personnel, the nature of activity being undertaken and the numbers taking part in these activities. The Senior Nurse maintains an up-to-date list of first aiders. Each section of the school has a designated first aider.

A full list of First Aid Trained members of staff can be found in Appendix 2.

First-aiders are trained in accordance with the standards laid down by the Health and Safety Executive and need to be certificated. First aid certificates are issued for a three-year period only and at the end of this three-year period re-qualification and certification is necessary. The Senior Nurse is responsible for reminding staff and organising re-qualification. Appointed persons/first aiders are responsible persons whose duty it is to take charge of a situation if a serious injury or illness occurs.

## **10. Contents of First Aid Box**

The contents of all first aid boxes will be in accordance with guidance given in HSE document “Basic advice on first aid at work” INDG 347. Sufficient quantities of each item are to be made available in every first aid box.

In most cases these will be:

- Contents List and Information re Disposal of Contaminated Material
- Guidance Leaflet
- Nitrile Disposable Gloves and Bags
- Safety Pins
- Plasters – Assorted Sizes (blue detectable for catering)
- Saline Cleansing Wipes
- Eye Pads
- Triangular Bandages
- HSE Medium Sterile Dressing 12cm x 12cm
- HSE Large Sterile Dressing 18cm x 18cm
- Sterile Dressing Pads (Large)
- Sterile Dressing Pads (Small)
- Micropore Tape
- Bandage
- Resuscitation Face Masks

Other items as appropriate such as foil blanket, finger sterile dressing, shears, eye wash, burn dressing.

## **11. Contents of Travelling First Aid Kits**

The contents of travelling first aid kits need to be appropriate for the circumstances in which they are to be used. They will always contain the same contents as First Aid Boxes with extra appropriate supplies.

## **12. Body Fluids**

Special care needs to be taken when cleaning up blood and vomit. Blood-stained dressings, cotton wool etc. should be disposed of by a School Nurse. In the Health Centre there is a clinical waste yellow biohazard bag which is collected regularly for incineration. "Sharps containers" are located within the Health Centre and Grounds Department which will be removed by an external contractor as appropriate.

All first aid boxes and sports bags contain plastic gloves and plastic bags. Whilst wearing plastic gloves, soiled and bloody dressings should be deposited in the plastic bag which should then be brought to the Health Centre.

In the event of vomit/blood/bodily fluid spills the School Marshal/Site Manager should be called. In the event they are unable to attend the Maintenance department should then be called. They are in possession of body fluid disposal kits in order to help clear vomit/ blood spillage.

## **13. Health information**

Health information for pupils is provided by parents when their children are enrolled in the School, with written consent for the administration of First Aid, medical treatment and over the counter medication. A School Nurse is available to advise pupils with day-to-day minor ailments and will use their discretion on the need to administer simple home remedies (e.g., Paracetamol, Calpol, Simple Linctus, etc). A strict defined protocol is followed which is agreed annually by the School Medical Officer, the list of medication can be found in Appendix 3.

Parents or guardians have primary responsibility for their child's health and should provide the school with accurate and up to date information about their child's medical conditions and medication. This may include appropriate medical evidence and/or advice relating to their child's medical condition.

The Health Information forms submitted by parents are reviewed by the School Nurses, who will ensure that iSAMS is updated according to the information provided. Termly reminders will be sent via email to parents asking them to inform the school if there have been any changes to their child's medical information.

The School Nurses are responsible for the ongoing review of pupils' confidential medical records and provision of essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at school. This information is kept confidential but may be disclosed to relevant staff if it is necessary to safeguard or promote the welfare of the pupil.

When a pupil is identified as having a long term or complex medical condition or health need, an Individual Health Care Plan will be produced for that pupil.



## **Individual Health Care Plans (IHCPs)**

IHCPs help to ensure that we fully support pupils with medical conditions in school. They provide clarity about what needs to be done, when and by whom.

Plans should be drawn up in partnership between the School, parents and, where appropriate, healthcare professionals and the pupil themselves.

IHCPs will be reviewed at least annually, or more frequently as appropriate, if their condition or treatment changes. It is the responsibility of the parent or guardian to inform the school of any changes to their child's medical situation.

Specific medical information contained within the IHCP is only shared with relevant staff when it is important for the wellbeing of the student whilst at school and on trips.

All teaching staff and where relevant, non-teaching staff, are notified at the beginning of each academic year during the medical briefing about pupils who suffer from specific medical conditions. This information is for reference only and should remain confidential within the school. Any changes are notified by parents and updated accordingly. Updated information is stored in the Pupil Information & Support section on the Portal. Specific school protocols for medical conditions are also stored in this area.

## **14. Administration of Medicine**

### **Consent**

Parental consent for a school nurse to administer of over the counter (OTC) medication is requested on entry to the School via the Medical Form and is recorded on iSAMs

### **Over the Counter (OTC) Medication**

Only the School Nurses are authorised to administer the medication in Appendix 3 during the school day. This is reviewed annually by the School Medical Officer. On the rare occasion an EYFS pupil requires OTC medication, the School Nurse will use her professional judgement and will contact the parent to update accordingly.

### **Prescription Medication**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Prescribed medicines should only be administered at school when it would be detrimental to a child's health not to do so and, in this event, clear written instructions should be provided by the parent or guardian.

All medicines supplied to the School by parents should be in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage.

For topical creams e.g. emollients the pupil will be supervised to apply the cream themselves.

If the School Nurse is in any doubt over the procedure to be followed, the parents will be contacted before action is taken.

If a pupil refuses their medication, this will be recorded and reported to parents. Parents/pupils should collect all medicines when they are no longer required, date expired or at the end of each term as applicable.

In the event that they are not collected at this time or within 14 days of contacting parents, the School Nurse may then take the medication to the nearest pharmacy for safe disposal.

### **Storage of Medication**

All medication brought into school should be formally received by the School Nurse and stored safely and securely in a locked cupboard or fridge in accordance with individual product instructions in the health centre on both campuses

Where appropriate, individual pupils will be given responsibility for carrying emergency medication and relevant devices (such as inhalers and auto injector devices) with them to ensure quick and easy access. Further details are detailed on Page 11 and 12.

### **Record Keeping**

All medication administered must be documented and recorded accurately in the day book and any updates recorded on the pupil's individual health record on iSAMS.

For EYFS pupils, the time and dose of any medication administered should always be documented and signed in the pupil's Prep Book. Prep School pupils may be given a note to put in their Prep book if the Prep Book is not available.

### **Administration of Medication Away from School**

Prior to any school trip or educational visit, parents will be asked to complete a consent form online via parent portal. This form will indicate whether a pupil is taking medication and give staff permission to supervise its administration.

A First Aid kit containing over the counter medicines will be provided for residential trips as appropriate. This would usually be limited to analgesia and antihistamines. Any other pupil medications should be given to the Trip Organiser/First Aid trained staff with instructions on administration from the parents and/or Health Centre with information as to the reason for giving and any medical conditions.

Medication should be stored in a secure container and the normal administration procedure followed, which includes the accurate recording of any medicines administered whilst on the trip.

## **First Aid procedures for pupils with anaphylaxis, asthma, epilepsy and diabetes.**

Information held by the School will include details of pupils who need to have access to inhalers, Automatic Adrenaline Injector (AAI), injections or similar and all staff are made aware to access this information in the Pupil Information & Support section on the Portal.

EYFS and Prep School class teachers are updated with relevant medical information by additional documentation.

First Aid trained staff should follow the guidance taught on recognised and accredited First Aid courses.

Further guidance and protocols can be found via the following links:

### **Anaphylaxis**

<https://www.nhs.uk/conditions/anaphylaxis/treatment/>

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions it may happen after a few hours.

The parents of all pupils who suffer from such reactions are asked to contact a School Nurse to discuss the type of reaction that can occur and a IHCP can be completed.

A School Nurse should **always** be summoned in the event of a pupil suffering from an anaphylactic reaction.

A School Nurse instructs all teachers on how to administer the adrenaline injection. It is also their responsibility to make sure that all 'EpiPens' (AAI) are 'in date' and ready for use.

Off-site activities and school trips may need additional planning. Concern about any potential risks should be discussed between the relevant member of staff, the pupil and his/her parents and a School Nurse. A School Nurse will ensure that teaching staff have further instruction as necessary before each school trip. Further details are contained within the Offsite Visit Policy and Guidelines.

### **Medication**

The treatment for a mild allergic reaction/ first line treatment is an antihistamine, usually 'Piriton'. The treatment for a severe allergic reaction is an injection of adrenaline (AAI).

Pupils are encouraged to carry the medication with them. In addition, parents are asked to provide the school with, if possible, an additional AAI for each pupil. These are stored in the 'Allergy/Asthma Cupboard' in the Senior Health Centre and can be used for School trips **as well as the Emergency Adrenaline Box** in the Senior

School Health Centre, Pavilion Treatment Room, Prep School Health Centre and the Alice House Office. The cupboard and boxes are clearly labelled.

For EYFS and Prep School, pupils, a named red/black allergy bag is kept on a hook in the pupils' classroom. This is taken with the pupil by the member of staff in charge when lessons are being taught in a different area of school.

### **Dietary Requirements**

Refectory staff are aware of the names of all the pupils at risk of severe allergic reactions to certain foods. The Catering Manager is responsible for maintaining this list and should be notified if any new concerns become apparent.

The school operates on a nut free basis and complies with food labelling legislation, but pupils are told to always ask if they have any doubt concerning the ingredients of any food on the menu.

### **Asthma**

<https://www.nhs.uk/conditions/asthma/asthma-attack/>

The parents of all pupils with asthma are asked to inform the school on the medical information form and consent to use an emergency inhaler if required. They are also asked to inform a School Nurse should there be any change in treatment so that medical records are kept up to date. This information will be recorded in a pupil's Asthma Action Plan (AAP)

All pupils with asthma have immediate access to their reliever inhalers. Pupils should always carry their inhalers with them, and the inhalers should be readily available during physical education, sports activities and school trips. Pupils should not take medication which has been prescribed for another pupil. The school holds a stock of reliever inhalers for emergency use in the Emergency Asthma Pack located in the Senior School Health Centre, Pavilion Treatment Room, Prep School Health Centre and the Alice House Office. Sports first aid kits and first aid kits for trips also carry an emergency inhaler with guidance for their use.

A School Nurse should **always** be notified in the event of any pupil suffering an asthma attack that does not immediately respond to medication.

### **Epilepsy**

<https://www.nhs.uk/conditions/what-to-do-if-someone-has-a-seizure-fit/>

The parents of all pupils who suffer from epilepsy are asked to contact a School Nurse to discuss with the pupil and his/her parents, the type and duration of the seizures. Trigger factors that predispose the seizures will be identified, together with any medication to be administered. This information will be recorded in a pupil's individual health care plan (IHCP). A School Nurse will then liaise with staff to ensure that action can be taken to minimise exposure to likely triggers. Appropriate safety measures can then be identified and put into place.

A School Nurse should **always** be summoned in the event of a pupil suffering a seizure.

### **Diabetes**

<https://www.nhs.uk/conditions/type-1-diabetes/type-1-diabetes-in-children/>

The parents of all pupils who suffer from diabetes are asked to contact a School Nurse to discuss school policy regarding diabetes. This information will be recorded in a pupil's individual health care plan (IHCP).

A School Nurse should **always** be summoned in the event of a pupil suffering from either a hypoglycaemic or hyperglycaemic reaction. Spare supplies are kept in the Health Centre.

Special arrangements may be required for off-site activities and/or school trips. The School Nurses will liaise with the Catering Department regarding dietary requirements.

## Appendix 1 First Aid Equipment Locations



### Warwick Road Campus

Location	How Many	Eye Wash Station	Defibrillator
Health Centre			x 1
Headmaster's Wing	x 1		
Upper Common Room	x 1		
Lower Common Room	x 1		
Bursary	x 1		
LS Building	x 1		
George Hill Building (1 <sup>st</sup> & 2 <sup>nd</sup> floor by staircase, ground floor serving hatch)	x 3		
Cooper Building (Foyer, Cooper Café, 1 <sup>st</sup> & 2 <sup>nd</sup> floor front staircase)	x 4	x 1	
Chapel	x 1		x 1
E Corridor	x 1		
David Turnbull Music School (lift on each floor)	x 2		
Kitchen & Refectory	x 2		
Art Dept (Kiln room, both 6th Form studios, Art 2, Art 3, Art 4)	x 6	x 6	
Science Dept (Chemistry, Physics, Biology & Combined Science Prep Room)	x 4	Tap in each Lab	
Fort (Woodwork shop, Metalwork shop, DT office Food Tech 1 & 2)	x 5	x 3	
Giles Slaughter Building (GS12)	x 1		
Maintenance	x 1	x 1	
Sports Hall	x 1		
Alan Lee Pavilion (Outside treatment room and 1 <sup>st</sup> floor kitchen)	x 2		x 1
Outdoor Pursuit Building	x 1		
Firing Range	x 1		
Grounds Hut	x 1	x 1	
Greenhouse	x 1	x 1	
Main Cleaner's Room (E Corridor)	x 1		
MH Foyer	x 1		
MH Science (each classroom)	x 2	x 2	
MH Food Tech Room	x 1	x 1	
MH First Floor LS Room4	x 1		
MH Dance Studio	x 1		
Bushell Hall Foyer	x 1	x 1	x 1
Bushell Hall Workshop	x 1	x 1	
Bushell Hall Stage (1 on each side)	x 2	x 2	
Bushell Hall Control Room	x 1	x 1	
Bushell Hall Gantry	x 1	x 2	
Bushell Hall Studio Theatre	x 1		
Bushell Hall Changing Room (Male)	x 1		

Bushell Hall Changing Room (Female)	x 1		
Boiler Room	x 1	x 1	
Mountain Cottage			x 1



## Preparatory School Campus

Location	How Many	Eye Wash Station	Defibrillator
Alice House (Office, Nursery Kitchen, Corridor by AH5)	x 3		
SMart Centre (Serving area, Dance Studio)	x 2		
Gym	x 1		x 1
Swimming Pool (Office, Pool corridor)	x 2		
Malvern Hall Reception			x 1
Music Block	x 1		
Science Room	x 1	x 1	
DT Room	x 1	x 1	
Art Room	x 1	x 1	
Kitchen	x 1		
Learning Hub	x 1		
Maintenance	x 1		
Corridor by A2			x 1
Refectory	x 1		
JS Ground Floor (Corridor by A2 and A5)	x 2		
JS 1 <sup>st</sup> Floor Corridor (Refuge area at top of both staircases)	x 2		

## Appendix 2 First Aiders



Solihull Senior School First Aiders – 2023

### **A School Nurse should always be contacted in first instance**

The following people are nominated as '**First Aid Appointed Persons**' to be responsible for:

<b>Main Quadrangle</b>	Linda Bevan
<b>Head's Wing</b>	Heather Scott/Tracey Duggan
<b>Bursary &amp; Leonard Stevens Building</b>	Christian McCall
<b>Cooper Building</b>	Martin Covill/Claire Black
<b>George Hill Building</b>	Hannah Fair
<b>Bushell Hall</b>	Paul Jukes
<b>Giles Slaughter Building</b>	Becky Windmill
<b>Science Department</b>	Dawn Parker
<b>Design &amp; Technology</b>	Neal Corbett
<b>School House</b>	Helen King (Nurse)
<b>Music Department</b>	Isabel Baumber
<b>Pavilion</b>	Steve Thompson
<b>Sports Hall</b>	Dani Wana
<b>Kitchen</b>	Thomas Franks Co
<b>Maintenance</b>	Robin Bate/Mark Smith
<b>Grounds</b>	Mark Bailey / Paul Groom
<b>Martyn Garner Building for Outdoor Education</b>	Phil Dean
<b>Mark Hopton Building</b>	Claire Bedhall

### **Other trained First Aiders:**

Oli Anderton	Tracey Gallagher	Chris Mayer	Anna Wilkie
Matt Babb	Michael Gledhill	Andrew McArthur	Robert Woodford
Katie Baden	Corrine Goodman	Wendy Meigh	Michelle Wright
Suzanne Baldwin	Chris Guy	Paul Morgan	Mia-Rose Yates
Owen Bate	Tony Haden	Sean Morgan	Zhe Zhou
Gerry Biggs	Paul Hadley	Lynn Moseley	
Darryl Brotherhood	Helen Hallworth	Becky Noon	
David Brough	James Hands	Vanessa Patel	
Denise Buckle	Sarah Hardy	Sangeetha Ragunanan	
Alison Burt	Jennifer Hart	Jo Ranson	
Libby Cambell	Meike Hartland	Lucie Ray-Barrett	
William Carroll	Rev Rachel Hill-Brown	Ali Raza	
Sam Chillcot	Anne-Marie Hooper	David Rice	<b>Volunteers</b>
Rhian Chillcot	Kevin Hunton	Catherine Ridout	Gareth Bate
Alexia Coste	Iryna Igoe	Kathryn Robinson	Claire Bovill
Hannah Davidson	Gareth James	Louise Rooney	Dave Burnham
Marie Davies	Elzabe Jansen Van Rennsburg	Laura Rutherford	Sue Manns
Mark Davies	Amelia Jennings	Lizzie Shearing	Dave Reardon
Phil Dean	Richard Jennings	Jane Sixsmith	Andrew Seal
Paul Delaney	Jo Johnson	Laura Spratley	Sarah Stables
Clare Dignon	Tim Kermode	Pete Spratley	
Amy Eagleton	Katie Lawley	Amy Thacker	
Alex Eden	Nick Leaney	Steve Thompson	
Claire Evans	Nick Lineham	Matt Van-Alderwegen	
Suzanne Fisher	Darren Maddy	Steph Waldron	
Jo Francis	Jane Mander	Laura Webb	
Kelvin Franks	Julie Massarella	Donna White	
Matt Gallagher			



## Solihull Prep School First Aiders – 2023

### **A School Nurse should always be contacted in first instance**



The following people are nominated as 'First Aid Appointed Persons'

#### **1<sup>st</sup> Floor Junior School**

Nicola Dickerson

#### **Ground Floor Junior School Malvern Hall**

Clare Mollison

Liz Munro (nurse)

#### **Alice House**

Sarah Cosgrove (P),  
Mandy Garside (P)

#### Other trained First Aiders:

(P) Paediatric First Aid

Sugandha Agarwal (P)	Saranne Haley	Claire Nuttall
Aneesa Ahmed (P)	Lucy Harper (P)	Amanda O'Leary (P)
Manjit Ajimal	Jess Harris	Sian O'Malley (P)
Pippa Annandale (P)	Kim Higginson	Nicola Peace (P)
Jo Ashton (P)	Jocelyn Hilton	Hollie Pemberton
Nicola Atkins (P)	Janet Humphreys	Donna Penney
Janet Baker	Emma Inglis	Mark Penney
Jennifer Bernamont	Rosie Jewel (P)	Rebecca Phillips(P)
Sue Bray (P)	Michael Jones	Emma Pimlott (P)
Ed Carne	Jason Jukes	Alex Poole
Ruchira Chakraborty (P)	Phillip Kemp	Michael Rochfort
Helen Coleman (P)	Jo Lawrence (P)	Jenna Sainsbury
Mike Davies	Julie Litwinko (P)	Sue Sargent (P)
Rosie Davis (P)	Alex Longden	Thadius Scott
Gemma Deery	Lydia Lynch	Rebecca Smith
Melanie Ebbutt (P)	Collette McArthur (P)	Thomas Stafford
Suzannah Farnan	Claire McCall (P)	Rebecca Taylor
Tracey Farnell	Karen McDermott(P)	Zowie Vale (P)
Nicky Freeman (P)	Hayley Middleton	Catherine Walcott
Jane Frost (P)	Steve Mitchell	Joe Walker (P)
Hannah Grace	Rachel Morgan	Helen Winn
Jane Green (P)	Georgie Morton	
Simon Grove		

## Appendix 3 Administration of Medicines

<u>AILMENT</u>	<u>MEDICINE</u>	<u>DOSAGE</u>
Pain relief and fever associated with headache, toothache, colds and influenza.	<b>Paracetamol Solution 250mg /5ml</b>	Children 6-8 years – 5ml Children 8-10 years – 7.5ml Children 10-12 years – 10ml Children 12-16 years – 10-15 ml Adults and – 10-20 ml over 16 years 4 hourly (Maximum 4 doses in 24 hours)
Pain relief and fever associated with headache, toothache, colds and influenza.	<b>Paracetamol Solution 120mg /5ml</b>	Children 2-4 years - 7.5ml Children 4-6 years - 10ml 4 hourly (Maximum 4 doses in 24 hours)
Pain relief and fever associated with headache, toothache, colds and influenza.	<b>Paracetamol Tablets 500 mg</b>	Adults and children over 12 years 1-2 tablets 4 hourly (Maximum 8 tablets in 24 hours)
Headache, blocked nose, fever, aches and pains.	<b>Lemsip Powders</b>	Adults and children over 12 years 1 sachet 4 hourly (Maximum 4 sachets in 24 hours) <b>NB. Not to be given during pregnancy</b> or if taking <b>MAOI</b> drugs.
Headache, blocked nose, fever, aches and pains.	<b>Lemsip Capsules</b>	Adults and children over 16 years 2 tablets 4-6 hourly (Maximum 6 tablets in 24 hours) <b>NB. Not to be given during pregnancy</b> or if taking <b>MAOI</b> drugs.
To relieve mild to moderate pain e.g. post-operative pain, toothache, period pain, soft tissue injury (muscles and ligaments) and backache. To reduce inflammation in different types of arthritis.	<b>Ibuprofen Tablets 200 mg</b>	Adults and children over 16 years 1-2 tablets 4-6 hourly (Maximum 6 tablets in 24 hours) <b>NB. Not to be given to anyone suffering from asthma, stomach ulcers, stomach disorders, hypertension, taking anticoagulants or diuretics.</b> <b>Not to be given during pregnancy.</b>

To relieve mild to moderate pain e.g. post-operative pain, toothache, period pain, soft tissue injury (muscles and ligaments) and backache. To reduce inflammation in different types of arthritis.	<b>Ibuprofen Suspension 100 mg/5ml</b>	Children 1-3 years - 5ml Children 4-6 years - 7.5mls Children 7-9 years - 10ml Children 10-11 years – 15mls Children 12-17 years 15 – 20mls 6-8 hourly max 3 doses (BNF)  <b>NB. Not</b> to be given to anyone with contra- indications as above
<b><u>AILMENT</u></b>	<b><u>MEDICINE</u></b>	<b><u>DOSAGE</u></b>
For the treatment of migraine attacks, including the symptoms of migraine headache, nausea and vomiting.	<b>Migravele (Pink) Migravele (Yellow)</b>	Take two pink tablets at the first sign of a migraine. <b>(Do not take more than 2 pink tablets in 24 hours)</b> If migraine persists then take one Migravele yellow tablet every 4 hours after the Migravele pink dose. <b>(Do not take more than 8 tablets [2 pink and 6 yellow] in 24 hours). Do not give to children under 10years of age except under medical supervision.</b>
For the relief of the symptoms of coughs.	<b>Glycerine Lemon and Honey with Glucose</b>	Children 5-11 years 1 x 5 ml spoonful 4 hourly Adults and children over 12 years 2 x 5 ml spoonful 4 hourly. Maximum 4 doses in 24 hours)
For the relief of mouth and throat infections.	<b>TCL Lozenges</b>	To be taken as required
To clear painful sinuses and nasal congestion.	<b>Olbas Oil</b>	2-3 drops on tissue and inhale
To clear painful sinuses and nasal congestion	<b>Olbas Oil for children</b>	Children 2-6 years - 6-8 drops on a tissue and inhale.
Relief from acid indigestion, heartburn, nervous indigestion, acidity, flatulence, upset stomach, dyspepsia and biliousness.	<b>Rennies</b>	Children 6-12 years - 1 tablet to be sucked or chewed as required. (Maximum 8 tablets in 24 hours) Adults and children over 12 years 2 tablets to be sucked or chewed as required. (Maximum 16 tablets in 24 hours)

Diarrhoea – replacement therapy	<b>Dioralyte Sachets</b>	Children under 12 years - 1 sachet to be mixed with 200 ml of water. To be given after every loose motion. Adults and children over 12 years 1 or 2 sachets to be mixed with 200 ml of water. To be given after every loose motion.
For the treatment of hypoglycaemic attacks in diabetic patients.	<b>Glucogel Dextrose Gel</b>	Squeeze into mouth and swallow as required. Do not use on unconscious patient or in patients unable to swallow.
<b><u>AILMENT</u></b>	<b><u>MEDICINE</u></b>	<b><u>DOSAGE</u></b>
Rapid relief from mouth ulcers, teething pains and denture irritation	<b>Anbesol Liquid</b>	For adults, children and the elderly. Apply undiluted to the affected area using a clean fingertip. Two applications straight away and then can use up to eight times daily for up to 7 days <b>N.B.</b> Babies only – apply only once and only repeat no less than half hourly.
Prevention or Treatment of allergic reaction.	<b>Piriton Tablets 4mg</b>	Children 6-12 years ½ tablet every 4-6 hours (Maximum 12 mg in 24 hours) Adults and children over 12 years 1 tablet every 4-6 hours (Maximum 24 mg in 24 hours)  <b>NB. Not</b> to be given if taking <b>MAOI</b> drugs.
Prevention or Treatment of allergic reaction.	<b>Piriton Syrup 2mg/5mls</b>	Children 2-6 years - 2.5ml every 4-6 hours Children 6-12 years – 5ml every 4-6 hours. Adults & children over 12years – 10mls every 4-6 hours (Maximum 6 doses in 24hours)
Hayfever.	<b>Loratadine Tablets 10mg</b>	Adults and children over 12 years 1 tablet a day (Maximum 1 tablet in 24 hours) <b>NB. Not</b> to be given during <b>pregnancy</b> .

Hayfever. Prevention or Treatment of allergic reaction.	<b>Cetirizine Tablets 10mg</b>	Children 6-11 years half a tablet twice daily. Adults and children over 12 years 1 tablet daily.
Hayfever. Prevention or Treatment of allergic reaction	<b>Cetirizine Oral Solution 5mg/5ml</b>	Children 2-5 years -2.5ml twice a day or 5ml once a day. Children 6-11 years -5ml twice a day or 10ml once a day. Adults and children over 12 years 10mls once a day.
<b><u>AILMENT</u></b>	<b><u>MEDICINE</u></b>	<b><u>DOSAGE</u></b>
For the relief and treatment of allergic red, watery, itchy and puffy eyes caused by hay fever, house mites and other particles e.g., pet hairs.	<b>Opticrom Allergy Eye Drops</b>	1 or 2 drops into each eye 4 times daily.
To soothe, cool and refresh tired and sore eyes.	<b>Optrex Eye Lotion</b>	Eye wash using eye bath.
To soothe and cleanse cuts and grazes, insect bites and stings, minor burns and scalds, blisters and sores.	<b>Savlon Antiseptic cream</b>	Apply cream to affected area.
For the effective treatment of itching, irritation and inflammation due to insect bites, mild to moderate eczema, detergent hands, Nickel allergy, plant allergy and strong detergent chemicals.	<b>Hydrocortisone Acetate Cream 1%</b>	Use sparingly on small areas, once or twice a day for a maximum of 7 days <b>N.B.</b> Do not use on eyes or face, anal or genital areas, or infected skin e.g., impetigo, cold sores, acne or athlete's foot <b>N.B.</b> Do not use in pregnancy or on children under 10 years without medical advice
Drawing ointment for boils.	<b>Magnesium Sulphate Paste</b>	Apply liberally to the affected area. <b>NB. Not</b> to use on open wounds. <b>Not</b> to be used repeatedly.

Relief from pain, itching and inflammation in insect bites, stings and nettle rash.	<b>Anthisan Cream</b>	Rub gently to affected areas 2 or 3 times daily for up three days. <b>NB. Not</b> to be applied to open wounds or broken skin.
Rapid relief from the itch of eczema. Treats and soothes problem, dry skin conditions	<b>Epaderm</b>	Apply to the affected area as required.
Relief from dry sensitive skin. Treats and soothes problem area.	<b>Aveeno moisturising cream</b>	Apply to the affected area as required.
<b><u>AILMENT</u></b>	<b><u>MEDICINE</u></b>	<b><u>DOSAGE</u></b>
For the relief of muscular pain, stiffness, sprains and bruises.	<b>Arnica Ointment</b>	Adults and children. Apply to the affected area up to 4 times daily with a gentle massage. <b>N.B. Not</b> to be applied to broken skin.
For the relief and inflammation in conditions such as backache, rheumatic + muscular pain, strains, lumbago, fibrositis and neuralgia.	<b>Ibuleve Gel</b>	Adults and children over 12 years. Apply to the affected area up to 3 times daily. <b>NB. Not</b> to be applied if suffering from asthma, stomach ulcers, kidney problems or taking aspirin, painkillers or blood pressure medication.
For the relief of painful stomach cramps including those linked to Irritable Bowel Syndrome. (IBS)	<b>Buscopan Cramps 10mg</b>	Adults and children over 12 years Take 2 tablets four times a day. Children 6-11 years one tablet three times a day <b>N.B.</b> Do not use in pregnancy or on children under 12 years without medical advice <b>Do not give Buscopan IBS unless IBS diagnosed by a doctor.</b>

For relief of muscular and rheumatic aches, pains and stiffness.	<b>Heat Spray</b>	Spray in 2 or 3 short bursts approximately 6 inches from the painful area. Repeat up to four times daily as necessary.
For soothing of muscular discomfort.	<b>Cold Spray</b>	Spray in 2 or 3 short bursts approximately 6 inches from the painful area.
For the relief of short-term diarrhoea	<b>Imodium (Loperamide) 2mg</b>	Adults and children over 12 years Take 2 tablets to start treatment then one capsule after each bowel movement up to maximum of 6 capsules per day.
For the relief of cold sores	<b>Acyclovir Cold Sore Ointment</b>	Apply to cold sore at 4 hourly intervals, five times a day.
For the relief of broncho spasm resulting from asthma	<b>Ventolin Inhaler (Salbutamol)</b>	2 puffs via inhaler or Volumatic spacer and monitor effect. In severe broncho spasm 10 puffs via Volumatic spacer and monitor effect.